MEETING MINUTES
HUMAN SERVICES SUBCOMMITTEE
FEBRUARY 9, 1987

The meeting of the human services subcommittee was called to order at 8:08 a.m. in room 108 of the state capitol building by Chairman Cal Winslow on February 9, 1987.

ROLL CALL: All committee members were present.

Lee Tickell, administrator of the Economic Assistance Division (EA), SRS, briefly covered the Indian Health Services Program (exhibit 1), which included the definition of the program and the issues involved.

In response to questions from the subcommittee, Mr Tickell stated services were provided through individual facilities on the reservation, and he was unsure if services were delineated by reservation or tribe. The only cooperative agreement the state currently maintained was with the Rocky Boy reservation.

Mr Tickell then proceeded with testimony on Medicaid basic eligibility (exhibit 2), covering the eligibility requirements for individuals who are over 65, blind or disabled, who meet income and resource limits, and families who meet Aid to Families with Dependent Children (AFDC) criterion. He explained two (2) examples of the eligibility determination, one for an elderly individual, and one for an AFDC recipient, and described the computation of the spend down amount.

In response to a question from Chairman Winslow, Mr Tickell stated that Montana's program is comparable to the programs operated and maintained in other states.

Mr Tickell then covered a chart comparison (exhibit 3) that describes Medicaid optional services that are provided by state, including the populations targeted for services.

In response to a question from Rep Bradley, Mr Tickell stated he was unaware of the effects of the lack of optional services provided by some of the states.

Nancy Ellery, EA, stated some of the individuals slip into the categorically needy program, and receive assistance through that program. She stated in Florida, for example, where there are few optional services, provided, the need for expansion has arisen, and funding is being generated from assessments on hospitals. There is not, however, a migration of people out of the state to receive services

elsewhere, and in some instances, counties provide services through indigent care programs.

Mr Tickell then continued with the Medicaid Waiver, which, he said is synonymous with home and community based services. Through the waiver, individuals have another choice in long term care, services in their own home instead of an institution, at a greatly reduced cost than the expense of that institution or long term care facility. The waiver serves the physically disabled, severely disabled, and the elderly populations. He stated that home health is one of the services provided under the waiver to recipients through area agencies. He explained how case management teams make their determinations of services to individuals and coordinate efforts to alleviate duplication. Community based services and resources are used to provide the support needed to maintain the individual in their own homes or a familiar setting.

Mr Tickell petitioned for the reinstatement of the .5 FTE long term care worker in Butte that was eliminated during the special session. He explained the difficulty in finding an employee who was willing to work part time in this position. He stated with the facilities in the Butte-Anaconda-Dillon area, it would be cost effective having this position in the Butte area.

Kathleen Brewer read her prepared statement (exhibit 6), in support of the Medicaid services, particularly those provided to her mother, Abbie Maddox, that enable her to stay independent in her own home.

Wendy O Morris, from Clancy, read her prepared testimony (exhibit 5) in support of Medicaid waiver services that allow her mother-in-law, Marguerite Morris, to remain independent in her home.

William Boharski spoke on the quality of lifestyle he is able to enjoy through the availability of in home and community based services, and the saving to the state when handicapped individuals are able to become productive members of their communities.

Discussion followed on the services to the mentally ill population, and clarification of the groups presently receiving services and benefits under the waiver.

Becky Stengel, case management staff (CMS) worker from Great Falls, described the duties and responsibilities of the CMS staff, how services were provided, the type of clientele served, and the positive effects of home and community based services and the independence they provided for individuals.

She stated the support services were cost effective and allowed people who would otherwise be institutionalized to maintain their dignity and self sufficiency within the community be utilizing their own skills and strengths with the support of local and state agencies providing the services to maintain that environment. She also stated the waiver was the pioneer of the future, with Montana in the forefront with three (3) years of experience in this area.

William Boharski then read part of a prepared letter from the Multiple Sclerosis Foundation in support of community based services that provide independence for those now currently in nursing homes and who could function in the community if waiver services were available to them. Discussion then followed on the clarification of the charts and statistics that were given to the subcommittee (exhibit 4).

Chairman Winslow questioned the 20% of the waiver that was allotted for group homes. Joyce DeCunzo, EA, stated the group homes were for recipients of the waiver who were brain stem injured and needed 24 hour care, day care, and habilitation at a much higher cost. There are currently 16 young people being served at a cost per client of $24,000 a year.

In response to another question from Chairman Winslow, Mr Tickell stated the expansion was going into the allocation of slots for the elderly and the physically disabled population.

Joyce DeCunzo explained the waiver was not intended to develop a group home system, but that there was no service delivery system for the brain stem injured population. She further stated that the expansion of community based services served 20 to 40 year old, disabled individuals who had previously been unserved, and had more needs and required more care. There were 82 applicants for 17 available slots with 12 slots filled from individuals residing in nursing homes.

In response to a question from Sen Harding, Becky Stengel stated case management workers were paid through the waiver as a provided service. Funding sources were dependent on the kind of services utilized for an individual, i.e., in-kind county, or medicaid waiver.

In response to a question from Rep Bradley, Mr Boharski stated that when he was attending school, he received services from SUMMIT in Missoula, personal care attendants, and Vocational Rehabilitation.

Lee Tickell then covered the Medicaid Part B Buy In (exhibit 2), including the definition, utilization and cost for state fiscal year 1986, and issues involved with this program.

Mr Tickell then briefly covered the Medicaid reimbursement to the Department of Institutions, which reimburses the Department of Institutions for all Medicaid eligible individuals receiving services in institutional facilities. He stated federal law prohibits medicaid funds to be used for correctional facilities.

The meeting was adjourned at 10:00 a.m.

Cal Winslow, Chairman

cw/gmc/2.9

DAILY ROLL CALL

HUMAN SERVICES SUB COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date February 9, 1987

NAME	PRESENT	ABSENT	EXCUSED
Rep. Cal Winslow, Chairman	X		
Sen. Richard Manning, Vice Chair	X		
Sen. Ethel Harding	X		
Sen. Matt Himsl	X		
Rep. Dorothy Bradley	X		
Rep. Mary Ellen Connelly	X		
Rep. Dean Switzer	X		

VISITORS' REGISTER

HUMAN SERVICES SUB COMMITTEE

BILL NO. _____ DATE February 9, 1987

SPONSOR _____ DEPT _____

NAME (please print)	Representing	SUPPORT	OPPOSE
Jeff Harris	SRS	✓	
Kathleen Brewer			
Wendy O. Morris	Medicaid Waiver in Home	✓	
Barbara Larsen	Summit PLC	✓	
Barbara Archer	WLF		

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT FORM.

PLEASE LEAVE PREPARED STATEMENT WITH SECRETARY.

2.5.87

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Economic Assistance Division

INDIAN HEALTH SERVICES

Definition

Specially appropriated Federal Medicaid funds (100% federal money) are available through the State Medicaid program to support a variety of Indian Health services ie. inpatient hospital, outpatient hospital, clinic and home health services on the Flathead, Blackfeet, Rocky Boy, Fort Belknap, Crow, Northern Cheyenne and Fort Peck Indian reservations. These funds are passed through the Department of SRS to the Bureau of Indian Affairs.

In FFY86, $1,254,753 was paid to the Bureau of Indian Affairs for these specific services rendered to Medicaid eligible Indians. Federal law specifies that Medicaid is a first payor for medical services before Indian Health Services. Medicaid Eligible Indians have freedom of choice where to receive services. ie. they can receive them from a medical provider of their choice off of the reservation or from the Indian Health Services. Not all state Medicaid programs with Indian Reservations and IHS facilities have taken advantage of this program and the subsequent savings of State General funds.

Issues:

These special Federal funds have been appropriated on a year by year basis and are usually attached to legislation passed three to six months after the beginning of each FFY.

Although not probable, it is possible that Congress would not continue to provide these special funds. This could result in the state incurring additional costs to provide these services through the regular Medicaid program.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Economic Assistance Division

MEDICAID
(Basic Eligibility)

Medicaid is provided to individuals who are aged (65), blind or disabled (meet Social Security disability criteria) who meet income and resource limits. Medicaid is also provided to families who meet criteria for the Aid to Families with Dependent Children program.

