

370 Centennial Office Building ● 658 Cedar Street ● St. Paul, MN 55155 Telephone: 651-296-4018 ● Fax: 651-297-7200 ● TTY: 651-296-9962 ● Toll Free: 877-348-0505

April 15, 2005

Mr. Kevin Goodno Commissioner Minnesota Department of Human Services 444 Lafayette Road North St Paul, Minnesota 55155

Dear Commissioner Goodno:

The Governor's Council on Developmental Disabilities met on April 6, 2005 and we discussed at length the Consumer Directed Community Support (CDCS) program. We would like to share with you, in summary, the comments of Council members and then provide you with more detailed information about one individual's experience with this program.

Several of our Council members have benefited from the CDCS program. They are unanimous in their support for an exception process that will enable people with the most significant disabilities to remain in a family home rather than return to traditional waiver services that would result in licensed services in the home or out of home placement.

I want to let you know particularly about Jeff Skwarek. Jeff is a member of our Council and a member of the Department of Human Services Quality Design Commission. He knows first hand the downside of living in out of home placements for 27 years.

Jeff has testified at the State Capitol about his living conditions and living environment during those 27 years. He said that he had no one who communicated with him (he uses augmentative communication); and he suffered abuse, neglect, and injuries. He has lived at home for the past three years and most definitely does not want to return to group living.

Commissioner Goodno/CDCS April 15, 2005 Page 2

The option of receiving licenses services in the home has several drawbacks. Jeff and his family would lose control over who shows up to provide care for him. Dollars that are currently being spent efficiently and used directly for the purchase of services and supports for Jeff, would be redirected into a restrictive, over-regulated, and administratively costly system.

As a result, Jeff would receive fewer hours of services and supports because some of the available dollars would pay for administrative expenses. Jeff's return to a traditional service system model that never adequately served him in 27 years would waste dollars, and threaten his health, safety, and welfare.

I am enclosing a fiscal impact analysis of Jeff based on his current living situation, the proposed CDCS program, and an institutional setting. This comparative analysis is an example of an individual living situation that falls within the parameters of the proposed amendment language and demonstrates the need for an exception process.

I am urging you to support the amendment to S.F. 1837 as proposed by Senator Foley and agreed to by Senator Lourey's Committee on April 7, 2005.

Thank you in advance for your consideration of our comments.

Cordially,

Celleen Wieck Colleen Wieck, Ph.D.

Executive Director

enclosure

P.02/02

4/14/05

Thoughts to work with for addition to Commissioner Goodno Letter. It's not great, but hope you can do something with it.

The reality of forcing Jeff off CDCS due to the current flawed budget methodology & subsequent cuts, only sends him (back) into a different part of the "system" with no cut in dollars, and no savings to the State.

It is fiscally irresponsible and wrong to force Jeff back into MR/RC "licensed services", whether it be in-home, or, out- of-home placement. To do so takes dollars currently being spent efficiently and directly to the consumer, and re-directs the same if not more dollars into a restrictive, over regulated and administratively costly system, saving the State nothing. To force Jeff back into an old service system model that never adequately served him and that wastes undue dollars, only benefits providers, while limiting and eroding services that will threaten Jeff's health, safety and welfare.

Hope this helps. Call me at work this afternoon (til 5:00) if you want to discuss.

Deborah

651-641-1376



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If all pages are not received, please call 651-641-1376 Return fax: 651-641-0737 Date: 4/14/05 _ # of Pages: 🧀 Comments: Reo Coodro Letter

> J.J. Vanderson & Co. 1214 98th Ave NE Blaine, Mn 55434

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April 14, 2005

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Commissioner Goodno/CDCS April 14, 2005 Page 2

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Thank you in advance for your consideration of our comments.

Cordially,

Colleen Wieck, Ph.D.

