

## **MINUTES**

### **MONTANA HOUSE OF REPRESENTATIVES 52nd LEGISLATURE - REGULAR SESSION**

#### **SUBCOMMITTEE ON HUMAN SERVICES & AGING**

**Call to Order:** By **CHAIRMAN DOROTHY BRADLEY**, on January 31, 1991,  
at 8:05 a.m.

#### **ROLL CALL**

##### **Members Present:**

Rep. Dorothy Bradley, Chairman (D)  
Sen. Mignon Waterman, Vice Chairman (D)  
Rep. John Cobb (R)  
Rep. John Johnson (D)  
Sen. Tom Keating (R)  
Sen. Dennis Nathe (R)

**Staff Present:** Carroll South, Senior Fiscal Analyst (LFA)  
Bill Furois, Budget Analyst (OBPP)  
Faith Conroy, Secretary

**Please Note:** These are summary minutes. Testimony and  
discussion are paraphrased and condensed.

##### **Announcements/Discussion:**

#### **DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES (SRS)**

#### **DEVELOPMENTAL DISABILITIES (DD) DIVISION HEARING**

#### **PUBLIC TESTIMONY**

**Tape 1A**

**Julia Robinson, SRS Director**, referred to Pages 154-162 in the  
executive budget narrative and Pages B102-105 in the LFA budget  
narrative. She also distributed data on Developmental  
Disabilities Division programs. **EXHIBIT 1**

**Cris Volinkaty, DD Lobbyist**, distributed copies of the DD  
Legislative Agenda. **EXHIBIT 2**

**Carroll South, Legislative Fiscal Analyst**, distributed the DD  
Program budget summary. **EXHIBIT 3**

**Ms. Volinkaty** said she represents 46 non-profit providers and  
consumers of DD services. She provided a brief introduction for  
individuals who planned to testify.

**SEN. MIKE HALLIGAN of Missoula** said he has been a Big Brother to  
a developmentally disabled child in Missoula for 18 years and is

chairman of the Missoula Developmental Services Corp. He credited the subcommittee for creating the Specialized Services and Support Organization (SSSO) in Missoula, which provides DD individuals with their own home, neighborhood and, in most cases, jobs. He said community-based services are the most important in terms of quality of life and urged the subcommittee to increase pay for people providing these services, including Adult Services, Early Intervention and Specialized Family Care.

**SEN. STEVE BENEDICT** of Hamilton said there is a great need for disabled services. His daughter is a quadriplegic. It is difficult to raise a disabled child. There is enormous medical expense, physical obstacles to overcome and 24-hour per day responsibility. He urged support for services and providers, and assured the subcommittee that its efforts are making a difference. He is past chairman of the Missoula Developmental Services Corp., which built the first seven group homes in the state through the SSSO project approved by the 1989 Legislature. He asked the subcommittee to find ways to redirect appropriations for these critical services.

**REP. TIM WHALEN** of Billings said he is a member of the Developmental Disabilities Planning & Advisory Council (DDPAC) Board. Some of the most efficiently and well-spent dollars are in DD programs. Families of DD individuals work very hard and need state support. It is only right and fair that the state helps them.

**Ed Petersen**, a mail clerk for the Bureau of Land Management (BLM) in Billings, and **Rita Schilling**, Director of Job Connection in Billings, testified about **Mr. Petersen's** success in finding and maintaining a job through Job Connection. His job pays \$259.45 every two weeks, which enables him to live independently.

**Charles Switzer**, BLM Program Analyst in Billings, testified in support of Supportive Employment programs. He told how **Mr. Petersen** came to work at BLM and the support provided by his job coach from Job Connection. He said **Mr. Petersen** has become more independent and mature during the three years he has worked for BLM. He urged the subcommittee to do whatever possible to provide more opportunities like this around the state. Many DD individuals would be living on various government programs instead of returning to the community if it weren't for services provided by Job Connection. The economic benefit to the community far exceeds what clients absorb in community services.

**Bill Woon**, Helena Industries Finance Director, said Helena Industries incurs the same costs as a for-profit business but is limited in its ability to increase revenues to offset costs. In the past five years, costs have increased 4.5 percent increase. The increase was based on the Consumer Price Index. In the last 12 months, costs have increased 6.3 percent. Costs will increase by a minimum of 5 percent in the next two years. He urged the subcommittee to consider a 5 percent increase in DD services and

fees to offset costs.

**Jan Dresch of Great Falls** said she is a mother of four, including a 14-year-old handicapped child. Each year it is getting harder to meet her daughter's needs. Her daughter needs 24-hour care but will be without services for three weeks this year. She said she doesn't get three weeks' leave from her job, and she doesn't have sitters or other options. Specialized Family Care works well with children, but when a child gets to be between 12 and 18 years old, no services are available. She hopes the subcommittee can provide options to parents with DD children.

**Tamara Kittelson-Aldred of Missoula** said she is an occupational therapist who specializes in early intervention with children. Her 17-month-old daughter has an unusual genetic condition that causes low muscle tone and prevents full use of her right side. She needs special therapy, equipment and toys. Most of her therapy is not covered by health insurance. While she has added much joy to the family, she also has brought difficulty. There are demands on the family's time, energy, emotions and financial resources. Her family needs continued help and support to help her daughter develop to her full potential.

**Gerald Newgard, Mission Mountain Enterprises Director and Lake County Commissioner**, said he is a parent of a developmentally disabled child, and serves on the CDC Board and the Mental Health Board for seven counties in western Montana. He has been directly involved in the DD Program since 1969, when Boulder River School had a population of about 1,500 people. Montana has come a long way in 30 years in providing community-based services to sustain DD individuals.

It costs Mission Mountain Enterprises about \$30,000 per year per person. The cost would be about \$90,000 if it were state operated. The state has saved taxpayers a lot of money by contracting services to providers throughout the state. However, DD programs are lagging. The state has not increased rates to keep up with inflation. Over the past five years, inflation has averaged about 3.8 percent per year and provider rate increases have been about 1.5 percent for the same period. The loss in purchasing power is about 8.17 percent.

Quality and quantity of services are threatened. Inflation and escalating health insurance costs are impacting direct-services salaries. Habitational aides receive \$4.78 per hour, compared with \$6.78 at a state institution. Middle-level supervisors receive \$5.80 per hour compared with \$7.73 for state employees. There is a 46 percent difference between direct-service and state institution wages.

The 1989 Legislature granted a 25 percent increase in salaries. If another 25 percent increase were given, it would close the gap. Community-based services are not glorified baby-sitting services. He urged the subcommittee to recommend provider rate

increases and higher salaries for direct-service workers.

**Keith Sadowsky of Glendive** said he is a father of a DD child who receives services through the Developmental Educational Assistance Program (DEAP). The family's goal is to keep the boy at home. DEAP helped set up a program for home and school, provided Respite Care and information on how to apply for Specialized Family Care. His family applied in December 1988 and is still waiting for an opening. His son's progress is at a standstill and the family may lose medical insurance. If the family had Specialized Family Care, the boy would receive medical care and the one-on-one attention he needs. He urged the subcommittee to support an increase in funds for Specialized Family Care and to remember that the care children receive at home is more economical and beneficial. Family crises need to be prevented.

**Melody Rominger of Havre** testified about her job as a courtesy clerk at Safeway in Helena. She said she is proud of herself and asked the subcommittee to maintain benefits. She is in independent living and the Supportive Employment Program.

**Maria Pease of Lodge Grass** thanked the subcommittee for supporting the Special Training for Exceptional People (STEP) program. She has a handicapped daughter who needs constant care. STEP provided counseling, encouragement and advice. She asked the subcommittee to do its best to increase services.

**Tape 1B**

In Indian culture, a handicapped child is kept at home, hidden from others. The STEP program has opened doors to Indian families with handicapped children. Many families depend on the STEP and Respite programs, and the Montana Center for the Handicapped.

**Sylvia Danforth of Miles City, DEAP Director**, said DEAP is a non-profit corporation that provides in-home family training, support and respite services in 10 southeastern Montana counties. DEAP also provides evaluations and diagnoses in 17 southeastern Montana counties, and a children's group home in Glendive.

She testified in support of increased pay for direct-care workers. She said it is difficult to recruit and retain qualified people because wages and benefits are so low. There is a high turnover rate.

**Helen Peterson of Billings** said she is the parent of a 37-year-old DD daughter who has been living in a group home for the last six months. Her child had been on the waiting list for 10 years. The reason there was an opening was because someone died. She urged expansion of Adult Services for people on the waiting list.

**Linda Wickman of Missoula** said she and her family moved to Missoula in June 1989 after researching what services would be available for their DD daughter. A social worker from the Specialized Family Care Program interviewed the family and

explained the program. SRS visited the family in December and explained additional services available to them. In January the family was in crisis, which then qualified them for the waiting list. The need in Montana is so great that only families in crises can be considered for the program.

Her family was falling apart. Children's group homes were full and out-of-state placements are no longer made. In May 1990, a Medicaid Waiver slot opened up. It is only a portion of the Specialized Family Care program. The family is still waiting but chances aren't good those services will ever be available because the family has something, even though it is inadequate. She and her husband cannot adequately provide for their other children because their handicapped daughter requires so much care. They can't care for her alone.

**Cathy Petersen of Great Falls** said she operates a foster-care home under the Specialized Foster Family Care Program. She testified on the life and death of their first foster child, who had a terminal disease. Specialized Foster Family Care allowed the child to remain at home until her death. Another severely handicapped child was placed in her care. Respite has been a high priority. She urged more funding for Respite Care, and support for birth families to help them handle their children.

**Bruce Buchman, Big Bear Resources Executive Director and the Montana Association for Independent Disabilities Services President,** thanked the subcommittee for its past commitment to Montana's DD citizens. He asked the subcommittee to grant providers the money to pay respectable salaries to direct-service workers. The goal is for all workers to no longer qualify for food stamps. In the past six years, contract-services funding has increased by a mere 1.5 percent to 2 percent, which falls immorally short of the annual rate of inflation.

**Alicia Pichette** testified in support of increased funding for Respite Care. Without respite, families would need more state services. The Respite program budget has not been increased in 13 years. It is important to have well-trained people assisting parents of DD children. Agencies find that their respite budget is the most stressed at the end of the year.

**Keith L. Clingsmith of Glendive** testified in support of additional funding for the DEAP program. His DD son is 3 years old but is functioning at the level of a 12- to 15-month-old. DEAP's family trainer teaches the family how to help the boy. He has improved dramatically and will be starting school. Without DEAP, his progress may not have been possible.

**John Harwood of Sunburst** testified in support of expansion of Specialized Family Care services. Treatment for his son cost \$700 per day and insurance wouldn't cover it. Medicaid paid in-patient hospital costs of about \$200,000 for nine months care. Specialized Family Care helps families keep their disabled

children at home. Specialized Family Care money stays in Montana. The program is cost-effective, family-effective and community-effective, and has enabled his son to come home. He asked the subcommittee to expand the program to help other families that need Specialized Family Care.

**Theresa Whitmire** said she has a 21-year-old disabled daughter. She has been waiting for four years for services. Her daughter is losing skills she learned in school. If services were to follow children into adulthood, those individuals might be less of a burden on society because they would be more independent and self-supportive. She urged expansion of Adult Services.

**Michael Hendricks, Farm In the Dell direct-care worker**, testified in support of direct-care salary increases. He said increased salaries would do a lot to stop staff turnover, which is disturbing to clients.