Income Levels - (Effective 1-1-87)	Family Size	Monthly Income Level
	1	$340
	2	383
	3	404
	4	426

If income less disregards* is below the indicated standard, the individual(s) is/are eligible for Medicaid. Any amount of income, less disregards*, that exceeds the above standards is multiplied by 3 and becomes the Medically Needy Spenddown. The applicant for Medicaid must incur this amount in medical bills in a three month period in order to become eligible for Medicaid. Medically Needy eligibility is computed quarterly.

Example - 1 person household with countable income of $400.

$400 - income
-340 - MN Income level
$ 60 - difference
x 3
$180 - Spenddown amount

Resource limits -

January 1,	1985	1986	1987	1988	1989
Individual	$1,600	$1,700	$1,800	$1,900	$2,000
Couple	$2,400	$2,550	$2,700	$2,850	$3,000

For each additional family member add $100, (regardless of the year).

NOTE: There is no provision for eligibility to be granted with the expectation that resources be applied to medical debts.

Recipients must be within the resource limit the first moment of the first day of the month in order to be eligible for any part of that month.

* DISREGARDS - SSI related categories are eligible for a $20 unearned income disregard. $65 plus ½ the remainder of total gross income is allowed as a disregard for earned income. AFDC related categories may receive $75 work disregard, babysitting expense up to $160 per child and the $30 & 1/3 disregard from earned income. There are no unearned income disregards for AFDC.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Economic Assistance Division

NON-COVERED SERVICES

Definition

Non-covered services are those for which Medicaid payment is prohibited because:

1. They are not specifically listed as covered in the Department's Administrative Rules;
2. They are determined to be cosmetic in nature;
3. They are determined to be experimental in nature; and
4. They are provided out-of-state when the services were available in-state at a lesser cost and the services were neither emergency services nor provided to a Montana foster care placement.

The following services are specifically listed as excluded services: chiropractic services; acupuncture services; naturopathic services; nurse practitioner services; physical therapy aide services; physician assistant services; nonphysician surgical assistance services; masseur or masseuse services, telephone services in the home; plumbing services; car repair and/or modification of automobiles; and dietary supplements.

The following services are excluded services, except as they are allowed under the home and community services program: dietician services, nutritional services, respiratory therapy services, homemaker services, and modifications to the home.

Issues

There is continual pressure to expand the services covered under Medicaid. Dieticians and respiratory therapists have expressed interest in billing Medicaid for their services outside the Home and Community Services program. Nurse practitioners, licensed professional counselors, chiropractors would also like to bill the Medicaid program.

Currently, Medicaid pays for four days of drug or alcohol detoxification in an acute care setting. Hospitals are interested in having drug and alcohol rehabilitation covered as well. These rehabilitation centers are also beginning to treat gambling and other addictive conditions as a disease.

Currently, we cover pain treatment as an inpatient hospital service at a cost of $32,000 for 6 to 8 weeks of program care. Freestanding outpatient pain clinics would like to have Medicaid pay for their services at a cost of $15,000 per month or more.

Recent federal law allows for coverage of case management services. The Department itself is exploring the feasibility of shifting the source of funding for social workers, who provide a variety of case management services to Medicaid clients, from state dollars to state/federal Medicaid dollars.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Economic Assistance Division

MEDICARE PART B BUY-IN

Definition

The Medicare Part B Buy-in Program pays the Part B premium, $17.90 per recipient per month for 1987, for Medicaid eligible persons who are disabled or 65 years or older. By paying this premium, the state is able to require medical providers to bill Medicare for services first. Medicare will pay at least 80 percent of the medical expense, leaving no more than 20 percent for Medicaid to pay.

The state buys in individuals receiving assistance payments (e.g., AFDC, SSI) and individuals receiving no assistance payments (e.g., Medically Needy) at different federal matching rates. Federal participation for individuals receiving assistance payments is approximately 67 percent. Federal participation for individuals receiving no assistance payment is zero -- in other words, the total premium is paid with State General Fund dollars.

Utilization and Costs for SFY 86

Yearly Cost	$ 1,490,716.00
Assistance Payments	812,578.61
Non-Assistance Payments	678,137.39
Average Number of Recipients per Month	7,595
Assistance Payments	4,142
Non-Assistance Payment	3,453

Issues

The federal government will not participate financially in payment for any service which could have been wholly or in part paid for by Medicare. In other words, the buy-in program is mandated. However, the premium is gradually increasing as the federal government shifts more costs to the state. So far, it is still cost effective for the state to buy-in eligible recipients, but at some point in time the state may be better off simply paying for services to certain recipients with straight state dollars. According to Department calculations, this point in time is still far off.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Economic Assistance Division

HOME AND COMMUNITY SERVICES PROGRAM

The Home and Community Services Program is designed to serve people in the community who would otherwise require nursing home care. The program is also referred to as the Medicaid Waiver Program since the Federal Government granted the state a waiver of certain Medicaid regulations to pay for services in a recipient's home.

To be eligible for the waiver, an individual must be Medicaid eligible, require the level of care of a skilled or intermediate nursing facility or intermediate care facility for the mentally retarded, and reside in specified counties.

Home and Community Services are individually prescribed and arranged according to the individual needs of the recipient. An individual plan of care is developed by a Case Management Team (CMT) in conjunction with the recipient and the attending physician. The plan of care must be cost effective and show that all health and safety needs of the recipient will be met. The plan of care is reviewed at least every 90 days and revised if the recipient's condition has changed.

The Department contracts with agencies to provide case management services. The contract agency provides a nurse and social worker who make up the CMT. The team is responsible for developing the recipient's plan of care; helping the recipient to use community and family resources; contracting with community agencies to provide needed services and monitor the services provided; and authorizing claims for all subcontracted service providers.

Currently, CMTs are located in Missoula, Lewis and Clark, Yellowstone, Richland, Flathead, Cascade, Gallatin and Custer Counties. These teams also serve the following counties: Mineral, Ravalli, Jefferson, Carbon, Big Horn, Musselshell, Golden Valley, Stillwater, Sweetgrass, Lake, Teton, Fergus and Park.

Services available to recipients include case management, homemaker, personal care, adult day care, medical alert systems, environmental modification to the home, respite care, meals, transportation, habilitation, dietitian, respiratory therapy, psychological consultation and nursing.

Program Statistics

	FY84	FY85	FY86	YTD FY87 (7/1-9/30/86
Number Recipients Served (unduplicated)	60	205	336	293
Case Management Expenditures	$ 16,281	$150,088	$ 228,325	$ 65,623
Case Management Incentives (date of service)	$ 20,582	$121,410	$ 147,137	-0-
Other Waiver Service Expend.	$ 35,865	$510,669	$1,023,740	$281,939
Start-up Payments	$179,966	$165,903	$ 59,225	$ 3,818
Average Cost Per Recipient	$ 4,212	$ 4,625	$ 4,341	$ 1,199
Total Medicaid Expenditures	$252,694	$948,070	$1,458,427	$351,380
General Fund	$ 96,479	$344,244	$ 497,649	$118,134
FFP	$156,215	$603,826	$ 960,958	$233,246

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Economic Assistance Division

MEDICAID REIMBURSEMENT TO THE DEPARTMENT OF INSTITUTIONS

The Department of SRS receives Medicaid spending authority which is used to reimburse the Department of Institutions (D of I) for all Medicaid-eligible individuals receiving services in the D of I facilities. These facilities include:

1. Montana Development Center (Boulder)
2. Center for the Aged (Lewistown)
3. Eastmont Human Services Center (Glendive)
4. Montana State Hospital (Warm Springs and Galen)
5. Montana Veterans' Home (Columbia Falls)

The Montana Development Center and Eastmont are reimbursed on a cost basis while the other facilities are reimbursed on a prospective basis. Expenditures are a function of bed-days and rates. Following are expenditures made for these facilities for FY86, which include payments made through September 1986. There were still payments outstanding of approximately $100,000 at this time, which have not been included.