Executive Director

enclosure

Jeff Skwarek CDCS Impact Analysis

		3/7/2004	
Revenue	CDCS Current	CDCS Proposed	Institution
<u>Funded</u>	per day/per week	per day/per week	per day/per week
Residential	\$362.50	\$250.00	\$362.50
Day Training &	\$75.00		#7F 00
Habilitation (DT&H)	<u>\$75.00</u>	<u>eliminated</u>	<u>\$75.00</u>
sub-total	\$437.50	\$250.00	\$437.50
Donated			
Donated Residential (@\$12/hr)	\$168.00	#60.00	#0.00
DT&H (@\$35/hr)	•	\$60.00	\$0.00
oran (ആടാമ്പ) sub-total	\$70.00	<u>\$0.00</u>	<u>\$0.00</u>
Sup-totai	\$238.00	\$60.00	\$0.00
Total	\$675.62	\$310.00	?
Result:	Gov't dollars enhanced by		Gov't dollars not enhanced
resuit.	54% with donated hours	24% with donated hours	with donated dollars
	nor day	por desir	
Expenses	per day	per day_	per day
ndirect Dollars	(\$109.40)	(\$62.50)	(\$175.00)
(Admin costs)	25%	25%	40%
, arimi costs)	25 /0	2576	40%
Community Inclusion	(\$1.50)	\$ O	\$?
DT&H activities)	(\$500/yr)	(budget won't allow)	(mgmt descretion)
Total		(\$62.50)	(\$175.00)
Staff Staff	per day/per week	per day/per week	per day/per week
Ratio	1.5 to 1 (required)	.75 to 1	1 to 4 (or 6)
Ratio	1.5 to 1 (required) 37.5	.75 to 1 15.5 (?)	1 to 4 (or 6) 24.0
Ratio Hours	1.5 to 1 (required) 37.5 \$ 15.00	.75 to 1 15.5 (?) \$ 12.00 (?)	1 to 4 (or 6) 24.0 \$?
Ratio Hours Avg. Pay - PCA	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates)	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap)	1 to 4 (or 6) 24.0 \$? (agency controlled)
Ratio Hours	1.5 to 1 (required) 37.5 \$ 15.00	.75 to 1 15.5 (?) \$ 12.00 (?)	1 to 4 (or 6) 24.0 \$?
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Serveces	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates)	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap)	1 to 4 (or 6) 24.0 \$? (agency controlled)
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Serveces *AAC Specialized:	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Serveces *AAC Specialized: Personal Attendants	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Servcces *AAC Specialized: Personal Attendants Interpreting/Intervention	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered x	.75 to 1	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Servcces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord.	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered x x	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Serveces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered x x x	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Serveces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered x x x x	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Servcces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support Device Programming	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased decreased
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Servcces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support Device Programming ILS Develop & Training	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered x x x x x x x	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased lost lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased decreased decreased
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Servcces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support Device Programming ILS Develop & Training Literacy Tutoring	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased lost lost lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased decreased decreased decreased
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Servcces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support Device Programming ILS Develop & Training Literacy Tutoring Computer Trailing	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered X X X X X X X X	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased lost lost lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased decreased decreased decreased lost lost
Ratio Hours Avg. Pay - PCA Avg. Pay - Specialists Serveces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support Device Programming ILS Develop & Training Computer Trailing Job Coaching/Supports	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased lost lost lost lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased decreased decreased decreased lost lost lost
Ratio Hours Avg. Pay - PCA Avg. Pay - Specialists Servcces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support Device Programming ILS Develop & Training Literacy Tutoring Computer Trailing Job Coaching/Supports Diet/Nutritional Services	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased lost lost lost lost lost lost lost lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased decreased decreased decreased lost lost lost
Ratio Hours Avg. Pay - PCA Avg. Pay - Specialists Servcces *AAC Specialized: Personal Attendants Interpreting/Intervention Health Care Coord. Assistive Tech Support Device Programming ILS Develop & Training Literacy Tutoring Computer Trailing Job Coaching/Supports Diet/Nutritional Services Respite - Qtrly.	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased lost lost lost lost lost lost lost lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased decreased decreased decreased lost lost lost lost x not needed
Ratio Hours Avg. Pay - PCA Avg. Pay -Specialists Servcces	1.5 to 1 (required) 37.5 \$ 15.00 (family set pay rates) \$35/hr Consumer Centered x x x x x x x x x x x x x x x	.75 to 1 15.5 (?) \$ 12.00 (?) (DHS imposed rate cap) 0.0 Money Centered lost decreased lost decreased lost lost lost lost lost lost lost lost	1 to 4 (or 6) 24.0 \$? (agency controlled) 0.0 Facility Centered lost decreased lost decreased decreased decreased decreased lost lost lost