**Ms. Volinkaty** said community-based services are cost-effective and provide a better life for DD individuals. She referred to the list of requests for DD program increases. **EXHIBIT 2**

**Tape 2A**

The list represents priorities but not all needs. She submitted a folder of letters from parents and DD individuals seeking increases in DD programs. **EXHIBIT 4**

**Mr. South** distributed a budget summary for DDPAC. **EXHIBIT 5**

**Ms. Robinson** said DDPAC is administratively attached to SRS. The Department provides fiscal support.

**Greg Olson, DDPAC Executive Director**, distributed and reviewed **EXHIBIT 6**. He said legislation is pending to change the composition of the council's staff. Changes are highlighted on Pages 3-4. The council's current composition does not meet federal regulations. The council is 100 percent federally funded and anticipates an increase in 1992. The council received a \$50,000 increase last fiscal year.

**Dennis Taylor, DD Division Administrator**, distributed a chart on the Kids Count! Program. **EXHIBIT 7**

**Ms. Robinson** said that in January 1990, the Department submitted to the governor a list of DD program needs. The list included all the requests identified during public testimony. The Department established priorities with existing dollars. Services must be expanded. The budget represents a substantial expansion of DD services. The governor initially added \$12 million in new General Fund money and has since added another \$18.7 million to address increasing caseloads.

She provided an overview of the Department's Developmental Disabilities Program. **EXHIBIT 1**. She said the program provides a rich array of residential, vocational, child and family support,

and other supportive services to 2,550 individuals statewide. Services are provided through contracts with 47 local non-profit corporations in 32 Montana cities.

In fiscal year (FY) 91, the operating budget for the DD program was more than \$25.1 million. The governor's budget would increase DD program funding to approximately \$29.6 million in FY 92 and approximately \$31 million in FY 93, or \$4.5 million in new money in the first year of the biennium and an additional \$1.4 million in the second year.

The DD program receives funding from Medicaid under the Home and Community-Based Waiver program, Social Services Block Grant, General Fund, Part H Early Intervention federal grant, Office of Public Instruction Chapter 1 funds, Low-Income Energy Assistance Program, Montana Youth Initiative funds from the Department of Family Services and fees raised from conferences.

There are 35.25 FTEs located in eight cities; an outreach program that does direct-service work with providers; two Helena bureaus, Management Operations and Field Services; four area offices in Missoula, Helena, Great Falls and Billings; and satellite offices in Kalispell, Butte, Glasgow and Miles City.

The administrative cost for the program is less than 6 percent of the total budget. The Department is seeking additional staff for outreach if the Montana Development Center (MDC) at Boulder is cut back.

The governor's plan to reduce MDC provides new community slots and enhanced services for children through Part H Early Intervention and Family Support Services for infants, toddlers and their families. She referred to **EXHIBIT 7**. Expansion of Early Intervention services for the handicapped is a large part of the Kids Count! initiative. It costs a substantial amount in new General Fund money, but it's worth it. The program is optional. If the subcommittee does not fund it, the Department will lose \$900,000 in federal money over the biennium. If the program is funded, it will cost the state \$2,380,745 in new General Fund. She urged funding of the program and expansion of services to families with handicapped children.

She said the budget also includes money to meet 1987 OBRA mandates to help 87 people inappropriately placed in Montana nursing homes. The Department recommends the program begin next year. If the subcommittee delays implementation of the program, it would save about \$296,516 in General Fund money in FY 93. The Department is not recommending this, but it is an option. The Department recommends improving the quantity and quality of case management services through the Medicaid targeted case management option. More details will be provided when Medicaid is discussed. The Department recommends substantial expansion of Medicaid to cover a variety of groups that would be helped through targeted case management.

The Part H program was started with federal money and is in its fourth year of operation. The state can expand the program statewide or it will lose federal funds. The program currently serves 220 families. The Department wants to expand it statewide to serve 500-600 families.

Part H expansion is her No. 1 priority. Funding of young children is the best investment the state can make because of the escalation of Medicaid mandates and demands on Medicaid. Originally, the budget did not include new General Fund money for programs other than Medicaid. She asked her staff to find ways to finance the Department's priorities. The subcommittee will have to decide if it agrees with the funding sources. She noted that **CHAIRMAN BRADLEY** disagrees with the utilization fee, which would raise \$2.6 million. That is almost exactly what is needed to finance Part H.

The Child Support unit has been charged with coming up with additional money to cover other needs. The State Medical program is being redesigned. Some believe it is being cut too much.

**Dennis Taylor, DD Division Administrator**, highlighted executive budget issues. He said the 1989 Legislature expanded Part H by \$250,000 over the previous biennium. Montana is one of 11 states to receive congressional approval for a fourth-year grant, which will provide \$572,000 per year in federal funds. Funding had been approximately \$405,000. He urged the subcommittee to make a policy commitment to ensure that families with special-need children will be supported in their homes. The Department provides some type of family support in more than 160 communities. If the Part H request is approved, the Department could guarantee services to every family with special-need infants and toddlers.

The Department has been working with the Office of Public Instruction to provide preschool and early intervention Chapter I funds to children. The Department is seeking authority to spend the \$90,000 increase in federal funds anticipated each year of the biennium.

The Department also is seeking an increase in spending authority for Title IXX funds. The 1987 Legislature authorized \$500,000 in Title IXX funding and the flexibility to leverage General Fund against Title IXX for program expansion. The Department has expanded Specialized Family Care as General Fund dollars have been freed up. In the last year, 10 Specialized Family Care slots were added. Authority granted in 1987 is used up. The Department is seeking authority for another \$500,000.

The money also is used to match Department of Family Services (DFS) General Fund dollars. SRS leverages Title IXX money under the Home and Community-Based Waiver program to stretch General Fund dollars for children's services. SRS is seeking authority to match commitments with DFS for youth served in the joint program,



the Montana Youth Initiative Project.

**Ms. Robinson** said the federal grant received for Part H was budgeted at \$327,900 for FY 93. The Department received more than that, so there will be a General Fund savings of \$244,627 each year of the biennium. The Department would like to use \$60,000 of the savings to test a Personal Care pilot project because of the major impact on elderly services.

**SEN. NATHE** asked if the approximately \$500,000 in savings was part of the surplus. **Ms. Robinson** said no. The money is in the budget because of the recent Part H grant increase.

**CHAIRMAN BRADLEY** referred to the budget summaries for the DD Program and DDPAC. **EXHIBIT 3 and 5**. She said the subcommittee needs to vote on operations, benefits and the executive budget modifications for the DD program, as well as issues raised in **EXHIBIT 2**: a provider-rate increase, salary enhancement, expanded Specialized Family Care and expanded Adult Services. The subcommittee also should consider the issue of the new building at Boulder, which is part of the governor's plan but was left out of the executive budget. If the subcommittee wants to take action, it should be to make a recommendation to the Long-Range Building Subcommittee.

**Mr. South** reviewed **EXHIBIT 5**. He said the only difference between the executive and LFA budgets for DDPAC is the base. He noted that the agency reverted several thousand dollars in 1990 and the program is 100 percent federally funded. The federal government made more grant money available to the agency. The council wants the authority to spend up to that amount.

**Tape 2B**

He referred to **EXHIBIT 3**. He said the only difference between the LFA and executive budgets for the DD Program is in operations. The executive has lower inflation but a higher base. The net difference is minuscule. On Page 2, the LFA includes \$16,000 for the DD conference under grants. The executive lists it in benefits. He believes it is more appropriate to list it under grants. The \$170,000 for the SSSO is a difference in the current level. The additional money is required to fund the SSSO, which was approved by the 1989 Legislature. Actual cost was underestimated slightly. The LFA considered it an adjustment to the base. If the subcommittee accepts the LFA benefit level, it won't have to approve the \$170,000 per year executive budget modification.

He asked if figures in the DD Part H Expansion budget modification were too high. **JanDee May, Financial Management Officer**, said yes. The grant was increased from \$388,000 to \$572,000. The figures need to be reduced by \$245,000. It will impact both years. **CHAIRMAN BRADLEY** asked for the revised figure. **Ms. May** said it would be **Mr. South's** number minus \$488,000. **Ms. Robinson** said the Department thought the increase was for only one year of the biennium. The increase comes in both years. The

subcommittee could then finance the full Part H program.

**Mr. South** said the second budget modification, DD System Phase I and II, is not in the LFA current level, though it is ongoing and contract obligations have been incurred. It isn't in the LFA current level because the 1989 Legislature had not approved or authorized it. The LFA decided against building it into the base. Instead it would have to be considered separately, but the obligation is there. Most of the homes have already been built.

The budget modification for the DD System Phase III SSSO is in the LFA current level. If the subcommittee adopts the LFA budget, the budget modification is not needed. Once the subcommittee sets expenditure levels, the Department, LFA and Budget Office can work out appropriate funding levels to maximize federal funds.

#### EXECUTIVE ACTION ON DDPAC

Votes were taken on **EXHIBIT 5**.

**MOTION:** REP COBB moved to allow expenditures for up to the federal money available.

**VOTE:** The motion **PASSED** unanimously.

**CHAIRMAN BRADLEY** said DDPAC is taken care of, including the extra money anticipated.

**Bill Furois**, Office of Budget and Program Planning, asked if the subcommittee adopted the executive budget and modifications.

**CHAIRMAN BRADLEY** said yes.

**Ms. Robinson** said she wanted the subcommittee to know where additional federal money has become available because that frees up General Fund money. It is new money that isn't built into the governor's reserves and can be allocated in other ways. The Title XX block grant has been increased by \$266,074 each year, or nearly \$750,000 in General Fund money. This money is not needed for items originally budgeted for.

#### EXECUTIVE ACTION ON THE DD PROGRAM

Votes were taken on **EXHIBIT 3**.

**MOTION:** SEN. KEATING moved to accept the LFA budget for operations.

**VOTE:** The motion **PASSED** unanimously.

**MOTION:** SEN. KEATING moved approval of the LFA base for benefits.

**DISCUSSION:** REP. COBB asked if the state was buying back the SSSO buildings. Mr. Taylor said no. The buildings were financed with money from the Montana Health Facility Authority under the Department of Commerce program. Corporations are reimbursed by SRS and SSI payments from the federal government.

**VOTE:** The motion PASSED unanimously.

SEN. KEATING asked about the \$16,000 for the DD conference under benefits. Mr. South said the previous vote took care of it. The \$16,000 will be included.

CHAIRMAN BRADLEY asked the subcommittee to address provider-rate increases and salary enhancement before going on to the executive budget modifications. She said some people strongly advocate a 5 percent provider-rate increase. An automatic 2 percent increase was instituted in all budgets last session in each year of the biennium. Nothing is recommended this year.

SEN. KEATING asked for a comparison of the salary enhancement and provider-rate increase. CHAIRMAN BRADLEY said salaries of state institution employees is higher than community group-home providers. The level has been so low that some community-provider employees can apply for food stamps. A high turnover rate has prevented staff continuity. With the dramatic decrease in size of the Montana Developmental Center at Boulder, experienced state employees will be moved into comparable positions in the community that pay significantly less. The 1989 Legislature tried to close the gap somewhat by providing a 25 percent increase. The subcommittee must decide whether to continue to try to close the gap and bring community-provider pay up to state institution levels.

Mr. Taylor said the Department can work with the LFA and Budget Office to calculate the funding mix for provider-rate increases ranging from 1 percent to 6 percent.

SEN. KEATING asked if provider-rate increases affect salaries. Mr. Taylor said salaries are determined by local non-profit boards of directors. Rate increases may go toward other costs. A large portion of the 2 percent provider-rate increase approved last session was used to cover general inflationary costs. The Legislature provided \$2.5 million during the last biennium to close the salary gap. That money was used for direct-care staff salaries and brought a lot of people up to the base level.