Montana Development Center	$ 7,778,095
Center for the Aged	1,059,864
Eastmont	1,289,642
Montana State Hospital (Warm Springs)	319,366
Montana State Hospital (Galen)	841,898
Montana Veterans' Home	1,570
Total	$11,290,435

The Montana Veterans' Home was certified by Medicare in FY86 and now serves Medicaid clients.

MEDICAID SERVIC

Basic Re

Medicaid recipients receiving federally supported financial assistance must receive at least these services:

- Inpatient hospital services
- Outpatient hospital services
- Rural health clinic services
- Other laboratory and X-ray services
- Skilled nursing facility services and home health services for individuals 21 and older
- Early and periodic screening, diagnosis, and treatment for individuals under 21
- Family planning
- Physician services.

Federal financial pa available to States Medicaid Programs services and/or by for medical but not For the latter group, services required fo

Optional Services in

● CN[2]
+ Both CN and MN[3]

FMAP[1]	Basic Required Medicaid Services See Above		Podiatrists' Services	Optometrists' Services	Chiropractors' Services	Other Practitioners' Services	Private Duty Nursing	Clinic Services	Dental Services	Physical Therapy	Occupational Therapy	Speech, Hearing and Language Disorder	Prescribed Drugs	Dentures	Prosthetic Devices	Eyeglasses	Diagnostic Services
72.30	●	Alabama		●				●					●		●	●	
50.00	●	Alaska		●				●		●	●	●			●	●	
		American Samoa[4]															
62.28		Arizona[5]															
73.83	+	Arkansas		+	+	+		+	+				+	+	+	+	
50.00	+	California	+	+	+	+		+	+	+	+	+	+	+	+	+	+
50.00	●	Colorado	●	●				●	●				●			●	
50.00	+	Connecticut	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
50.00	●	Delaware	●	●		●	●	●					●		●		●
50.00	+	D.C.	+	+		+	+	+		+	+	+	+		+	+	
56.16	●	Florida	●	●		●		●	●			●	●	●	●	●	
66.05	+	Georgia	+	+		+		+	+				+	+	+	+	
50.00	●	Guam		●				●	●			●	●			●	
51.00	+	Hawaii	+	+		+		+	+	+	+	+	+	+	+	+	+
69.36	●	Idaho	●	●	●	●		●		●	●	●	●				●
50.00	+	Illinois	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
62.82	●	Indiana	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
58.90	+	Iowa	+	+	+	+		+	+	+	+	+	+	+	+	+	+
50.00	+	Kansas	+	+	+	+		+	+	+	+	+	+	+	+	+	
70.23	+	Kentucky	+	+		+		+	+	+	+	+	+		+	+	+
63.81	+	Louisiana		+				+	+	+	+	+	+	+	+	+	
68.86	+	Maine	+	+	+	+		+	+	+	+	+	+		+		+
50.00	+	Maryland	+	+				+	+	+		+	+	+	+	+	
50.00	+	Massachusetts	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
56.79	+	Michigan	+	+	+	+		+	+	+	+	+	+	+	+	+	+
53.41	+	Minnesota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
78.42	●	Mississippi		●					●				●			●	
60.62	●	Missouri	●	●				●	●				●	●	●	●	
67.44	+	Montana	+	+		+	+	+	+	+	+	+	+	+	+	+	+
57.11	+	Nebraska	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
50.00	●	Nevada	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
54.92	+	New Hampshire	+	+	+	+	+	+	+	+	+	+	+		+	+	+
50.00	●	New Jersey	●	●	●	●		●	●	●	●	●	●	●	●	●	●
68.94	●	New Mexico	●	●		●		●	●	●			●	●	●	●	
50.00	+	New York	+	+		+	+	+	+	+	+	+	+	+	+	+	+
69.18	+	North Carolina	+	+	+			+	+				+	+		+	+
55.12	+	North Dakota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
50.00	+	N. Mariana Islands		+				+	+	+			+	+	+		
58.30	●	Ohio	●	●	●	●	●	●	●	●	●	●	●	●	●		
57.60	+	Oklahoma	+	+		+		+	+				+		+		
61.54	+	Oregon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
56.72	+	Pennsylvania	+	+	+	+		+	●				●	●	●		
50.00	+	Puerto Rico						+									
56.33	+	Rhode Island	●	+					+				+	+	+	●	
72.70	+	South Carolina	+	+				+	+				+		+	+	
67.82	●	South Dakota			●			●	●	●			●	●	●		
70.20	+	Tennessee						+		+	+	+	+	+	+	+	
53.56	+	Texas	+	+	+	+							+		+	+	
72.62	+	Utah	+	+		+		+	+	+		+	+	+	+	+	+
67.06	+	Vermont	+	+	+	+		+		+	+	+	+		+	+	+
50.00	+	Virgin Islands						+					+	+	+	+	
53.14	+	Virginia	+	+				+	+	+	+	+	+				
50.06	+	Washington	+	+	●	+	+	+		●		●	+	+	+	+	●
71.53	+	West Virginia	+	+	+	+	+	+	+	+		+	+	+	+		
57.54	+	Wisconsin		●	●	●	●	+	●	+	+	+	+	●	+		+
50.00	●	Wyoming		●				●		●					●		
●	16	●	11	16	8	9	5	15	13	10	6	9	15	10	13	14	5
+	38	+	30	34	19	27	13	36	29	27	23	26	36	26	34	31	19
	54	Total	41	50	27	36	18	51	42	37	29	35	51	36	47	45	24

[1]Federal Medicaid Assistance Percentage (FMAP): Rate of Federal financial participation in a State's Medical Assistance Program under Title XIX of the Social Security

[2]Categorically Needy: People receiving federally supported financial assistance.

[3]Medically Needy: People who are eligible for medical but not for financial assistance.

[4]American Samoa operates under a special Medicaid waivered program.

[5]Arizona operates a medical assistance program under a Section 1115 Demonstration project.

The data shown were reported by individual states and compiled by the Office of Intergovernmental Affairs.
HCFA Pub. No. 02155--86

ES STATE BY STATE

October 1, 1985

Medicaid Services

icipation is also
icting to expand their
y covering additional
luding people eligible
financial assistance.
ates may offer the
inancial assistance
recipients or may substitute a combination of seven services.

Definitions and limitations on eligibility and services vary from State to State. Details are available from local welfare offices and State Medicaid agencies.

Services provided only under the Medicare buy-in or the screening and treatment program for individuals under 21 are not shown on this chart.