*see definition -page 2

Jeff Skwarek CDCS Impact Analysis - Page 2

	CDCS Current	CDCS Proposed	Institution
Result:	Full Service. Needs met. Budget established & designed around unique consumer personal & program needs. Quality, integrated, comprehensive, *AAC customized approach. Defined objectives with measureable outcomes.	Adequate supports <i>cannot</i> be designed around this inadequate budget; eliminates day training and habilitation program & community inclusion support.	Below inadequate. System Centered. Threatens health and safety needs and habilitative requirements. Ignores specialty *AAC accommodations/needs. Wastes administrative dollars.
Financial Impact:	Budget designed around need, plus receives 54% private funds match to gov't dollars. Need for specialty accommodations achieved.	Budget cut by > 50%, and loss of 30% private funds match to gov't dollars. Specialty accommodations greatly diminished.	No budget change but loss of services and loss of specialty accommodations, plus loss of all private funds to match to gov't spending.
Self Determination Impact:	<u>Consumer Coice</u> ! (+ wiser use of dollars)	<u>Consumer at risk</u> . Forces institutionalization (Licensed Services)	Consumer rejected! due to past, life-long instituionalization experience & the loss of necessary specialty supports and services needed to thrive.
Consumer Profile:	34 years old	.	
	born with cerebral palsy institutionalized at 3 1/2 quadraplegic legally blind speechless mobility impaired uses complex alternative		*AAC=Augmentative &
Developmentally Disabled	symbol language, not device proficient (*AAC communicator)		Alternative Communication
	weighs 194 pounds cannot bear or shift weight requires total cares requires specialty language		(specialized communication)
High Level Needs	interpreter/interveener to direct cares & make needs known artifrically retarded due to		
(Represents < 1% of MR/RC Waiver Population)	mis-diagnosis, institutionalization & inadequate support/		
	development services making great progress in self- designed school without walls program on CDCS Member, Gov. Council on		
	Developmental Disabilities Member, DHS Quality Commission		Impact1 3/7/04



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January 26, 2005

The Honorable Linda Berglin Minnesota State Senator 309 Capitol Building 75 Rev. Dr. Martin Luther King, Jr. Boulevard St. Paul, Minnesota 55155-1606

Dear Senator Berglin:

The Governor's Council on Developmental Disabilities was created 33 years ago and is charged with implementing the Developmental Disabilities Assistance and Bill of Rights Act (DD Act). Our annual federal allocation is used to increase the independence, productivity, self determination, integration and inclusion of people with developmental disabilities and their families in the community. These are the primary results defined in the DD Act.

Between 1986 and 1989, our Council funded an experimental voucher program in Dakota County to determine if consumer control of funds was a workable and worthwhile approach. The results of the experimental program demonstrated that families could buy more services at less cost with higher satisfaction levels.

Since that time our Council has carefully followed the design, development, implementation, and evaluation of the Consumer Directed Community Supports (CDCS) option within the Home and Community Based Waiver.

The purpose of this letter is twofold:

 To express our strong support of the continued movement of the service delivery system to individualized budgets and consumer direction; and Senator Berglin/CDCS January 26, 2005 Page 2

2. To highlight the current problems with the CDCS option.

First and foremost, we are very pleased that the CDCS option will now be extended from 30 counties to all 87 counties and to all current waivers. At the same time, we are also very concerned about the current budget allocation methodology that is causing many individuals and families who have chosen this option to file appeals.

The Minnesota Disability Law Center has carefully documented several problems with the budget methodology. These problems include fundamental flaws due to invalid and unreliable variables used in the funding formula.

We support the Arc of Minnesota and the Minnesota Disability Law Center in their conclusions and the following recommendations:

- 1. Current budgets need to remain in place until a more valid budget methodology can be implemented;
- 2. The Department of Human Services needs to exert special efforts to creating a fair budget methodology that involves a range of stakeholders.

Thank you in advance for considering our comments about the CDCS option. We look forward to working on needed improvements that will help this program to better serve individuals and families.

Wieds

Respectfully,

Colleen Wieck, Ph.D.

Executive Director



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January 26, 2005

The Honorable Fran Bradley
Minnesota State Representative
563 State Office Building
100 Rev. Dr. Martin Luther King, Jr. Boulevard
St. Paul, Minnesota 55155-1606

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Respectfully,

Colleen Wieck, Ph.D.

lleen Week

Executive Director



Minnesota Department of Human Services

May 5, 2005

Colleen Wieck, Ph. D. GCDD 370 Centennial Office Building 658 Cedar Street St. Paul, MN 55155

Dear Ms. Wieck: Collen

Thank you for your letter regarding the Consumer Directed Community Support (CDCS) service. I appreciate hearing your thoughts and concerns.