SEN. KEATING asked if a provider-rate increase is included in budget modifications or the executive budget. Ms. Robinson said no. CHAIRMAN BRADLEY said there are major increases in Medicaid dealing with nursing homes, physicians and hospitals. Nothing was proposed for community or youth services.

**SEN. WATERMAN** asked for a cost estimate for a 5 percent provider-rate increase over the biennium. **Mr. Taylor** said a 5 percent increase for each year of the biennium, assuming current level benefits only, would cost \$3.6 million, including \$2.8 million in General Fund money. If the rate increase includes current and modified benefit levels, the cost would be \$4.2 million for the biennium.

**SEN. WATERMAN** asked for the cost of a 25 percent increase for salary enhancement. **Mr. Taylor** said it would cost about \$2.7 million in General Fund dollars to bring salaries up to entry level in seven pay grades, providing there is no state pay raise approved by the Legislature. If the subcommittee assumes the 4.5 percent annual pay increase proposed by the governor, the cost would be \$3 million for the biennium.

**SEN. WATERMAN** asked if the increase would bring salaries up to only Step 1 on the state pay scale and not completely close the gap. **Mr. Taylor** said the average step for institution employees is somewhere between seven and 10, and there is a 2 percent difference in pay between each step. Assuming a mature institutions work force, community-provider employees with the same experience would be up to 20 percent behind their state counterparts. The increase would bring them up to parity in terms of entry-level wages. The 1989 Legislature made progress toward closing the gap, but it also advanced the gap by providing a pay increase for state employees.

**CHAIRMAN BRADLEY** asked **Ms. Volinkaty** for examples of pay levels. **Ms. Volinkaty** said salaries for people who work directly with clients appear on charts on Page 4 of **EXHIBIT 2**. Grades 10-13 are supervisory or professional positions requiring advanced degrees.

**SEN. WATERMAN** asked **Mr. Furois** why the governor recommended no increase and if his position had changed. **Mr. Furois** said money is limited. The Department wanted the money spent on services. The budget includes \$2 million in General Fund money for the Part H program and 30 adult intensive care slots in the second year of Phase IV of the Montana Developmental Center plan, for a total of about \$3 million in General Fund money. **SEN. WATERMAN** asked if the Budget Office doesn't consider salary enhancement and provider rates to be direct services. **Ms. Robinson** said she should answer the question. The Department had \$3 million in new money to commit to DD. She committed that money to expand Part H, because long-term consequences for young children are important, and to help address the waiting list. She believes she heard **CHAIRMAN BRADLEY** say that it is more important to fund existing providers than to improve the service array. That is a choice the subcommittee can make. **CHAIRMAN BRADLEY** said she doesn't know that it is a preference. It is the No. 1 issue to consider. **SEN. WATERMAN** said the other choice is to expand the budget and that gets very political.

**SEN. NATHE** asked what the subcommittee planned to do with the

\$700,000 and if information would be presented on how to get the most for the money. He also asked if the subcommittee would be voting on benefits and claims. **Mr. South** said there will be federal funds, in addition to what is in the executive budget, that will offset the expenditure of General Fund in the amount of \$700,000 or more. That money could be taken out of the budget or used elsewhere and remain within the executive budget.

**CHAIRMAN BRADLEY** said the subcommittee can ask the fiscal experts to review the funding mix to make sure to get the most from available funds. The subcommittee's obligation is to decide where the money should go and at what level. If the subcommittee isn't satisfied with the funding mix, it can do something else.

**SEN. NATHE** asked if the subcommittee would vote on benefits and claims. **CHAIRMAN BRADLEY** said the subcommittee already voted on benefits at the top of Page 2, **EXHIBIT 3**. She planned to address all the budget modifications. **SEN. NATHE** asked if benefits and claims included supplemental social security. **Ms. Robinson** said social security money is in the DFS budget for case management services. **Mr. Taylor** said benefits and claims includes 19 programs in four categories outlined in **EXHIBIT 1**. The categories are Adult Residential Services, Adult Day Services, Child and Family Services, and Support Services. Social security comes as a payment to individuals living in community-based services. They use the money to pay for part of their room and board. The DFS budget includes state supplemental payments of \$94 per month for each person in community-based residential programs.

**SEN. NATHE** asked if part of what clients pay comes out of Supplemental Security Income (SSI) and if that is figured into benefits and claims. **Ms. May** said no. SSI federal payments go directly to the individual or trustee. The money is earmarked for room and board, and is not reflected in the budget. These are just service provider contracts.

**SEN. NATHE** asked if other social security program payments that go to clients are used to pay providers. **Ms. Robinson** said clients automatically get Medicaid if they are on SSI, and the Department pays providers directly. The money doesn't go to the client.

**CHAIRMAN BRADLEY** directed the subcommittee to address salary enhancement. She said the 1989 Legislature spent \$2.5 million to close the gap by one-fourth. **Mr. Taylor** said that because of the rate increase granted to state employees, the gap was closed by between 6.7 percent and 9.8 percent. **CHAIRMAN BRADLEY** suggested the subcommittee take comparable action to last session. The cost is \$2.5 million. **SEN. WATERMAN** said that assumes no pay increase. **CHAIRMAN BRADLEY** said it won't close the gap entirely and it will be a little farther behind if a state pay increase is approved. **SEN. KEATING** asked if the cost would be \$2.5 million in new money for the biennium over and above what is in the executive budget. **CHAIRMAN BRADLEY** said yes.

**MOTION:** SEN. WATERMAN moved to attempt to close the gap on salary enhancement, assuming the Legislature is going to grant a pay increase to state employees, and to increase this by \$3 million for the biennium.

**DISCUSSION:** REP. COBB said he believes a bill is going through that will address what the subcommittee is trying to do. Ms. Volinkaty said it was felt by the groups she represents that the subcommittee should address the entire list of requests in EXHIBIT 2. If \$3 million is added to the budget, her committee would not carry the bill, which is being drafted. CHAIRMAN BRADLEY said that happened last time. The subcommittee took action, thinking it was good to see the whole thing in its entirety. At that point REP. JERRY DRISCOLL dropped his bill, even though the subcommittee did not include everything the bill originally requested.

REP. COBB said he prefers to have the bill come through and have the entire Legislature vote on it. If the Montana Developmental Center is going to be reduced in size, he wants to know where the money will be. He would like to use some of it for salary enhancement. CHAIRMAN BRADLEY said that if this subcommittee and the Institutions subcommittee are inconsistent in their directions, a joint subcommittee meeting should be held to work out the differences. In the meantime, this subcommittee has no choice but to pursue what it feels is advisable. Ms. Robinson said the \$3 million in General Fund money being discussed matches other federal money. The total is considerably more. Her staff will work with Mr. South on the correct mix.

SEN. WATERMAN said she agrees with REP. COBB. The entire Legislature should have to make this decision. If the bill dies, it will never come to the subcommittee and no one will have a chance to vote on it. If it needs to be done, the subcommittee should do it. CHAIRMAN BRADLEY said the question is whether the subcommittee wants to take action on the issue now or postpone it. She believes the subcommittee should take action now, which won't stop the bill from coming before the subcommittee anyway.

**VOTE:** The motion FAILED 2-4, with CHAIRMAN BRADLEY and SEN. WATERMAN voting aye.

CHAIRMAN BRADLEY asked if anyone wanted to suggest a lesser level. SEN. KEATING said he would rather not deal with the issue by itself. He wanted to know if more money could be leveraged. He asked if the \$1.8 million in the Part H program is federal or state money. Ms. Robinson said it doesn't work the same as an entitlement program. The Department gets \$900,000 in federal money for the biennium if federal requirements are met. To keep the \$900,000, the Legislature must agree to provide statewide services. The state must finance whatever it costs beyond the \$900,000. SEN. KEATING asked if it will cost \$1.8 million for the program. Ms. Robinson said yes.

**SEN. KEATING** asked if a savings will result from moving 30 people out of Boulder in Phase IV. **Ms. Robinson** said Institutions should answer that question. If the new building is built, some savings apparently result in out years. **Mr. Taylor** said the Phase IV proposal submitted by the executive is funded with savings from the Montana Developmental Center, whether there is new construction or not. Phase IV savings will fund 30 intensive slots for people in the community, 10 DFS slots for children with special needs, an additional 8 FTEs over the biennium in the DD Division and state supplemental increases for all 60 adults who will be served in the community. There will still be a savings at the end of the biennium.

**SEN. KEATING** said he wants to know if executive budget modifications No. 2, 3 and 4 are part of the SSSO program and cannot be juggled. **Mr. Taylor** said modification No. 3 was adopted when the subcommittee adopted the LFA budget and is now in the base. No action is needed on budget modification No. 3.

**CHAIRMAN BRADLEY** instructed the subcommittee to begin with the first budget modification for the expansion of Part H Early Intervention. **REP. COBB** asked if the motion would be to accept the LFA budget, subtracting General Fund savings. **CHAIRMAN BRADLEY** said it would be the figure listed on the summary sheet, minus \$488,000. **Ms. May** said the \$2.28 million is 100 percent General Fund. The Department has identified approximately \$500,000 in federal funds. The overall total of \$2.28 must be maintained. The Department can substitute approximately \$500,000 in federal funds to reduce the General Fund to approximately \$1.78 million.

Tape 3A

**MOTION:** **REP. JOHNSON** moved to adopt the LFA budget as modified.

**VOTE:** The motion **PASSED** unanimously.

**SEN. KEATING** asked if the subcommittee now has \$760,000 in General Fund money to play with. **Ms. Robinson** said yes.

**MOTION:** **REP. COBB** moved approval of the DD System Phase I and II budget modification.

**VOTE:** The motion **PASSED** unanimously.

**MOTION:** **SEN. KEATING** moved approval of the DD System Phase IV executive budget modification.

**DISCUSSION:** **CHAIRMAN BRADLEY** asked if the modification partially covers the proposal outlined by **Ms. Volinkaty** for the expansion of adult services for 150 individuals. **Ms. Volinkaty** said no. Phase IV deals with the governor's plan to reduce the size of the Montana Developmental Center. It includes 60 people with severe needs, 30 of which would come from Boulder and 30 already in the

community. **Ms. Robinson** said 30 intensive services slots will be affected by the cuts at Boulder. The budget modification is for people who would not receive intensive services and are not dealt with in the MDC proposal. There are new community services to reduce the waiting list. The modification will take care of individuals on the waiting list who require intensive services. **Ms. Volinkaty** said the modification reflects the governor's reduction plan for the center at Boulder. Provider and consumer groups support the plan. The 30 people to be served in the community are the same 30 that were allocated funds out of last session's SSSO. Because of what happened at Boulder, all 30 of those slots funded in the SSSO last time were allotted to MDC people. This program is simply a payback for what was funded last time for community folks in order to save the institution.

**SEN. WATERMAN** asked if action on budget modification No. 4 would have nothing to do with the proposal for 150 expanded adult services slots. **Ms. Robinson** said yes. **SEN. WATERMAN** said that proposal is above and beyond the 30. She asked what the status of the intensive waiting list would be if the subcommittee funds the 30 in Phase IV. **Ms. Robinson** said the waiting list would be eliminated. There would be slots for everyone. **Mr. Taylor** said that is based on December 1990 information, which showed 67 people being served who need intensive services, 12 people without any services and people on the list who will be placed in Missoula between now and March. With 30 additional slots for intensive services beginning in the second year of the biennium under the Phase IV plan, all the individuals the Department knows about would have intensive services.