3
DATE 2-9-87

State Medicaid Programs

Screening Services	Preventive Services	Rehabilitative Services	Services for Age 65 or Older in TB Institution: A. Inpatient Hospital Services	Services for Age 65 or Older in TB Institution: B. SNF Services	Services for Age 65 or Older in TB Institution: C. ICF Services	Services for Age 65 or Older in Mental Institution: A. Inpatient Hospital Services	Services for Age 65 or Older in Mental Institution: B. SNF Services	Services for Age 65 or Older in Mental Institution: C. ICF Services	Intermediate Care Facility Services	ICF for Mentally Retarded	Inpatient Psychiatric Service for under Age 22	Christian Science Nurses	Christian Science Sanitoria	SNF for under Age 21	Emergency Hospital Services	Personal Care Services	Total Additional Services	
	•		•				•	•	•	•				•	•		13	AL
						•			•	•	•			•	•		13	AK
																		AS
																		AZ
		+	+	•	•	+	•	•	•	•	+			•	+	•	22	AR
+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	31	CA
		•				•	•	•	•	•	•			•	•	•	16	CO
+	+	+				+		+	+	+	+		+	+			25	CT
						•		•	•	•				•	•		14	DE
	+	+	+			+	+	+	+	+	+			+	+	+	23	DC
		•				•			•	•			•		•		16	FL
									+	+				+			12	GA
															•		7	GU
+	+	+							+	+				+	+	+	21	HI
		•						•	•	•				•	•	•	17	ID
	+	+				+	+	+	+	+	+		+	+	+		26	IL
•	•	•				•			•	•	•	•	•	•	•	•	27	IN
	+	+				•			+	•	•			+	+		22	IA
		+	+		+	+		+	+	+	+			+	+	+	24	KS
	+	+				+	+	+	+	+	+			+	+		22	KY
		+	•			•	•	•	•	•	•			•			19	LA
+	+	+							+	+		+	+	+	+		21	ME
						+			+	+				+	+	+	16	MD
+	+	+	+	•	•	+	+	+	+	+	+	+	+	+	+	+	32	MA
		+				+	+	+	+	+	+		+	+	+	+	25	MI
+	+	+	+	+	+	+	+	+	+	+	+		+	+	+	+	31	MN
									•	•			•	•	•		9	MS
						•			•	•	•					•	13	MO
+	+	+				+	+	+	+	+	+			+	+	+	26	MT
						+	+	+	+	+	+			+	+	+	23	NB
						•	•	•	•	•				•	•	•	22	NV
+	+	+				+		+	+	+		+	+	+	+	+	26	NH
•	•	•				•	•	•	•	•	•		•	•	•	•	27	NJ
		•							•	•				•	•		15	NM
+	+	+				+			+	+	+			+	+	+	24	NY
+	+	+	+			+		+	+	+	+			+		+	20	NC
+	+	+				+			+	+	+			+	+		24	ND
															+	+	10	NMI
		•				•	•	•	•	•	•		•	•	•		24	OH
		+				+			+	+	+			+		+	14	OK
	+	+				•			•	•	•		+	+	+		24	OR
						+	+	+	+	+	+			+	+		17	PA
																	1	PR
					+				+	+				+			11	RI
		+				+	+	+	+	+	+			+	+		16	SC
						•	•	•	•	•				•	•	•	15	SD
			+	+	+	+	+	+	+	+	+	+	+	+	+	+	22	TN
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									+	+	+			+	+		18	WV
+		+				•			+	+	•		•	+	+	+	25	WI
		•				•			•					•			8	WY
2	3	8	2	2	2	16	9	11	18	19	10	1	6	15	14	8		
14	20	27	10	4	6	24	14	18	32	30	23	5	12	33	30	19		
16	23	35	12	6	8	40	23	29	50	49	33	6	18	48	44	27		

Act. Effective October 1, 1985-September 30, 1987 (Fiscal Years 1986 and 1987).

SEE OTHER SIDE FOR EXPLANATION OF PROGRAM CHANGES

U.S. Department of Health & Human Services
Health Care Financing Administration
Office of Intergovernmental Affairs

Medicaid recipients
ported financial ass
least these services
• Inpatient hospital
• Outpatient hospit
• Rural health clinic
• Other laboratory a

• CN[2]
+ Both CN and MN[2]

FMAP[1]	Basic Required Medicaid Services See Above		Podiatrists' Services	Optometrists' Services	Chiropractors' Services
72.30	•	Alabama		•	
50.00	•	Alaska		•	
		American Samoa[4]			
62.28		Arizona[5]			
73.83	+	Arkansas		+	+
50.00	+	California	+	+	+
50.00	•	Colorado	•	•	
50.00	+	Connecticut	+	+	+
50.00	•	Delaware	•	•	
50.00	+	D.C.	+	+	
56.16	•	Florida	•	•	
66.05	+	Georgia	+	+	
50.00	•	Guam		•	
51.00	+	Hawaii	+	+	
69.36	•	Idaho	•	•	•
50.00	+	Illinois	+	+	+
62.82	•	Indiana	•	•	•
58.90	+	Iowa	+	+	+
50.00	+	Kansas	+	+	+
70.23	+	Kentucky	+	+	
63.81	+	Louisiana		+	
68.86	+	Maine	+	+	+
50.00	+	Maryland	+	+	
50.00	+	Massachusetts	+	+	+
56.79	+	Michigan	+	+	+
53.41	+	Minnesota	+	+	+
78.42	•	Mississippi		•	
60.62	•	Missouri	•	•	
67.44 66.38	+	Montana	+	+	
57.11	+	Nebraska	+	+	+
50.00	•	Nevada	•	•	•
54.92	+	New Hampshire	+	+	+
50.00	•	New Jersey	•	•	•
68.94	•	New Mexico	•	•	
50.00	+	New York	+	+	
69.18	+	North Carolina	+	+	+
55.12	+	North Dakota	+	+	+
50.00	+	N. Mariana Islands		+	
58.30	•	Ohio	•	•	•
57.60	+	Oklahoma	+	+	
61.54	+	Oregon	+	+	+
56.72	+	Pennsylvania	+	+	+
50.00	+	Puerto Rico			
56.33	+	Rhode Island	•	+	
72.70	+	South Carolina	+	+	
67.82	•	South Dakota			•
70.20	+	Tennessee			
53.56	+	Texas	+	+	+
72.62	+	Utah	+	+	
67.06	+	Vermont	+	+	+
50.00	+	Virgin Islands			
53.14	+	Virginia	+	+	
50.06	+	Washington	+	+	•
71.53	+	West Virginia	+	+	+

ALABAMA
Added: Preventive Services for CN
Emergency Hospital Services for CN
Deleted: Inpatient Psychiatric Services for Under Age 22 for CN

ALASKA
Added: Physical Therapy Services for CN
Occupational Therapy Services for CN
Prosthetic Devices for CN

ARKANSAS
Added: Rehabilitative Services for CN and MN

COLORADO
Added: Rehabilitative Services for CN
Personal Care Services for CN

DISTRICT OF COLUMBIA
Added: Private Duty Nursing Services for CN and MN

FLORIDA
Added: Rehabilitative Services for CN

GUAM
Added: Emergency Hospital Services for CN
Deleted: All services for MN

PROGRAM CHANGES

ILLINOIS
- **Added:** Podiatrists' Services to include MN
- Optometrists' Services to include MN
- Other Practitioners' Services to include MN
- Physical Therapy Services to include MN
- Speech, Hearing and Language Disorder Services to include MN
- Inpatient Psychiatric Services for Under Age 22 to include MN
- SNF for Under Age 21 Services to include MN

IOWA
- **Added:** Several services to also include MN

KANSAS
- **Added:** Services for Age 65 or Older in TB Institutions (Inpatient Hospitals) for CN and MN
- Services for Age 65 or Older in TB Institutions (ICFs) for CN and MN
- Services for Age 65 or Older in Mental Institutions (Inpatient Hospitals) for CN and MN

KENTUCKY
- **Added:** Podiatrists' Services to include CN and MN

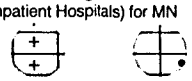
LOUISIANA
- **Added:** Dental Services for CN and MN
- Physical Therapy Services for CN and MN
- Occupational Therapy Services for CN and MN
- Speech, Hearing and Language Disorder Services for CN and MN
- **Deleted:** Chiropractors' Services for CN and MN

MAINE
- **Deleted:** Inpatient Psychiatric Services for Under Age 22 for CN and MN

MASSACHUSETTS
- **Added:** Chiropractors' Services for CN and MN
- Inpatient Psychiatric Services for Under Age 22 for CN and MN
- Services for Age 65 or Older in Mental Institutions (SNFs) for MN
- Services for Age 65 or Older in Mental Institutions (ICFs) for MN

MICHIGAN
- **Added:** Rehabilitative Services for CN and MN

MISSOURI
- **Added:** Rehabilitative Services for CN
- **Deleted:** Physical Therapy Services for CN
- Occupational Therapy Services for CN
- Speech, Hearing and Language Disorder Services for CN
- Services for Age 65 or Older in TB Institutions (Inpatient Hospitals) for MN



NEBRASKA
- **Added:** Occupational Therapy Services for CN and MN

NEW HAMPSHIRE
- **Added:** Services for Age 65 or Older in Mental Institutions (ICFs) to include MN
- Intermediate Care Facility Services to include MN
- ICF for Mentally Retarded Services to include MN

NORTH CAROLINA
- **Added:** Personal Care Services for CN and MN

TENNESSEE
- **Added:** SNF for Under Age 21 Services for CN and MN

TEXAS
- **Added:** All services for MN
- **Deleted:** Preventive Services for CN

WASHINGTON
- **Added:** Rehabilitative Services for MN

WISCONSIN
- **Deleted:** Other Practitioners' Services for MN
- Private Duty Nursing for MN
- Services for Age 65 or Older in Mental Institutions (SNFs) for CN and MN
- Services for Age 65 or Older in Mental Institutions (ICFs) for CN and MN
- Inpatient Psychiatric Services for Under Age 22 for MN