The Legislature is currently considering CDCS "exception" language that is budget neutral. We are not, however, optimistic that the Center for Medicaid Services (CMS) will approve such an exception process based on the comparability requirements of the waiver program. The Department of Human Services (DHS) does not support exceptions as a general rule, as they do not assure comparability for people in the same program. Neither the DHS nor the legislature will support exception language with fiscal implications. Enhanced funding for this program and the purpose of the exception competes with other spending requests at the department.

We have generated a defensible budget methodology for CDCS recipients which does allocate the available resources based upon a common set of factors that have significant relationship to the costs of providing services. Dollars have been enhanced based upon age groups to recognize transition periods, including transition from school.

DHS continues to evaluate numerous aspects of CDCS and the more traditional services within the waiver program. We are specifically evaluating the overall service flexibility within traditional waiver services and challenges that have been identified in designing service packages to complement and assist families of minors with their responsibilities to their children, assuring health, safety and welfare of adults regardless of living arrangement, as well as greater flexibility and ease of use of services that prevent institutional alternatives. DHS agrees that Minnesota has been over dependent on more expensive, corporate models as a result of our deinstitutionalization efforts. These models continue to be replicated for persons who may not need this level of support, rather than

Colleen Wieck, Ph. D. May 5, 2005 Page 2

creative expansion and development of less costly and more flexible services that rely less on licensure and more on supports to people within their family and within their community.

I know you and your organization will continue to provide feedback regarding the use of waiver services. We have the collective responsibility to assure our most vulnerable citizens have choices and opportunities to live full and productive lives.

For further questions, please contract Kathleen Kelly, a member of the Department staff, at (651) 582-1759.

Thanks for contacting comments!

Commissioner

1 Senator moves to amend S.F. No. 1837 as follows:

- 2 Page 20, after line 12, insert:
- "Sec. 28. [CONSUMER-DIRECTED COMMUNITY SUPPORTS
- 4 METHODOLOGY.]
- 5 For persons using the home and community-based waiver for
- 6 persons with developmental disabilities whose Consumer-Directed
- 7 Community Supports budgets were reduced by the October, 2004,
- 8 state-set budget methodology, the commissioner of human services
- 9 must allow exceptions to exceed the state-set budget formula up
- 10 to the amount being spent by the person as of September 30,
- 11 2004, when the individual's county of financial responsibility
- 12 determines that:
- 13 (1) necessary alternative services will cost the same or
- 14 more than the person's current budget; and
- 15 (2) administrative expenses or provider rates will result
- 16 in less hours of needed staffing for the person than under the
- 17 Consumer-Directed Community Supports option. Any exceptions the
- 18 county grants must be within the county's allowable aggregate
- 19 amount for the home and community-based waiver for persons with
- 20 developmental disabilities.
- 21 Sec. 29. [COSTS ASSOCIATED WITH PHYSICAL ACTIVITIES.]
- The expenses allowed for adults under the Consumer-Directed
- 23 Community Supports option shall include costs, including
- 24 transportation, associated with physical exercise or other
- 25 physical activities to maintain or improve the person's health
- 26 and functioning.
- 27 Sec. 30. [WAIVER AMENDMENT.]
- The commissioner of human services shall submit an
- 29 amendment to the Centers for Medicare and Medicaid Services
- 30 consistent with sections 28 and 29 by August 1, 2005.

services waivers for persons with disabilities under 65 years of
Supports option provided through the home and community-based
independent evaluation of the Consumer-Directed Community
The commissioner of human services shall include in the
ITEMS.]
Sec. 31. [INDEPENDENT EVALUATION AND REVIEW OF UNALLOWABLE

- 1 age:
- 2 (1) provision for ongoing, regular participation by
- 3 stakeholder representatives through June 30, 2007;
- 4 (2) recommendations on whether changes to the unallowable
- 5 items should be made to meet the health, safety, or welfare
- 6 needs of participants in the Consumer-Directed Community
- 7 Supports option within the allowed budget amounts. The
- 8 recommendations on allowable items shall be provided to the
- 9 senate and house of representatives committees with jurisdiction
- 10 over human services policy and finance issues by January 15,
- 11 2006; and
- 12 (3) a review of the statewide caseload changes for the
- 13 disability waiver programs for persons under 65 years of age
- 14 that occurred since the state-set budget methodology
- 15 implementation on October 1, 2004, and recommendations on the
- 16 fiscal impact of the budget methodology on use of the

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- 17 Consumer-Directed Community Supports option.
- 18 Sec. 32. [EFFECTIVE DATE.]
- 19 Sections 28 and 29 are effective upon federal approval of
- 20 the waiver amendment in section 30. Sections 30 and 31 are
- 21 effective the day following final enactment. "