**SEN. WATERMAN** asked if the waiting list would be wiped out if the 150 adults were served under the expansion of Adult Services. **Mr. Taylor** said the adult group-home waiting list has 277 people on it. There are 325 people waiting for job placement through the Supportive Employment program. There are 458 people who have no services at all. The addition of 150 slots would put a significant dent in the adult waiting list for regular support.

**SEN. WATERMAN** asked if funding for the proposal would reduce the list by about one-fourth. **Mr. Taylor** said 277 people are waiting for adult group-home services, so 150 slots would go farther than one-fourth.

**SEN. KEATING** said his understanding is that executive budget modification No. 4 deals with the severely handicapped and that the expansion of adult services is a different issue. **CHAIRMAN BRADLEY** said that is her understanding.

**VOTE:** The motion PASSED unanimously.

**SEN. KEATING** said disabled children are served until age 19 and are then put on an adult services waiting list. They regress and have to be retrained. He asked if the Office of Public



Instruction (OPI) has education money that can be used for post-secondary training for these graduates while they are trying to get jobs. **Ms. Robinson** said the 150 is a distinct group. About 52 special education students graduate each year. It cost \$928,668 for the biennium to guarantee them slots when they graduate. She asked **Ms. Volinkaty** if she considered those graduates to be a different group from the 150. **Ms. Volinkaty** said **Ms. Robinson** is talking about special education graduates only. That many graduate each year. The waiting list is going to increase each year by that amount if adult services are not expanded. The intention of the group she works for was to not cover people whose children have already been on waiting lists for five years. That is unfair and discriminatory. In the long-term, there is no skill loss for graduates guaranteed slots, but it doesn't do anything for families that have waited for five years. The DD proposal in **EXHIBIT 2** is to serve 150 adults on the waiting list.

**MOTION:** **REP. COBB** moved approval of increased Medicaid funding.

**VOTE:** The motion **PASSED** unanimously.

**Mr. Taylor** said budget modification No. 6 is the federal money to be matched with state funds in DFS to support children who would otherwise be placed out of state, or to bring children back from out-of-state placements.

**MOTION:** **SEN. KEATING** moved approval of the appropriation for the Montana Youth Initiative.

**DISCUSSION:** **SEN. NATHE** asked for an explanation of the funds. **Mr. Taylor** said DFS has money in its budget for foster care and support for children. SRS has been using General Fund money and leveraging the Home and Community-Based Services program to get 71 percent federal funding. SRS contracts with vendors to develop services. Before SRS had the partnership with DFS, DFS paid with 100 percent General Fund. With the Montana Youth Initiative and SNAP programs, SRS developed wrap-around support services to keep children with their families in their communities, and to prevent costly out-of-state placements and institutional care. This appropriation is this year's commitments to date, when the budget was developed last fall.

**VOTE:** The motion **PASSED** unanimously.

**MOTION:** **REP. JOHNSON** moved approval of Chapter I OPI funding.

**DISCUSSION:** **SEN. NATHE** asked if the appropriation is federal money. **Mr. Taylor** said SRS has been getting the money from OPI on a transfer. The program has been expanded. The budget modification authorizes increased spending authority equal to the funds that will be available. **SEN. NATHE** asked if this is federal money that follows DD individuals until age 21. **Mr. Taylor** said it follows them until age 6. If the state didn't participate in

the Part H program, these funds would be lost. **SEN. WATERMAN** said this group is the preschool handicapped.

**VOTE:** The motion **PASSED** unanimously.

**SEN. NATHE** asked where the \$1 million increase in Medicaid funding would go. **Mr. Taylor** said the increase gives the DD program the opportunity to leverage General Fund money against authority for programs provided with DFS. **SEN. NATHE** asked if the subcommittee granted spending power for \$1 million in federal funds only. **Mr. Taylor** said yes.

**CHAIRMAN BRADLEY** asked for a motion on the provider-rate increase. She said it was in the executive budget last time at 2 and 2 for everyone and she is annoyed that it isn't in there this time. There are substantial provider increases for hospitals, nursing homes and doctors.

**SEN. KEATING** asked if an increase would involve only General Fund money or a funding mix. **Ms. Robinson** said figures provided by the Department showed only General Fund. It is a match program. The Department would need to work with **Mr. South** to insert the federal match figures.

**SEN. NATHE** asked if the subcommittee gets more for the money by letting boards of directors put the increase toward salaries or by having the subcommittee do it. He asked where the greatest match would be realized. **Mr. Taylor** said that is a policy decision for the subcommittee to make. If the money is targeted for direct-care salary increases, it is guaranteed that those salaries will go up by whatever dollar is appropriated. **SEN. NATHE** said he has the impression there is federal money available for the salary increases. He asked where the most money will be available. **Ms. Robinson** said it doesn't matter in this instance. The same amount of federal money will be realized.

**MOTION:** **SEN. WATERMAN** moved to increase provider rates by 5 percent per year for the biennium.

**DISCUSSION:** **SEN. WATERMAN** noted that the cost figure given was \$2.8 million in General Fund. **Mr. Taylor** said that figure assumes current level benefits only. It will be slightly higher if it is applied to earlier actions. **SEN. WATERMAN** said she is not tying a dollar amount to the motion. She asked if it would be in the area of \$3 million. **Ms. Robinson** said yes.

**SEN. NATHE** asked if the increase would be a straight 5 percent each year of the biennium or if it would be compounded. **Mr. Taylor** said it would be compounded by 5 and 5. **Ms. Robinson** said the cost would be about \$3 million in General Fund for the biennium and the Department would add the federal match.

**VOTE:** The motion **PASSED** 4-2, with **REP. COBB** and **SEN. KEATING**

voting no.

**CHAIRMAN BRADLEY** asked **Ms. Volinkaty** if the 5 and 5 would impact the salary enhancement request. **Ms. Volinkaty** said the 5 and 5 will impact most corporations, but probably not by as much as the state pay plan. **CHAIRMAN BRADLEY** asked if it could provide a 4 percent increase. **Ms. Volinkaty** said it probably could provide a 3 percent increase. **CHAIRMAN BRADLEY** noted that 4.5 percent is being advocated for the state pay plan.

**SEN. KEATING** said \$5 million in General Fund will be needed to do anything worthwhile in provider rates and salary enhancement. He asked if the provider rate increase is more essential than the salary enhancement or if the salary-enhancement increase should be smaller in the event \$5 million isn't available to fully cover both. **CHAIRMAN BRADLEY** clarified the question, saying **SEN. KEATING** wants to know what the best mix would be given limited dollars. **Ms. Volinkaty** said the provider-rate increase is the top priority to ensure current level services continue. Services may be adversely impacted without a rate increase. A corporation in Billings says it will go bankrupt without a rate increase.

**SEN. WATERMAN** said she realizes that her effort will force the Legislature to come up with additional revenue. It is difficult to hear testimony and say one service deserves funding over another. A provider-rate increase will help continue existing services, not provide more services to anyone. The motion just passed will simply keep people in business. Providers will fall farther behind without a rate increase. They won't be able to hire staff. They have turnover rates of 30-50 percent. Wages are 20-40 percent below what is being paid to state employees, which is 40 percent below market.

**CHAIRMAN BRADLEY** asked if the subcommittee would like to postpone action on remaining issues to allow more time to discuss the preferred mix or to get additional information. Three other subcommittee members agreed to wait. **SEN. WATERMAN** said it is easier to wait to make a decision because it will be easier to vote against it. **CHAIRMAN BRADLEY** said she would like to allow more time for subcommittee members who want it. She told members of the audience that she hoped many could return in the morning. She would rather everyone be comfortable when decisions are made.

**REP. COBB** asked if the Department could provide language that SRS and OPI will have a Transition-to-Work plan by next session to pick up all special education graduates so they are not placed on a waiting list. **Mr. Taylor** said he would do that.

**CHAIRMAN BRADLEY** said DD issues to be addressed are salary enhancement, expansion of Special Family Care, expansion of Adult Services and the hospital facility at Boulder. The subcommittee will then deal with Vocational Rehabilitation and Visual Services.

REP. COBB asked if the subcommittee would be addressing the waiting list. He wants to make some motions on the waiting list. Ms. Robinson said the waiting list and costs can be broken down. She asked if that was what is needed from the Department. REP. COBB said yes.

ADJOURNMENT

Adjournment: 11:50 a.m.

Dorothy Bradley  
REP. DOROTHY BRADLEY, Chairman

Faith Conroy  
FAITH CONROY, Secretary

DB/fc

**HOUSE OF REPRESENTATIVES**  
**HUMAN SERVICES SUBCOMMITTEE**

**ROLL CALL**

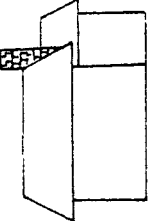
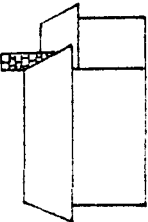
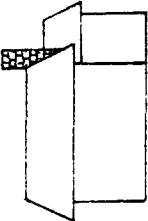
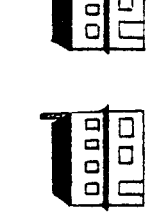
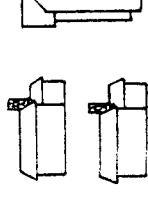
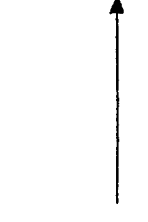

**DATE**

1/31/91

NAME	PRESENT	ABSENT	EXCUSED
REP. JOHN COBB	✓		
SEN. TOM KEATING	✓		
REP. JOHN JOHNSON	✓		
SEN. DENNIS NATHE	✓		
SEN. MIGNON WATERMAN, VICE-CHAIR	✓		
REP. DOROTHY BRADLEY, CHAIR	LATE	-	

# INDIVIDUALS SERVED AND COST PER YEAR PER INDIVIDUAL (Projected FY 92)

## ADULT RESIDENTIAL SERVICES

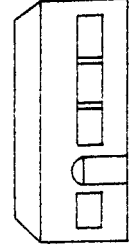
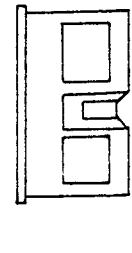
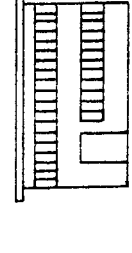
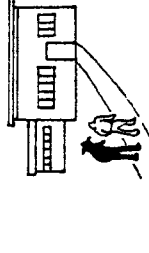



						
Intensive Training Home	Adult Group Home	Senior Group Home	Transitional Living	Independent Living Training		INDEPENDENT LIVING
158 Adults \$25,183	445 Adults \$8,438	32 Adults \$9,136	109 Adults \$5,658	194 Adults \$3,248		

**INTENSIVE TRAINING HOMES** - These homes serve adults who have few self-help skills or extremely challenging behaviors. More intensive training is provided and higher staff ratios exist. The goal is to prepare the resident to move to a less intensive home. There are 23 intensive training homes.

**ADULT GROUP HOMES** - The majority of adults live in eight-person group homes. Training is provided in independent living skills such as cooking, housekeeping, and leisure skills. The goal is to enable individuals to live more independently. There are 57 adult group homes.

**SENIOR GROUP HOMES** - These homes provide a supervised living situation for elderly individuals with emphasis on leisure/social skills and maintenance of self-help skills. There are four homes, located in Great Falls and Helena.