WYOMING
- **Added:** Services for Age 65 or Older in Mental Institutions (Inpatient Hospitals) for CN

CN—Categorically Needy
MN—Medically Needy

EXHIBIT 4
DATE 2-9-87
HB

HOME AND COMMUNITY SERVICES PROGRAM

ANNUAL REPORT 1986

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

ECONOMIC ASSISTANCE DIVISION

MEDICAID BUREAU

PROGRAM DESCRIPTION

Montana's Home and Community Services Program was implemented in July 1983 to assist elderly and disabled persons to remain independent in their own homes. The program is also referred to as the Medicaid Waiver Program since the federal government granted the state a waiver of certain regulations to pay for services in an individual's home. The primary goal of the program is to prevent or delay institutionalization by providing medically necessary maintenance or supportive care. The department contracts with nine case management teams to provide case management. Case management, provided by professionally trained nurses and social workers, involves the following activities:

- Assessment - A comprehensive evaluation of the individual's needs - health, social, environmental and financial.
- Care Planning - The development of a realistic and cost effective plan of care which involves the team, the individual, the attending physician and family members.
- Coordination - The arranging for necessary services by agencies, family members or volunteers.
- Monitoring - The monitoring of services being delivered and changes in the individual's situation.

ELIGIBILITY CRITERIA

Individuals enrolled in the program must meet the following criteria:

- Be financially eligible for Medicaid;
- Be age 65 or over or be certified as disabled by the Social Security Administration;
- Require the level of care of a skilled or intermediate nursing facility;
- Reside in approved service areas; and
- Be served in the community safely and for a cost less than the cost in a nursing home.

SERVICE DELIVERY NETWORK

The Department contracts with case management teams located in Missoula, Lewis and Clark, Yellowstone, Richland, Flathead, Cascade, Gallatin and Custer counties. Effective January 1, 1987, teams expanded into Mineral, Ravalli, Jefferson, Carbon, Big Horn, Mussellshell, Golden Valley, Stillwater, Sweet Grass, Lake, Teton, Fergus and Park counties. During FY86 the case management teams subcontracted with approximately 75 agency-based service providers and 200 individual providers to deliver home and community services which include such services as personal care, homemaker, adult day care, environmental modifications to the home, medical alert systems, respite care and habilitation. Effective January 1, 1987, nursing, psychological, respiratory therapy and dietitian services were added to the program. In addition, case management teams work with numerous community agencies not under formal contract. The availability and coordination of these services prevent or shorten stays in hospitals and nursing homes.

Case management teams can not directly provide any of the home and community services and have no vested interest in the selection of services. Their goal

is to develop the care plan which provides only those services needed by the individual to remain independent. Each plan of care is re-evaluated at least every six months to ensure the individual continues to need the services. Case management teams approve claims submitted by subcontract agencies to ensure the services provided are included in the care plan.

POPULATION SERVED

To ensure that the program only serves individuals "at risk of institutionalization", the Department uses the same preadmission screening process and criteria that determines who is eligible for nursing home care. Approximately 95% of the individuals enrolled in the program meet the intermediate level of care definition and the remaining 5% meet the skilled level of care definition. Other characteristics of the population include:

Age Under 65 - 29%
65 - 75 - 31%
Over 75 - 40%

Sex - Female recipients constitute approximately 70% of the population.

Pre-program Residence - Alone or with others - 74%
Institution - 26%

These characteristics are very similar to characteristics of individuals residing in nursing homes. Other similarities include the medical diagnosis and the ability of the individual to perform activities of daily living. These variables, along with an individual's emotional and social supports, are the critical factors in determining whether nursing home placement is necessary or if the resources can be mobilized to allow an individual to remain in the community.

FUNDING

The majority of the funding for home and community services comes from state and federal appropriations through the Medicaid Program. Other sources, such as Medicare, Title III Aging Programs, Social Service Block Grants, Worker's Compensation, private insurance and family members also fund home and community services. Case management teams ensure no duplication of supplanting of programs exists by requiring that other funding sources be used before Medicaid. Approximately 35% of the individuals in the program pay for the services themselves.

COST SAVINGS

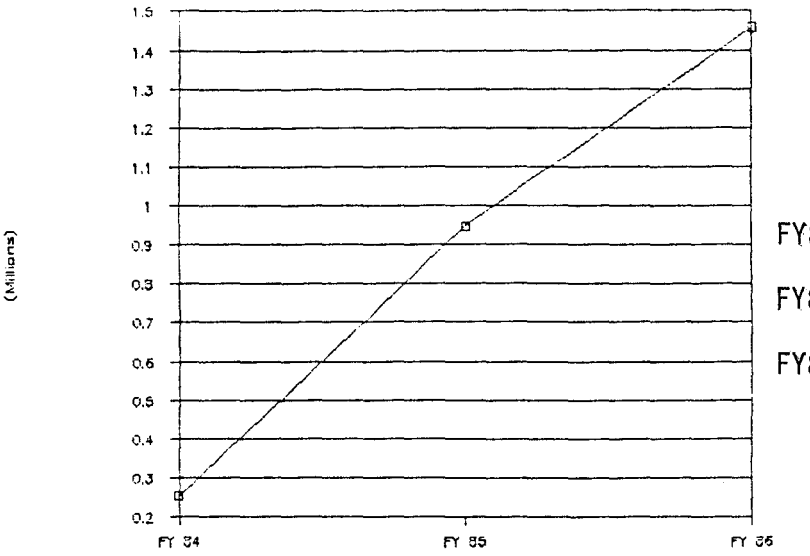
The Health Care Financing Administration requires states to document waiver and long term care costs in a formula which ensures that costs of waiver services are less costs of institutional services.

In FY86, the average statewide cost of nursing home care was $12,479. This is based on a statewide average daily nursing home rate of $45.19 less $11.00 per day contributed by the individual from personal income.

The per capita waiver expenditures for FY86 were $4,341, or $8,138 less than nursing home expenditures. Waiver costs represent 35% of the costs of nursing home care.

The graphs and tables which follow illustrates the cost effectiveness of the Home and Community Services Program.

