MEMO

To:	Joint Finance Committee
From:	Diana Erickson
Subject:	Division of Services for Aging & Adults with Physical Disabilities FY 06 Budget
Date:	March 1, 2005

Please consider this memo a summary of the oral presentation of Diana Erickson, Esq. on behalf of the Developmental Disabilities Council ("DDC"), the State Council for Persons with Disabilities ("SCPD"), and the Disabilities Law Program ("DLP"). Although input could be provided on multiple aspects of the DSAAPD budget, we are addressing two (2) matters today: 1) elimination of the Division; and 2) attendant services.

I. ELIMINATION OF DIVISION

We oppose the dissolution of the Division of Services for Aging & Adults with Physical Disabilities.

As background, the Department plans to eliminate DSAAPD and disperse its functions and staff among two new hodgepodge divisions with widely disparate functions. See Attachment "A". On February 14, ten organizations shared their objections to this ill-conceived proposal through a joint letter to the Department [Attachment "B"] supplemented by oral testimony at the latest meeting of the Governor's Commission on Community Alternatives for Individuals with Disabilities [Attachment "C"].

There are several reasons why DSAAPD should remain intact.

First, the current focus of a discrete agency dedicated to aging and adults with physical disabilities will be diluted in the new configuration. For example, the Department justifies establishment of a new Division of Medical Assistance to cover Medicaid since its scope and budget are huge. Given 137,000 Delawareans enrolled in Medicaid, it consumes more than half the Department's budget. Unfortunately, the Department proposes to add "direct client services for the frail elderly and disabled" to the same division. [Attachment "A"]. Given the immense scope of the Medicaid program, it is predictable that attention to aging and disability services will be a relatively low priority within this agency.

Likewise, the new Division of Social Services will contain only an "Office of Aging" and an

unknown entity to address disability services. The fact that "disability" was entirely omitted from the proposed name of the division underscores the lack of importance of this constituency within this new agency.

Second, the proposed reconfiguration of divisions "flies in the face" of demographics. According to the Delaware State Plan on Aging, the elderly population of the State will grow from the current 153,000 residents to 209,000 within 10 years and 244,000 within 15 years. See Attachment "D". Delaware's elderly population already exceeds its Medicaid population. Rather than reducing the infrastructure devoted to the elderly by substituting a mere "Office of Aging" for the current division, we should be embellishing the current division. In the majority of states, the primary aging agency is a cabinet level entity.[1] Our sister states are illustrative. Pennsylvania, Maryland, and Virginia maintain a full "Department of Aging". New Jersey has a "Division of Senior Affairs".

Third, demographics also support retention of the current division focusing on both the elderly and adults with disabilities. According to the U.S. Department of Health & Social Services, "most older persons have at least one chronic condition and many have multiple conditions," including arthritis (36 %), cancer (20%), and diabetes (15%). See Attachment "E".

Fifth, DSAAPD was already reconfigured only 10 years ago. See Attachment "F". It took more than a year to effectuate the transition. The anomaly with the current proposal is that it represents a "flip-flop" since Medicaid waiver staff was moved from DSS to DSAAPD in FY95. Now, the Department proposes to move the same positions back to the Medicaid agency. See Attachment "F" at p. 3.

Sixth, the reconfiguration has many costs. Any modest savings attributable to one less division director will be offset by a host of considerations. First, DSAAPD staff are being reassigned to unfamiliar positions which will require retraining. Second, moving staff and offices will result in relocation expenditures. Third, current DSAAPD handbooks, pamphlets, and brochures will become worthless and new ones will have to be drafted and reproduced. Indeed, non-profit publications which refer to DSAAPD will also become outdated and worthless.[2] Fourth, many references in the Delaware Code will have to be revised. Fifth, existing advisory councils will have to be eliminated or reconfigured.

Finally, the time-honored adage, "if it isn't broke, don't fix it", is aptly applied to DSAAPD. The Division enjoys a cadre of very dedicated staff who have developed expertise in their current positions. The Division is responsive to consumers and has welcomed Council and non-profit

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[1]Descriptions of State agencies on aging are compiled at http://www.aoa.gov/eldfam/How_To Find/Agencies/Agencies.asp.

[2]See, e.g., AARP's Delaware Money Management Program brochure [Attachment "G"].

agency collaboration in meeting the needs of the elderly and persons with disabilities.

Recommendation

For the above reasons, we recommend that the DSAAPD be maintained as a discrete division within DHSS.

II. ATTENDANT SERVICES

As you know, the Division has historically operated a modest attendant services program in collaboration with Easter Seals.[3] Attendant services are subsidized to permit participants to either attend school or engage in employment.

Qualitatively, this program enjoys a terrific "track record". The latest (2004) set of consumer satisfaction surveys are overwhelmingly positive. The comments are compelling:

> [The program] is great. When you have to care for someone 24/7 you love having help. My [attendant] is great. ... Please keep this program going. It is so helpful to me and I know others will say the same. - R.H.
>
> Son is able to stay in his own home. All are so helpful and greatly appreciated. Thank you all for the wonderful service and friendship. - K.K.
>
> Wonderful. [Attendant] is a great person, so caring and she is so much fun to talk to she brightens my day. - G.K.
>
> Excellent, convenient, helpful...outstanding program. - S.S.
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> I'm able to live out in society instead of nursing home. The P.A.S. program is very nice for people who live on their own. - R.B.
>
> I am able to go to school. - J.B.
>
> My lifestyle is more independent and I have more flexibility of scheduling - an entirely better way of life for me and my family... I would like to see more funding for the service. - J.M.
>
> This program is a real life link for me. I wouldn't be able to function in my work or life...without my personal assistant and your program. - A.R.

Quantitatively, this program has been incrementally expanding as a result of enactment of

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[3]A summary of the DSAAPD-Easter Seals program and eligibility standards is included as Attachment "H".

H.B. No. 30 in July, 2001.[4] This bill, the Community-based Attendant Services Act, authorized establishment of a statewide attendant services program. For the last three fiscal years (FY 03, 04, and 05) $430,000 to cover 30 attendant services slots was approved by the Delaware Health Fund Advisory Committee (a/k/a the Tobacco Fund Committee) and subsequently included in the State budget.[5] The Tobacco funds were supplemented by General Funds to cover another 30 individuals for an aggregate of 60 total slots. During this entire period, we have been working collaboratively with DHSS to maximize the number of clients who could be served in the new program given a chronic waiting list of approximately 30 individuals. Our top priority was submission of a Medicaid waiver application to leverage State dollars. We were very excited when CMS approved that waiver in November, 2004. We believed the availability of the 50/50 Federal match would permit establishment of another 30 slots with no increase in State funds. Unfortunately, the Department does not intend to expand the program by even 1 slot despite the waiver. See Attachment "I".

Recommendation

The attendant services program has been "level funded" for the last three fiscal years. We recommend either reallocation of funds or approval of supplemental funds to address the current waiting list.

Thank you for your consideration of our comments.

Attachments

F:legis/agejfc06

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[4]The legislation is codified at 16 Del.C. Ch. 94.

[5]The Committee is established to implement the Delaware Tobacco Settlement Act of 1999, Title 29 Del.C. Ch. 60C. A