## ADULT DAY SERVICES

						
Intensive Adult Habilitation	Work Activity Centers	Sheltered Workshop	Senior Day Programs	Individual Job Placement		COMPETITIVE EMPLOYMENT
203 Adults \$9,007	513 Adults \$5,953	478 Adults \$5,456	86 Adults \$5,057	202 Adults \$3,890		

**INTENSIVE ADULT HABILITATION** - These services provide training to adults who are not ready for vocationally oriented programs. Many individuals have few self-help skills, some have physical handicaps and some have extremely challenging behaviors. Higher staff ratios exist to meet more intensive training needs. There are nine intensive adult habilitation programs. The goal is to prepare the individuals to move to vocational services.

**WORK ACTIVITY CENTERS** - The majority of adults are served in these day programs. The programs provide a range of services from functional academics, job skill training and production work for which individuals are paid. There are 26 work activity centers. The goal is to prepare individuals for sheltered workshops or supported or competitive employment.

**TRANSITIONAL LIVING SERVICES** - This service provides an intermediate step between group home and independent living training. This service provides training for persons living in congregate apartments more able to do their own cooking, shopping and cleaning. Staff live at the complex to provide supervision. There are 13 transitional living programs.

**INDEPENDENT LIVING TRAINING** - This service provides support services to enable individuals to live in their own apartments. Staff visit individuals as needed to provide training in independent living skills such as menu planning and money management. Staff do not live on-site. The goal of this service is to prepare individuals to live independently in the community. There are 22 independent living training services.

EXHIBIT 1  
DATE 1-31-91  
Human Services Subc.

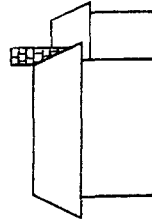
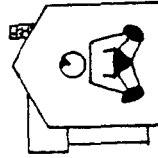
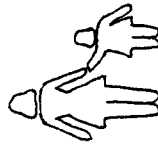
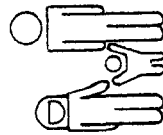
**SHELTERED WORKSHOPS** - These services are provided to individuals in seven facilities. The workshops are similar to work activity centers but have more work available. The goal of this service is to prepare individuals to move to competitive or supported employment.

**SENIOR DAY PROGRAMS** - These programs provide training and activities designed for the elderly such as self-help skill retention, socialization and leisure skills. There are four senior day programs.

**INDIVIDUAL JOB PLACEMENT** - This service provides job placement for individuals in the community. Training for the job and follow along support services are provided. There are individual job placement opportunities in 14 communities.

# INDIVIDUALS SERVED AND COST PER YEAR PER INDIVIDUAL (Projected FY 92)

## CHILD & FAMILY SERVICES



### Family Training & Support

635 Families  
\$2,925

### Respite

658 Families  
\$518

### Specialized Family Care

106 Families  
\$11,367

### Supplemental Training

456 Children  
\$647

### Children's Group Home

58 Children  
\$23,583

### Summer Day Program

52 Children  
\$853

**SERVICES TO CHILDREN & FAMILIES** - Family training and support, respite and specialized family training services are provided to natural and foster parents of children with developmental disabilities. There are seven programs each providing outreach services in multi-county areas.

**Family Training and Support** - provides assistance to parents in training and caring for child birth through 21 years. This includes the Part H infant and toddler early intervention services for children up to three years.

**Respite Services** - provides for temporary relief periods to parents from the continuous care of a family member with a disability.

**Specialized Family Care** - provides the extra support services to natural and foster families needed to keep their child at home.

**SUPPLEMENTAL TRAINING AND SUPPORT SERVICES (OPT)** - This program provides supplemental training and related services such as physical therapy and speech therapy to preschool children using Chapter I funds provided through P.L. 89-313 and P.L. 100-297.

**CHILDREN'S GROUP HOMES** - These homes only serve children who cannot remain with their natural or foster families. Many of these children have serious physical disabilities, medical problems, or challenging behaviors. These children learn self-help skills like feeding and dressing. There are 12 children's group homes.

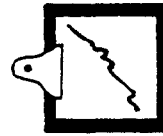
**SUMMER DAY PROGRAM** - This service provides for a summer program for children. Training maintains skills learned during the school year and teaches new self-help, social and leisure skills.

## SUPPORT SERVICES



### Transportation

1,292 People  
\$941



### Evaluation & Diagnosis

340 People  
\$1,035



### Adaptive Equipment

540 People  
\$130

**TRANSPORTATION** - This service transports individuals to day training programs and provides access to the community from their residences.

**EVALUATION AND DIAGNOSIS SERVICES** - These services provide comprehensive evaluation services to determine handicapping conditions and recommend needed treatment and training services. There are three programs, located in Missoula, Miles City and Billings.

**ADAPTIVE EQUIPMENT** - This service provides adaptive equipment and consultation statewide. The program designs and provides specialized equipment, such as wheelchairs, lifts, postural boards and standers.

December 13, 1990

DEVELOPMENTAL DISABILITIES PROGRAM

DEVELOPMENTAL DISABILITIES DIVISION

DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

PROGRAM OVERVIEW

A belief in human dignity, that each person is unique and capable of development, is the cornerstone for the Montana Developmental Disabilities Program. Developmental disabilities such as mental retardation, cerebral palsy, epilepsy and autism place obstacles in the way of individual development.

Over the past fifteen years, both society's view of people with disabilities and the help offered to individuals and their families have changed. Community programs have been developed to provide alternatives to placement in state institutions. Montana's statutes document these changes and show a long history of concern for, and commitment to, people with disabilities.

Montana's thrust for providing services to persons with developmental disabilities calls for more normal and less institutional program settings, integration with non-handicapped people, and individual participation in decisions concerning their lives. These changes are a result of many events, including the growing concern for individual rights, the effectiveness of advocacy groups, and the successes of people with developmental disabilities in community programs.

SERVICES PROFILE

The Developmental Disabilities Division (DDD) contracts with private, not-for-profit corporations for services to individuals with developmental disabilities. These services are located in communities throughout Montana and provide an array of residential and vocational opportunities for individuals depending upon their needs and abilities. Currently, almost 2,550 people are receiving one or more community-based services funded through DDD.



#### VOCATIONAL AND OTHER DAY SERVICES INCLUDE:

Intensive Adult Habilitation - Intensive adult habilitation services provide day training to adults who are not ready for vocationally oriented programs. Many of these people have few primary self-help skills, some have physical handicaps and some have challenging behaviors. These programs must have higher staff ratios to serve individuals with more intensive training needs. There are nine intensive day programs, located in Billings, Butte, Great Falls, Hamilton, Havre, Helena, Livingston and Missoula. The goal of this service is to prepare individuals to move to regular vocationally-oriented day services.

Work Activity Centers - These services are provided to adults and include the majority of day programs in the state. These programs provide a range of services from functional academics, job skill training, and actual work for which individuals receive reimbursement for their production. There are 26 work activity centers in Montana. The goal of this service is to prepare people to move to sheltered workshops, supported employment or competitive employment.

Sheltered Workshops - These services are provided in seven facilities. These programs provide services similar to work activity centers but generally have more specific work available and easier access to rehabilitation services and potential job placements. The goal of this service is to prepare for supported or competitive employment.

Individual Job Placement - This service provides job placement for individuals into competitive or supported employment in the community. Training for the job and follow along services are provided. This service exists in fourteen communities.

Senior Day Programs - These programs are not vocationally oriented, but rather provide training and activities more specific to the needs of the elderly, such as socialization skills, leisure skills, community activities and maintenance of self-help skills. These services better meet the need for a more relaxed, flexible program with less emphasis on employment. There are four senior day programs located in Billings, Butte, Great Falls and Helena.

#### HOME BASED SERVICES TO FAMILIES INCLUDE:

Family training and support, respite and specialized family care services are provided to natural and foster parents with developmentally disabled children. Program headquarters are located in Glasgow, Miles City, Billings, Great Falls, Helena and Missoula. Each of these programs provide outreach services in multi-county areas.

1-31-91  
-Dem. Serv. Sect.

Family Training & Support - Family training provides training to parents in teaching their own child, and assistance and support to families in order to meet the challenges associated with having a family member with a disability.

Respite Services - Respite services provides for temporary relief periods to parents from the continuous care of a family member with a disability.

Specialized Family Care - Specialized family care provides case management and extra support services for natural and foster families to better enable them to keep their children at home.

Supplemental Training & Support Services (OPI) - This program provides supplemental training and related services such as physical therapy and speech therapy to pre-school children using Chapter 1 funds provided through PL89-313 and PL100-297.

Part H Infant and Toddler Program - This new federal program, when fully implemented, will give children birth to 36 months, who meet state-established eligibility criteria, entitlement to early intervention and family support services.

#### RESIDENTIAL SERVICES INCLUDE:

Children's Group Homes - These homes are intended to serve only children who cannot remain in natural, foster, or adoptive homes. Many of these children have serious physical and medical disabilities, most are learning primary self-help skills like feeding and dressing, and some have challenging behaviors. There are 12 children's group homes.

Intensive Training Homes - These homes are needed to serve adults who have very low self-help skills or have challenging behaviors. These homes provide a more intensive level of training and supervision with fewer residents and a higher staff ratio. The goal of this service is to prepare the individual to move to a less restrictive, regular adult group home. There are 23 intensive training homes.

Adult Group Homes - The majority of adults receiving residential services are living in eight-person group homes. Training is provided to help people become more independent in skills, such as cooking, housekeeping and leisure time. The goal of this service is to enable people to move to transitional or independent living. There are 57 adult group homes in the state.

Senior Group Homes - These homes serve elderly persons. Training is provided, with the primary intent to maintain the individual's skills. There are four senior group homes each

serving eight individuals with two homes located in both Helena and Great Falls.

Transitional Living Services - This service was developed to provide an intermediate step between group home and independent living and promote movement out of group homes. This service assists individuals who are more responsible for doing their own cooking, shopping and cleaning. The individuals live in congregate apartments with staff living at the complex for supervision and training. There are 13 transitional living programs.

Independent Living Training - Independent living training provides support services to enable people to live in their own apartments. This service provides staff to visit individuals as needed on evenings and weekends to provide training in independent living skills such as menu planning and money management. Staff do not live at the apartment complex. The goal of this service is to prepare people to live independently in the community. There are 22 independent living training programs.

#### SUPPORT SERVICES INCLUDE:

Adaptive Equipment - This service provides statewide adaptive equipment and consultation services for persons with physical handicaps and developmental disabilities. The program designs and provides specialized equipment such as wheelchairs.

Evaluation and Diagnosis Services - These services provide comprehensive evaluation services to determine handicapping conditions and recommend needed treatment and training services. There are three programs located in Missoula, Billings and Miles City.

Transportation - This service transports people to day training programs and to access the community.

#### HISTORY OF COMMUNITY BASED SERVICE DEVELOPMENT

##### 1977 BIENNIUM

The Montana Developmental Disabilities Program formally began when the 1975 Legislature appropriated substantial funding to develop services for handicapped individuals in the community. During this biennium, community based services were developed across the state which included both residential and day programs. At the conclusion of the biennium, the number of individuals served in community based settings increased from 225 to 1,289; 280 of whom left the institution.

### 1979 Biennium

During the 1977 Legislature, no specific appropriation for the expansion of community services was provided. However, the number of individuals served increased from 1,289 to approximately 1,550. This was almost entirely due to the development of Children and Family Services. Without an appropriation for expansion of community based services, waiting lists started to develop, particularly for adult services because of an increasing number of individuals graduating from special education programs. At the end of biennium, 294 persons were on the waiting list.

### 1981 Biennium

In 1979 the legislature appropriated \$815,000 for continued deinstitutionalization. The \$815,000 was to provide services for 60 individuals currently residing in institutions. During the biennium 62 institutionalized individuals received services in the community. This increased the number of individuals served to 1,604. However, during this period few individuals from the community entered services due to lack of appropriate funding. As a result the waiting list continued to grow to 563 persons.