EXPENDITURES

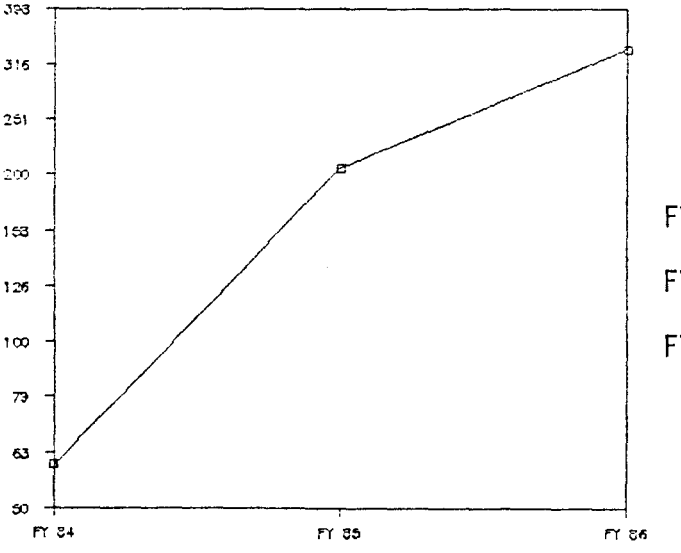


FY84 $252,694

FY85 $948,070

FY86 $1,458,427

OF UNDUP RECIPIENTS SERVED

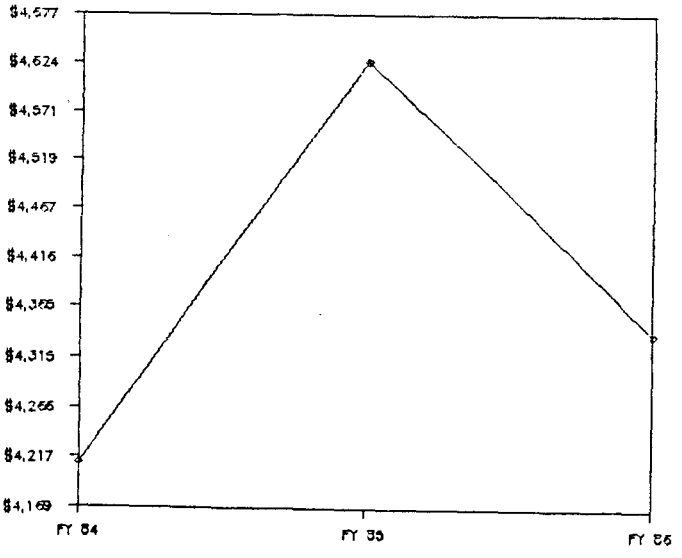


FY84 60

FY85 205

FY86 336

AVERAGE COST PER RECIPIENT



FY84 $4,212

FY85 $4,625

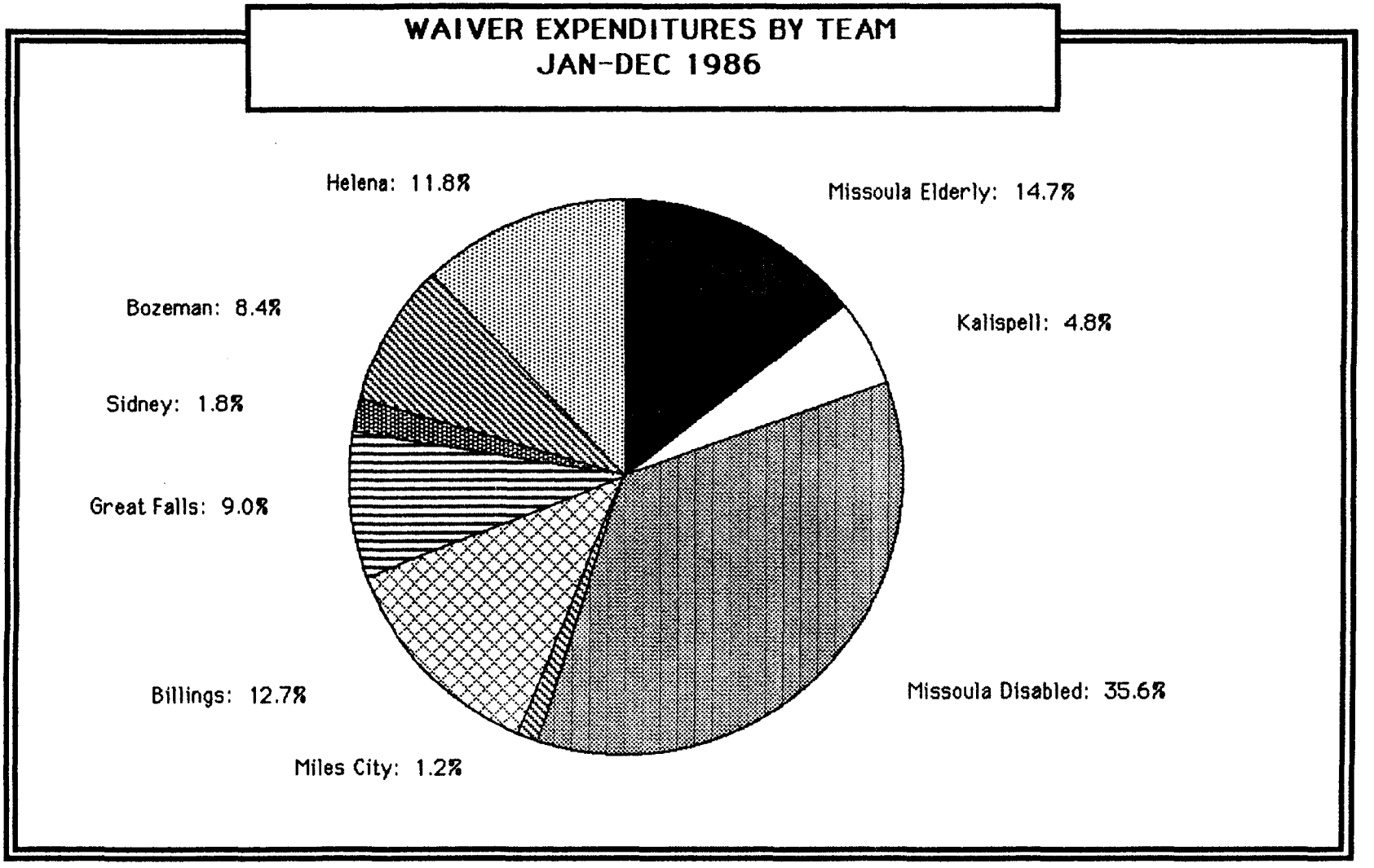
FY86 $4,341

These tables reflect caseload growth and expenditures from the inception of the program through June 1986. Implementation of case management teams was phased in with the first two teams starting in Missoula in 9/83 and the newest team start[illegible]

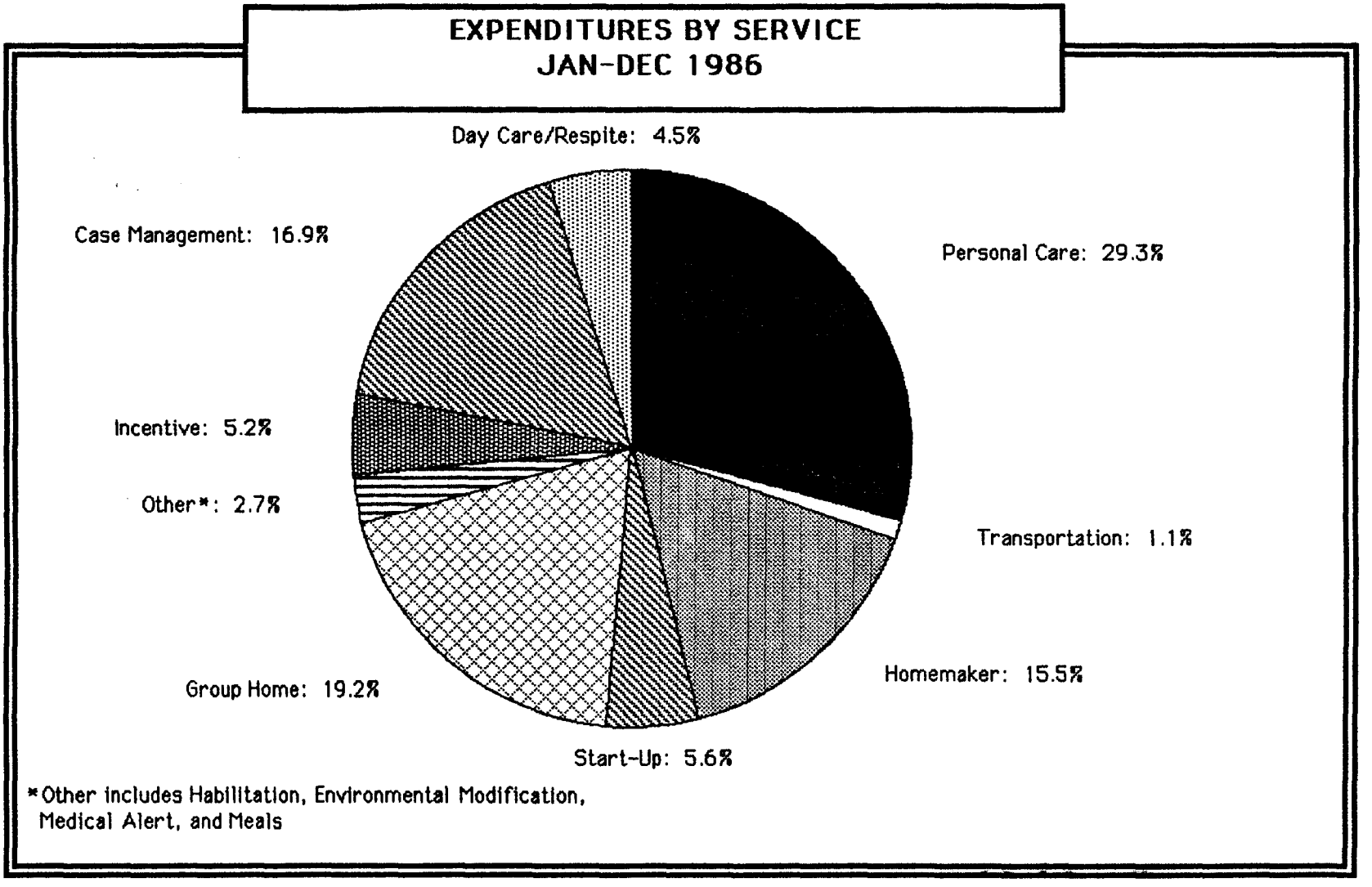
CASE MANAGEMENT TEAM SUMMARY
JAN-DEC 1986