### 1983 Biennium

In 1981 the legislature appropriated \$1.8 million to address the expanding need to develop additional community based services for individuals on community waiting lists. The initial proposal was to provide residential and vocational services for approximately 95 individuals. During this biennium, approximately 325 individuals from the waiting list received community based services. The number of individuals served increased to 1,793. The waiting list increased to 716 individuals.

### 1985 Biennium

In 1983 the legislature provided funds to place an additional sixteen individuals from state institutions, as well as money to develop a program of specialized family care for natural and foster parents to prevent the unnecessary institutionalization of severely handicapped children. At the end of biennium, 1,946 persons were in services while 913 persons were on the waiting list. In addition, the DDD staff was reduced by a total of nine central and regional staff positions and major reorganization of central office and field services was necessary.

### 1987 Biennium

In 1985 the legislature provided \$2.1 million in additional funds, primarily federal Medicaid Home and Community-based Waiver spending authority, to serve an additional 278 individuals from the waiting list. The number of persons served by June, 1987 was 2,142 and the waiting list decreased to 790.

### 1989 Biennium

The 1987 Legislature appropriated \$925,000 for service expansion. Of this amount, \$375,000 in federal funds allowed the State to take advantage of a new federal program targeting children 0-36 months who have developmental disabilities or are at risk of delay. Medicaid waiver authority of \$500,000 gave the division flexibility to deal with eligibility changes as well as changes in the medicaid waiver for allowable costs. The remaining \$50,000 was a general fund appropriation to provide increased individual job placement service to graduates of special education. Individuals receiving services at the end of the 1989 biennium was 2,372. The waiting list grew to 1,084 individuals.

### 1991 Biennium

The 1989 Legislature appropriated an additional \$1,943,650 for expansion of services. \$1.6 million was specific to the Specialized Service and Support Organization (SSSO) to provide residential and day services to 52 individuals, 30 from the Montana Developmental Center and 22 individuals from the community waiting list. The remaining expansion funds reduced waiting list needs in respite, adult group home, and early intervention. The legislature also acknowledged the low wages earned by direct service staff working in community-based programs and appropriated \$1.27 million annually to begin addressing this problem. It is projected that 2,615 individuals will be receiving one or more services by the end of the biennium. As of December 1990, 1,211 persons are waiting for new, additional or different services. Of this 1,211 persons, 458 are currently receiving no services from the DDD.

### FUNDING PROFILE

In fiscal year 1976 a total budget of \$2,909,885 was available to serve an initial 225 individuals in community settings. Sixty-seven percent of the funds were from federal sources while the remaining thirty-three percent were state dollars.

Currently, almost 2,545 individuals are receiving community-based services, at a projected cost during fiscal year 1991 of

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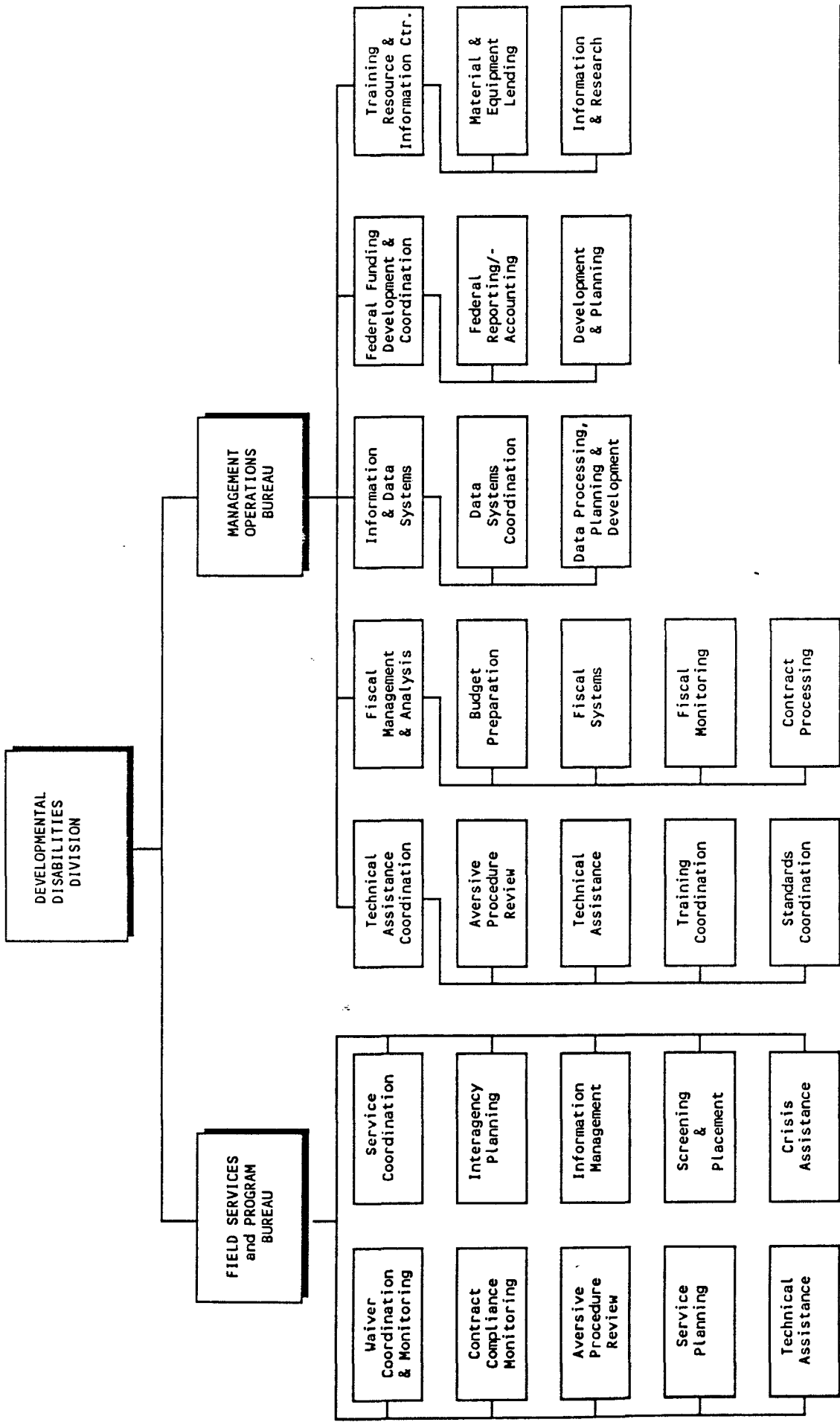
\$24,617,000. Federal dollars represent about 62% of the total budget while the remaining 38% comes from the state general fund.

#### WAITING LISTS

While the number of individuals receiving community-based services has increased substantially during the past ten years, a growing list of individuals still require services.

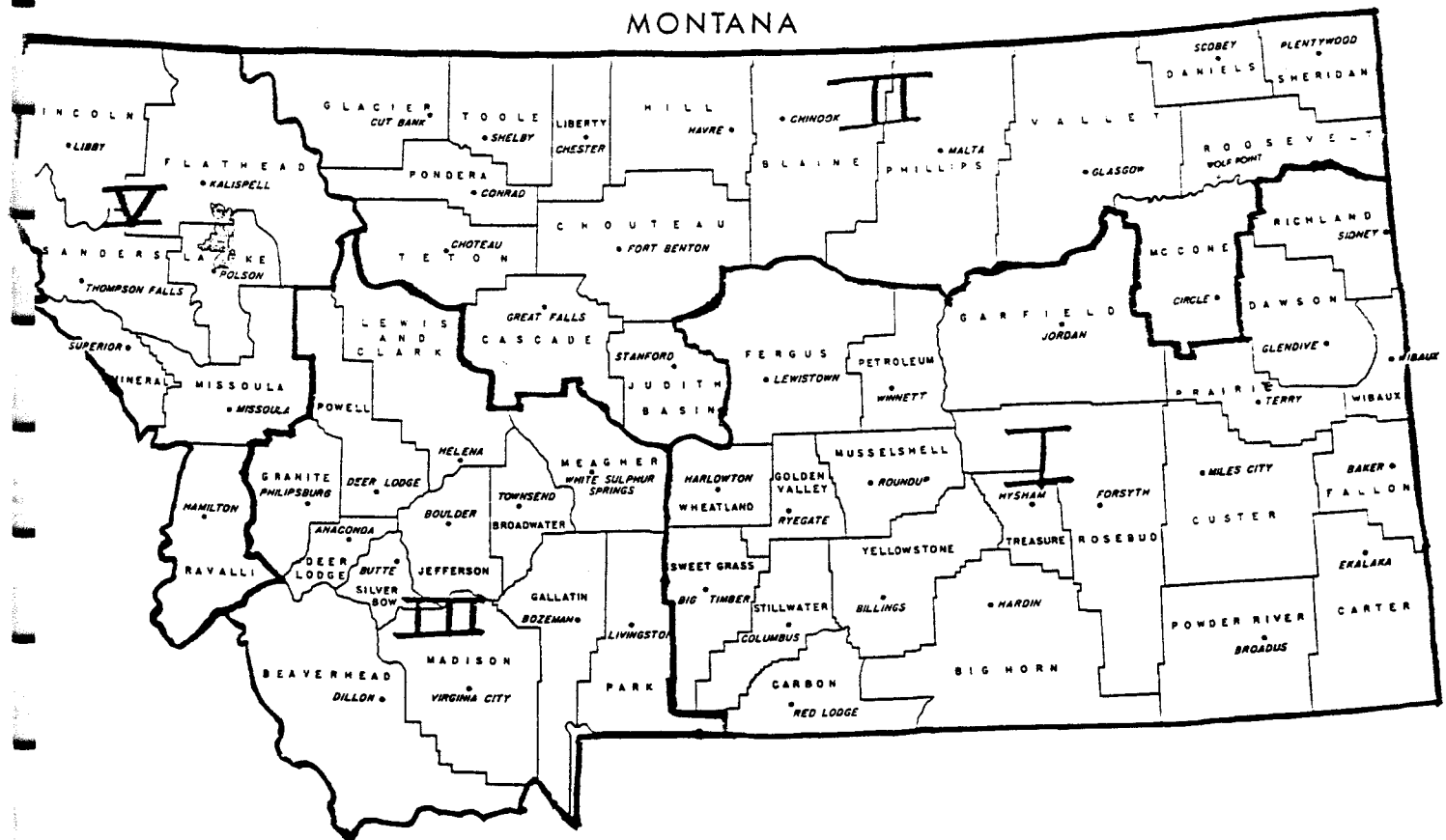
As of December 1, 1990 a total of 1,211 people are waiting for one or more community based service(s). Of that total, 458 are receiving no other DDD funded services at the present time. Among the services most in demand are:

	<u>Currently Served</u>	<u>Currently Unserved</u>	<u>Total</u>
Adult Group Home	179	98	277
Intensive Group Home	67	12	79
Specialized Family Care	45	15	60
Individual Job Placement	222	103	325



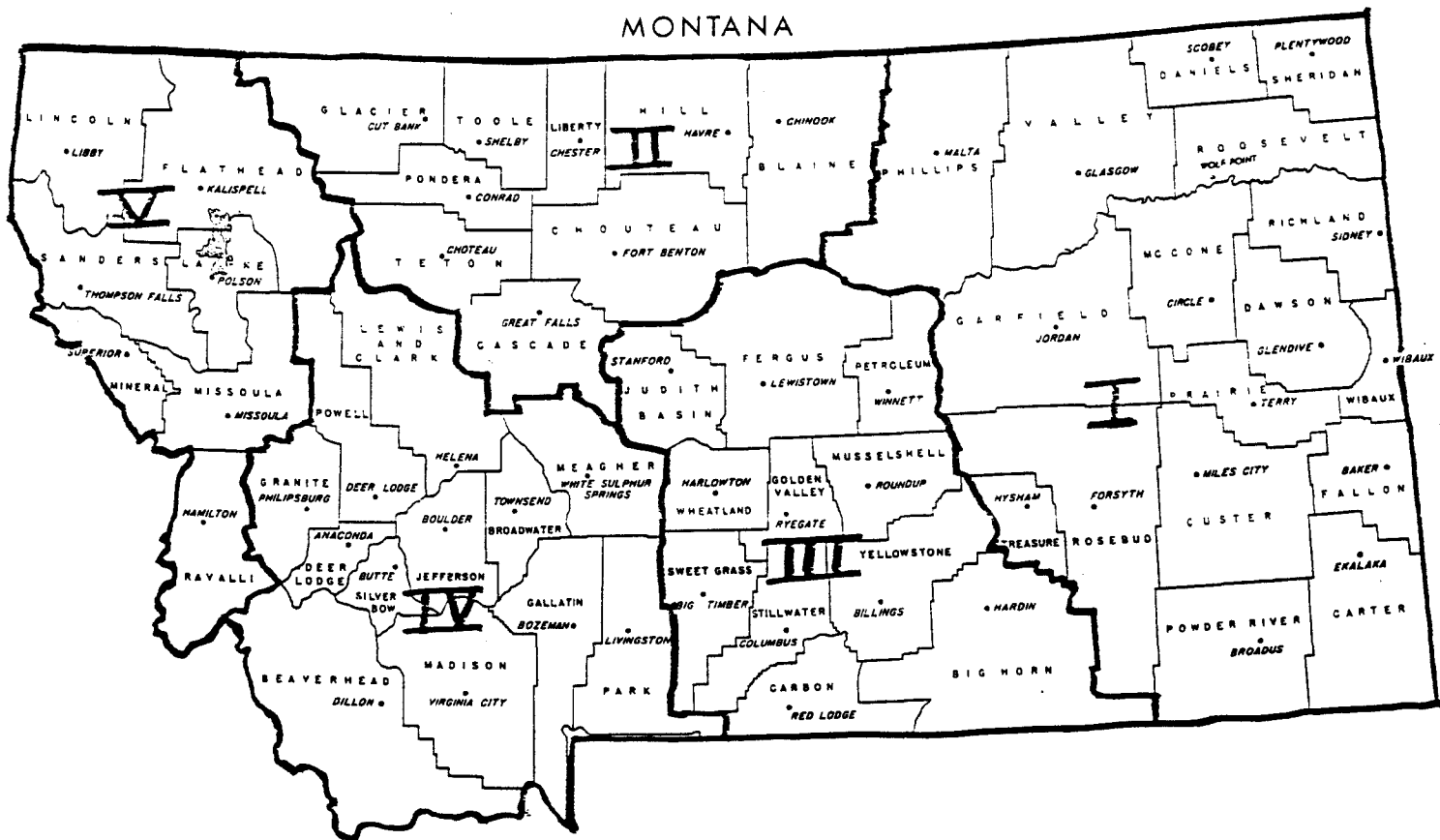
ORGANIZATIONAL CHART
Developmental Disabilities Division Dept. of Social & Rehab. Services
December, 1990

## Developmental Disabilities Division - Four Area Administrative Structure





# Developmental Disabilities Division - Five Region Administrative Structure



DEVELOPMENTAL DISABILITIES DIVISION  
SERVICE CONTRACTS BY REGION  
DECEMBER, 1990

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	REGION I	REGION II	REGION III	REGION IV	REGION V	STATEWIDE
<b>RESIDENTIAL SERVICES</b>						
Childrens Group Homes	3	2	2	0	1	8
Adult Group Home	5	6	2	6	7	26
Intensive Group Home	0	2	2	2	2	8
Senior Group Home	0	1	0	1	0	2
Transitional Living	3	2	1	3	4	13
Independent Living	5	7	2	4	2	20
<b>ADULT DAY HABILITATION SERVICES</b>						
Sheltered Workshop	1	1	1	2	2	7
Work Activity	4	7	2	6	4	23
Intensive Adult Hab.	1	2	1	3	2	9
Senior Day	0	1	1	2	0	4
Individual Job Placement	1	3	2	3	4	13
<b>CHILD AND FAMILY SERVICES</b>						
Family Training & Support	2	1	2	1	1	7
Specialized Family Care	1	1	1	1	1	5
Respite	2	1	1	1	2	7
<b>SUPPORT SERVICES</b>						
Transportation	6	9	4	9	5	33
Evaluation and Diagnosis	1	0	1	0	1	3
Adaptive Equipment	0	0	0	0	1	1
<b>TOTAL SERVICE CONTRACTS:</b>	<b>35</b>	<b>46</b>	<b>25</b>	<b>44</b>	<b>39</b>	<b>189</b>
 <b>SERVICE CONTRACTORS:</b>	 7	 8	 10	 12	 10	 47
 <b>TRANSPORTATION ONLY CONTRACTORS:</b>	 1	 0	 3	 2	 1	 7
<b>TOTAL CONTRACTORS:</b>	<b>8</b>	<b>8</b>	<b>13</b>	<b>14</b>	<b>11</b>	<b>54</b>

INCLUDES EXPANSION PROJECTED FOR THE REMAINDER OF FY 91

DEVELOPMENTAL DISABILITIES DIVISION  
NUMBER OF RESIDENTIAL SERVICE SITES  
DECEMBER, 1990

	REGION I	REGION II	REGION III	REGION IV	REGION V	STATEWIDE
COMMUNITY GROUP HOMES						
CHILDRENS' INTENSIVE HOME	7	12	9	16	13	57
ADULT GROUP HOME	0	3	5	7	8	23
INTENSIVE ADULT GROUP HOME	0	2	0	2	0	4
SENIOR GROUP HOME	3	4	4	0	1	12
TOTAL NUMBER OF GROUP HOMES:	10	21	18	25	22	96
	==	==	==	==	==	==
TRANSITIONAL LIVING SITES	3	2	1	3	4	13

National Association of State Mental  
Retardation Program Directors, Inc.

### III. COMMUNITY SERVICES IN MONTANA

This section of the report provides a brief overview of community developmental disabilities services in Montana. The section begins with a description of the evolution of these services and then examines how the State has organized its community service delivery system. Community services presently furnished to Montanans with developmental disabilities are profiled. Finally, Montana's status in furnishing these services is compared to nationwide indicators. The principal aim of this section is to set the stage for the subsequent sections of the report which describe current payment methods and issues/problems as well as point out areas where system change might be leading to new stresses in the delivery of community services.

#### A. Community Services in Montana

Since the early 1970s, Montana has dedicated itself to furnishing services to people with developmental disabilities in "more normal or" less institutional program settings, integration with non-handicapped people, and individual participation in decisions concerning their lives." Beginning in 1970, the State decided to begin scaling down the number of individuals served at the Montana Developmental Center (Boulder River) in favor of building a strong, comprehensive community-based service delivery system. During the mid-to-latter part of the 1970s, community services expanded rapidly. During this period, the State also put into place a particularly progressive network services to children with developmental disabilities and their families.

The 1980s saw further deinstitutionalization as well as the expansion of other community-based service delivery options. Growth in community programs during the 1980s was substantially bolstered by the State's gaining the federal government's approval to initiate and operate a Medicaid home and community-based services waiver program on behalf of children and adults with developmental disabilities. The approval of this waiver program (Montana was one of the first state's to initiate a waiver program) helped Montana access federal Medicaid dollars to support services to people with developmental disabilities outside the confines of State-operated, large public facilities and avoid investing large amounts of dollars in privately-operated Intermediate Care Facilities for the Mentally Retarded (ICF/MRs), the principal other avenue by which states obtain federal Medicaid dollars to support community developmental disabilities services.

At the outset of the 1990s, the State once again elected to further reduce the number of individuals living in large congregate care settings through the Specialized Service and Support Organization (SSSO) initiative. Longer-term plans have been formulated to further reduce the census at the Montana Developmental Center during the next State biennium as well as further expand the scope and range of community services available to Montana's citizens with developmental disabilities.

### III. Community Service in Montana

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In many different respects, Montana stands out as a state which has steadfastly adhered to a plan of reducing its reliance on large congregate care facilities in favor of promoting community services which offer greater opportunities for integration and participation in community life on behalf of people with developmental disabilities. At the outset of the 1970s, the number of individuals living in Montana's publicly operated, congregate care facilities approximated nationwide levels. By the early 1980s, the use of such facilities in Montana had fallen below nationwide averages and has continued to decline. Montana was one of the first states to devote the majority of its developmental disabilities budget to community services rather than supporting large congregate care facilities. Spending for developmental disabilities services in Montana has risen steadily over the years (although frequently at a pace slower than many would have liked). According to University of Illinois at Chicago researchers, Montanans have more readily supported developmental disabilities services with their tax dollars than has been the case in most other states.

In Montana, there is no question that community-based services are where public dollars should be invested to support persons with developmental disabilities. Moreover, Montanans are particularly clear that such services are to be based on "a belief in human dignity" coupled with the view that community services should promote independence, productivity, and integration.

#### B. Montana's Community Service Delivery Structure

Community developmental disabilities services in Montana are managed by the Division of Developmental Disabilities (DDD), an arm of the Department of Social and Rehabilitation Services. DDD is charged with conducting system planning activities, coordinating its programs and services with other Montana State agencies, and contracting with service provider agencies in order to purchase services on behalf of the State's citizens with developmental disabilities. DDD also manages the State's Medicaid home and community-based waiver program for persons with developmental disabilities.

DDD presently maintains three area field offices. These field offices, in turn, negotiate, supervise and monitor contracts with non-profit service provider corporations located in each of these three area. These area offices also authorize community placements and manage a variety of other aspects of the State's community service delivery system.

Community-based developmental disabilities services are furnished by 68 non-profit corporations located throughout Montana. Some of these corporations specialize in serving specific target populations (e.g., children with developmental disabilities and their families) or furnishing specific types of services (e.g., supported employment services). The corporations vary considerably with regard to the number of individuals they serve, depending on their location and service focus. Twelve corporations serve 100 or more individuals under contracts with DDD; eighteen corporations, however, serve fewer than 25 individuals.

## III. Community Service in Montana

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In addition, under State statute, five regional councils have been organized to assure that local concerns and issues are addressed in State planning activities. Finally, the Developmental Disabilities Planning and Advisory Council crafts statewide plans for developmental disabilities as well as serving as the State agency designated under the federal Developmental Disabilities and Bill of Rights Act.