TEAM	UNDUPLICATED RECIPIENTS SERVED	AVG COST PER RECIPIENT	AVG MONTHLY CASELOAD	TOTAL EXPENDITURES
Missoula Elderly	51	$3,698	33	$ 188,593
Missoula Disabled	58	$7,894	44	$ 457,840
Billings	61	$2,679	33	$ 163,432
Great Falls	43	$2,707	26	$ 116,385
Bozeman	27	$3,997	18	$ 107,910
Helena	56	$2,716	34	$ 152,119
Miles City	17	947	8	$ 16,092
Sidney	11	$2,137	8	$ 23,510
Kalispell	14	$4,383	11	$ 61,369
Total	338	$3,808	215	$1,287,250

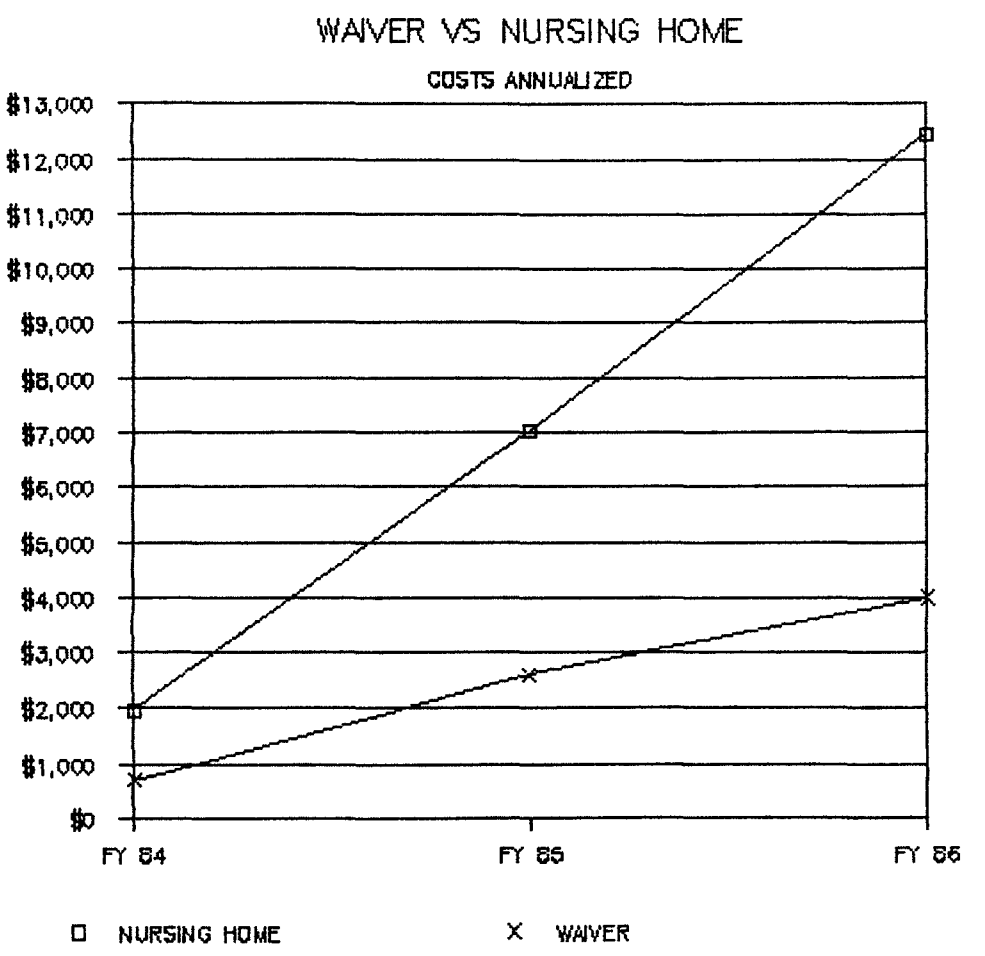
Table 2 reflects case management team activity during 1986. Total expenditures include all waiver services, start-up funds and incentives payment.



This table reflects the case management team's percentage of total program expenditures during calendar year 1986.



This table reflects the percentage of total program expenditures by type of service and only represents those services paid by Medicaid.



This table compares costs of serving individuals in the waiver to the costs of serving them in a nursing home.

EXHIBIT 5
DATE 2-9-87
HB

Feb 5th, 1987

To Whom it may concern:

My name is Wendy O. Morris, I live in Clancy, MT., and I work at several job-s which keeps me very busy. I am writing in behave of my mother-in-law.

Marguerite Morris is 75 years old. She's been a diabetic since 16 yrs. and now has arthritis to make her life more trouble-some. Twice a week I visit with Marguerite. I take care of all her shopping, banking and doctor needs. I do this because she is unable to handle these on her own.

As of now Marguerite lives alone in the M E Anderson Bldg. The only way she has been able to maintain her independance

by having Welfair send people in to help her: These workers make sure Marguerite eats properly & takes her medication in time. Without these people to help Marguerite I would have to go to town on a daily check or she'd end up in the hospital again.

You see, before the Welfair helpers Marguerite was on her own. When she forgot to eat take her insulin she'd get all out of whack. Causing hysterical & frightning scenes in her building where she lives. I tried to talk her into a nursing home situation but she REFUSED! SO when she was one of ballance an expensive hospital trip was necessary to straighten her out again.

2,

EXHIBIT 5
DATE 2-9-87
HB

Since contacting Social Services and Joan Taylor Marguerite is doing much better. There have been no more trips to the hospital. She remains rational & balanced. I can relax and know that Marguerite is being cared for in my absence.

Caring for the aged and infirm is a full time job. For those of us who cannot find time to do it ourselves this service is invaluable.

Thank you,
Wendy O. Morris
933 8594
Clancy, MT. 59634

(1) Testimony of Kathleen Brewer

Medicaid Mandates

EXHIBIT 6
DATE 2-9-87
HB

My name is Kathleen Brewer and my mother is Abbie Maddux , a very fine, alert 89 year old lady who about one and a half years began having serious health difficulties requiring medical care. This all culminated when she fell and severely fractured her hip, subsequently requiring three major surgeries on that hip and then a long six month convalescence in a nursing home.

Take a few wild guesses and you will have a ball-park figure of the tremendous expenses involved. Her only income is Social Security and SSI, and of course she is covered by Medicare and Medicaid. With her paltry income she could not afford additional medical insurance. Without Medicaid she would have become dependent of the county , after we would have paid all we could possibly pay of her expenses without becoming destitute.

She returned to her own home at the end of her six months in the nursing home (which she detested in spite of the care) and has done remarkably well.

EXHIBIT 6
DATE 2.9.87

Needless to say she is remaining independent which is vital to all of us. We all have some idea of how we would feel if we were forced to be uprooted from our homes and all we loved and had to be supported in a county facility. The dignities of human life and strong feelings of independence are especially strong in this particular generation of pioneers.

Thanks to Medicaid Mom remains interested in life, is improving physically better than we would have ever thought, more and more able to stay independent, and is a joy to us and our childeen. She has much to contribute to future generations through her memories of early Montana history--which is after all, our legacy.

Thank you.

2-9-87

INTERNAL MEDICINE
F. J. ALLAIRE, M.D.
D. E. ANDERSON, M.D.
R. D. BLEVINS, M.D.
PULMONARY DISEASE
G. A. BUFFINGTON, M.D.
NEPHROLOGY
S. J. EFFERTZ, M.D.
RHEUMATOLOGY
J. D. EIDSON, M.D.
K. A. GUTER, M.D.
ONCOLOGY
P. A. KREZOWSKI, M.D.
ENDOCRINOLOGY
T. J. LENZ, M.D.
W. N. MILLER, M.D.
GASTROENTEROLOGY
W. N. PERSON, M.D.
T. W. ROSENBAUM, M.D.
NEPHROLOGY
G. D. SPENCER, M.D.
GASTROENTEROLOGY
J. D. WATSON, M.D.
CARDIOLOGY

OBSTETRICS AND GYNECOLOGY
R. E. ASMUSSEN, M.D.
P. L. BURLEIGH, M.D.
F. J. HANDWERK, M.D.
R. J. MCCLURE, M.D.
G. K. PHILLIPS, M.D.

NEURO-SCIENCES
D. E. ENGSTROM, M.D.
PSYCHIATRY
W. H. LABUNETZ, M.D.
NEUROLOGY—EEG
E. E SHUBAT, PH. D.
PSYCHOLOGY

ORTHOPAEDIC SURGERY
A. V. HACHIGIAN, M.D.

PEDIATRICS
J. A. CURTIS, M.D.
J. M. EICHNER, M.D.
N. C. GERRITY, M.D.
J. R. HALSETH, M.D.
J. P. HINZ, M.D.
C. C. MATELICH, M.D.
N. J. MAYNARD, M.D.

SURGERY
W. P. HORST, M.D.
UROLOGY
R. E. LAURITZEN, M.D.
GENERAL AND VASCULAR
J. E. MUNGAS, M.D.
VASCULAR AND GENERAL
J. A. SCHVANEVELDT, M.D.
EAR, NOSE & THROAT
L. M. TAYLOR, M.D.
GENERAL AND THORACIC
W. C. VASHAW, M.D.
GENERAL AND VASCULAR

RADIOLOGY
J. DUNST, M.D.

ADMINISTRATION
W. D. TAYLOR
M. D. MISSIMER

GREAT FALLS CLINIC
1400 TWENTY-NINTH STREET SOUTH
P. O. BOX 5012
GREAT FALLS, MONTANA 59403
PHONE (406) 454-2171

May 8, 1986

Becky Stigel
Easter Seal Society Goodwill Industries of Montana

RE: Luloff, Richard
G.F.C.#180-867-4

To whom it may concern:

This letter is concerning the experience I have had with Easter Seal managing one of my patients, Rick Luloff, who has muscular dystrophy and respiratory failure related to that. Mr. Luloff requires continuous ventilator support and it was through the work of Easter Seals in the Great Falls that we were able to coordinate a discharge planning program. Mr. Luloff was discharged February 19, 1985 from Montana Deaconess Medical Center and has been at home since that time. The Easter Seal organization has coordinated his care at home and has done an excellent job, along with the excellent work of Edna Dwyer who is nurse coordinator for the Home Care nursing program of Deaconess Hospital. This service has not only benefited the patient who has done much better at home than he would have done at an institution but has also saved considerable money paid by the taxpayers of Montana since the cost of caring for this patient at home is a fraction of the cost of caring for the same patient in a hospital or other institution.

The Easter Seal organization has also coordinated care for several other of my patients. However I describe the care of a home ventilator patient since this was a true test of an organization's capability of supervising home care of a complicated patient.

Best wishes,

David E. Anderson M.D.
David E. Anderson, M. D.

DEA/ms

Northern Rocky Mountain Easter Seal Society

IDAHO, MONTANA, WYOMING

To Whom It May Concern:

This is a letter to thank Easter Seals for their help in getting Rick home from the hospital. He had been in Deaconess for ten months and so we were glad to have him home with us. He has 24 hours of home nursing care. Easter Seals is also a good referral service.

The case worker and nurse from Easter Seal come to our house every couple of weeks to see how things are going. They set up staffings every 2 months between themselves, Rick's doctor, his nurse and home care personnel, a respiratory therapist and myself if I am able.

Easter Seals has also been very helpful in solving problems that arise when there are 24 hours of nursing care. They helped us get the funds and manpower to revise our wheelchair ramp to make it easier to get in and out of the house.

We really appreciate all the help we have gotten from Easter Seals.

Eileen and Rick Luloff

4400 CENTRAL AVENUE • GREAT FALLS, MONTANA 59405 • (406) 761-3680

Teton Medical Center

915 Fourth Street Northwest
P.O. Box 820
Choteau, Montana 59422
(406) 466-5763

6 May 1986

Shelly Oksness, Director of Health Services
Easter Seals
4400 Central Avenue
Great Falls, MT 59403

Dear Mrs. Oksness:

It is with great interest that Teton Medical Center welcomes the opportunity to work with you for the expansion of Community-based Waiver Services into Teton County. As you know, Teton County does have an elderly population of about 17% at the current time. There are a limited number of agencies and services available to these people currently, but most of these are limited by funding requirements and eligibility requirements.

At the current time I am aware of six individuals in Choteau that would be able to benefit from the Waiver services and that meet the financial and need requirements. In each of the out-lying communities I know of at least one or more individuals that are in need of services and again would meet the requirements financially. Some of the needs are being met in a limited way with volunteers or family members as no other resource is available. But I am getting requests for assistance with ADLS, medications and treatments on an average of three time per week. Many of these do not meet the criteria for home health care to provide the services.

Teton Medical Center will work with you to establish the services if the expansion is approved. Again, I must stress that the clients are present in Teton County to utilize the services that would be available and I am appealing for the continued interest in the expansion into Teton County.

Sincerely,

Ardene Zion

Ardene Zion, R.N.
Director of Special Services

February 14, 1986

To Whom It May Concern:

James Cunningham came to live with us ~~one~~ two years ago, after having lived in Southern California for a number of years with another member of the family.

When he arrived here, he could not get from one end of the living room to the kitchen without stopping to rest. He was overweight and generally very ill. His speech was not understandable at all due to a stroke two years before.

For six months we endured such behavior from him as running away, curling up in a fetal position for hours, yelling and cursing, wouldn't take his medication, not bathing, he wouldn't talk, ignored us, pretended he couldn't hear, pretended he couldn't see, talked of killing himself, to name a few.

He was uncontrollable, so I was looking for a rest home to put him in. After calling a few rest homes, one of them suggested I call Easter Seals. They had a representative come out and visit with us right away. Easter Seals told us about a day care program that Jim might fit in. We decided to try the day care instead of a rest home because we still felt a family atmosphere would be good for him.

If this program had not been available, we would have had to put him in a rest home. He has been in the day care program since August 1984. His self esteem is great. He now cares about how he looks, he takes baths, his behavior at home is very acceptable to our family. He laughs and jokes. We can understand his speech, he had lost weight and is feeling very well for an 85 year old man who has a pacemaker, has had a major heart attack, and had cancer. He gets around great. We even had to cut back on his high blood pressure medicine because the more stable and rewarding environment lowered his blood pressure.

If this program were not available, Jim would probably be in a rest home or would have curled up and died. He did not have any reason for living before. Now he loves to go to Day Program. He attends from 8-4 five days a week.

This program also does tremendous things for our family. We now have enough privacy in our day to satisfy us. The improvement in his behavior and his health is a joy to us.

If this program were cancelled, Jim would not have a purpose for living or anything to look forward to each day. I'm sure there would be a decline back to despondent behavior.

Sincerely,

Ginger Wheeler

Ginger Wheeler

March 3, 1986

Dear Easter Seal:

I am writing in regard to the Easter Seal Home Health Care Program. We started using this program in February of 1985 and from our viewpoint have been very satisfied with it.

The program provides for a Personal Care Attendant to come into our home and care for my mother who has Alzheimers disease. We live in a rural area and Easter Seal certified a neighbor lady to assume the PCA position which seems to work out well for all concerned.

My husband and I both work--so without this program it would be very difficult to keep my mother in the home. Someone has to be with her all the time and attend to all her needs.

We have also used the respite care service which allows us to take an occasional weekend or vacation on our own.

The staff of Easter Seal has been friendly and cooperative in assisting us with every aspect of the program and with other concerns we may have.

We applaud the Easter Seal's efforts and hope the State has the foresight to continue this program so more people are able to be cared for at home.

Thank you.

Sincerely,

Jan Johnson
Wm, MT