C. Montana's Array of Community Services

Montana's community-based developmental disabilities programs presently serve roughly 2,500 individuals, including 1,400 adults and 1,100 children with developmental disabilities. Community developmental disabilities services in Montana consist of residential and daytime services for adults, a relatively wide range of service options for children with developmental disabilities and their families, and various support services. In particular:

1. Adult Residential Services. Roughly 870 adults currently receive DDD-funded services in group home and apartment living arrangements. The number of persons receiving these services is expanding significantly with the start-up of the SSSO in Missoula and the opening of additional group homes elsewhere in the State during 1990-91. Montana is one of only a very few states that has no large (sixteen or more beds), privately-operated community residences for persons with developmental disabilities in operation. Adult residential services consist of:
  - a. Adult Intensive Training Community Homes. Admission to these four-eight bed facilities is tightly regulated to reserve these services to persons who have relatively few self-help skills and/or more challenging behaviors. These facilities are the most intensively staffed of Montana's adult residential options. Contractual requirements applicable to these facilities are substantially more proscriptive than those governing other settings, particularly with regard to individual training objectives and staff competencies. At the outset of FY 1990-91, 88 individuals were being served in intensive group homes. This number is being expanded through the SSSO initiative.
  - b. Adult Community Homes. These two-to-eight bed facilities serve the majority of individuals receiving adult residential services in Montana. These facilities must provide continuous supervision of residents as well as habilitation training in preparation for their transition to more independent living arrangements. These facilities are less richly staffed than "intensive" group homes. This basic option serves more than half of all Montanans served via DDD residential programs.

### III. *Community Service in Montana*

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- c. Senior Adult Community Homes. These group living arrangements are intended for older persons with developmental disabilities. Services furnished in these facilities place less emphasis on formalized training and greater stress on the maintenance of current skills and health. At present, 32 individuals are served in this type of facility.
  - d. Transitional Living Training Services. Characterized as an "intermediate step between group homes and independent living," these services are furnished in congregate apartments with on-site staff furnishing supervision and assistance. Resident training activities focus on "advanced personal skills" as well as enhancing the "community life" and "home-related" skills of residents. Utilization of this option has remained relatively constant at 109 individuals over the past four years.
  - e. Independent Living. Through this residential service option, agency staff furnish assistance and support to individuals who are living in their own apartments or homes. Staff visit program participants on an intermittent basis to assist in such activities as money management and menu planning. Some 194 individuals receive independent living services in Montana.
2. Services to Children and Families. Montana offers a wide variety of services targeted to children with disabilities and their families. In particular:
- a. Children's Group Homes. Some 58 children with developmental disabilities are served in eleven group homes. These children have severe physical and medical disabilities. Placement to these facilities occurs only once it is demonstrated that a child cannot continue to live with his/her family or in a foster care setting. The staffing and intensity of services furnished in these facilities is comparable to intensive adult group homes.
  - b. Specialized Family Care. Specialized family care is a "wrap-around" service which furnishes intensive assistance to children with severe disabilities who live with their natural or a foster family. Services offered in this program include case management, foster care, habilitation, respite, personal care, minor physical modifications to the home, therapies, and homemaker services. The composition of the services furnished to each child/family is specifically tailored to meet their specific needs. This service is unique in Montana because case management services are furnished by contract provider

### III. Community Service in Montana

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agencies rather than State staff. More than 100 children are served in this program. Montana's specialized family care program has received national recognition as an exemplary program in assisting children with severe disabilities and their families to maintain the family unit.

- c. Family Training and Support Services. These services are intended to: (a) equip family members to better meet the needs of their child with disabilities; or, (b) furnish services directly to a child. These services include early intervention services. More than 600 families receive services through this program.
- d. Supplemental Training and Support Services. Services in this program are furnished to children under the age of six via the federal Chapter I program and more or less parallel family training support services.
- e. Respite Care. Under this program, families may be reimbursed for up to \$360 they spend each year in order to obtain respite care services from qualified care givers. In FY 1990-91, respite care services will be furnished to more than 600 families in Montana.

#### 3. Adult Day Services. Adult day services include:

- a. Intensive Adult Habilitation consists of "day training to adults who are not ready for vocationally oriented programs." Only individuals who pass a special screening that indicates the need for more intensive services are eligible for these services. Roughly 130 individuals were being served in this program at the outset of FY 1990-91. Again, due to the SSSO initiative, the number of program participants will expand this year.
- b. Adult Habilitation services are furnished in: (a) work activity centers; or (b) sheltered workshops. Work activity centers aim at preparing "people to move to sheltered workshops, rehabilitation programs or competitive employment." More than 1,000 Montanans with developmental disabilities participate in adult habilitation programs.
- c. Supported Work (Individual Job Placement). These services are intended to assist individuals in gaining and maintaining employment in integrated jobs and settings. At the outset of FY 1990-91, DDD payments were supporting 175 program participants. Supported work has been the most rapidly growing vocational



### III. Community Service in Montana

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services option for adults in Montana over the past four years.

- d. Senior Day Programs. These non-vocationally oriented programs are tailored to meet the needs of elderly persons with developmental disabilities. Some 86 individuals participate in these programs.

#### 4. Support Services consist of:

- a. Adaptive Equipment. A Helena hospital is under contract with the Developmental Disabilities Division to furnish adaptive equipment and follow-up services to persons with developmental disabilities in Montana. The costs of equipment procured under this contract are capped at \$800/individual.
- b. Transportation services are purchased from various agencies to enable individuals to attend day programs.
- c. Evaluation and diagnosis services are furnished principally to children by programs located in Missoula, Billings, and Miles City.

#### D. Characteristics of Montana's Community Service System

Montana's community service delivery system has features that are shared by systems in many other states but also some relatively unique characteristics. In particular:

- Adult Services are organized along the more or less conventional lines of the "continuum of care" model. That is, congregate care residential services are used to serve persons who need more intensive services and supports while individuals with less intensive needs or who "graduate" from congregate care settings are served in supervised apartments or assisted through the independent living program. With the SSSO initiative, the State is strengthening the more intensive end of this spectrum. This continuum of care approach to organizing community residential services is more or less common among the states.

As noted above, a noteworthy feature of community residential services in Montana is that the State has avoided the establishment of larger residential facilities. The State has resolutely dictated that community residences serve eight or fewer individuals. In addition, there is only one privately-operated community ICF/MR facility in operation currently in the State. Again, Montana has steered clear of this service delivery option and, thus, the turbulence stemming from rapidly changing federal ICF/MR regulatory standards that are driving up the costs of these services at a rapid pace in other states.

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Montana's adult residential services options are principally "facility-based". People with developmental disabilities are served in specialized living arrangements owned or leased by provider agencies. The "independent living" program is the single available option through which people with developmental disabilities can receive services and supports outside of an agency-controlled living arrangement. In addition, at present the State has no service options that are aimed principally at assisting families with adults with developmental disabilities living at home. With the assistance of the DDPAC, however, two pilot supported living programs are now in operation in Billings and Missoula.

Broadly speaking, the State's direction over the past four years has been to stress the development of additional intensive group homes in order to facilitate community placement of persons residing at the Montana Developmental Center.

In daytime services, Montana's system again follows continuum of care lines (day training, work activity, and sheltered employment). With the exception of supported work programs, daytime services are "facility-based" and anticipate that individuals with developmental disabilities will move along into more and more vocationally oriented programs as they gain skills and competencies. In supported employment programs, the State solely sponsors services that use the individual placement model and, thus, has resisted other models (such as mobile work crews) which are regarded by many as offering fewer opportunities for community integration and presence on behalf of program participants. Montana compares very well to most other states in its utilization of this model. Montana's senior day programs also are noteworthy. Only a few other states have established this type of daytime service option for seniors with developmental disabilities who prefer to retire from vocationally-oriented programs.

Children's Services. The specialized family care program stands out as a highly flexible, child and family-centered program aimed at avoiding the institutionalization of children with severe handicaps. Indeed, in several other states, this type of program is typically financed under a stand-alone federal Medicaid "model" waiver program of limited scope rather than being regarded as a basic method for meeting the needs of children with severe disabilities and their families. The other elements of Montana's child/family programs are found in most other states, although Montana appears to have placed greater stress on these services -- relative to its population -- than most states. For example, the State spends more on respite care than does Colorado, which has four times Montana's general population.

### III. Community Service in Montana

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Over the past four years, Montana has expanded children and family services at a more rapid pace than any other category of services. Further expansion will occur as a result of the State's response to the federal Part H early intervention program. In addition, in the next phase of its planned reduction of the number of individuals served at Montana Developmental Center, State officials have outlined a variety of steps aimed at further strengthening the capability to serve children with severe disabilities in the community, including bringing children back to Montana who have been placed out-of-state.

In broad brush, then, Montana's community service system parallels systems in operation in other states. Children's programs are more broadly-based and well-established (and, frequently, more progressive) than in other states while adult services follow more or less conventional service structures that mark comparable systems in other states.

#### E. Service Demand

Relative to its population, Montana has a large waiting list of people with developmental disabilities who are not presently receiving services. About 518 individuals are currently unserved. In addition, a number of individuals who currently are receiving one type of service have documented needs for additional or more appropriate services. Demand is particularly strong for residential service options and for services needed by older youth with developmental disabilities who will be leaving the special education system.

With the notable exception of services to children and their families, the number of persons receiving community developmental disabilities services in Montana has not grown significantly since FY 1987-88. The SSSO initiative and steps planned in future years to further downsize Montana Developmental Center will permit adult services to be expanded, including making some in-roads against the waiting list for such services. In addition, like other states, Montana must take steps over the next two-three years to provide for the community placement of nursing facility residents with developmental disabilities who need more appropriate services. State officials estimate that roughly 90 such persons must be transferred to community programs by 1994.

#### F. Conclusion

Montana stands out as a state which earlier than most decided to reduce its reliance on large, publicly-operated congregate care facilities and focus its resources on meeting the needs of children and adults with developmental disabilities in community-based settings. The State has fostered a relatively well-developed set of service options for children with disabilities and their families. In adult services, services follow more or less conventional "continuum of care" lines. The State is attempting to strengthen the capacity of community agencies to furnish residential services to individuals who need more intensive services and supports.

### III. *Community Service in Montana*

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Over the next several years, Montana will face several critical challenges in meeting the needs of the State's citizens with developmental disabilities. These challenges include further expanding community services to accommodate individuals who will be placed from institutional settings (Montana Developmental Center and nursing facilities) as well as responding to mounting consumer demand.

**DEVELOPMENTAL DISABILITIES LEGISLATIVE AGENDA  
FOR THE 1991 MONTANA LEGISLATIVE SESSION**

1. **PROVIDER RATE INCREASE;** An under funded system has caused problems for providers of DD services to do business in Montana. A rate increase of 1 - 3% over the last three legislative sessions has eroded the base that DD providers operate from, therefore threatening the quality and quantity of services provided. A rate increase of 5% per year is needed. Just like any other department in state government we too are effected by inflation. If a provider rate increase is not provided services will not remain at current level.

2. **EXPANSION OF ADULT SERVICES;** Waiting lists for adult services are increasing. Children who have had early intervention and quality special education for years are sitting at home when they graduate because there are no services available. We would propose that the committee expand services to 150 adults that are currently on the waiting list. The expansion would provide transportation, a day program, and a residential program. This expansion would cost \$3,439,800 the first year of the biennium and \$2,299,800 the second year.

3. **PART H - EARLY INTERVENTION;** For the past 4 years, Montana has used federal dollars to serve families with children, age birth to 3 years, that have developmental disabilities. This year Montana must pass and early intervention mandate to insure that federal dollars continue to come to Montana to serve this population. Failure to pass the mandate will result in a service cutback. This modified will cost \$1,141,686 each year of the biennium.

4. **EXPANSION OF SPECIALIZED FAMILY CARE;** The waiting list for specialized family care, and enriched package of services for severely disabled children at risk for institutionalization, is increasing. This expenditure to keep children out of state institutions has been very cost effective and has received national recognition. An increase of funding is needed to insure that families who are committed to keeping their children at home have support so they are able to do so. Expansion of this program to serve 60 children on the waiting list would cost \$682,020 each year. In the first year \$191,943 would be general fund and \$489,077 in federal funds. In the second year \$191,648 would be general fund and \$490,372 would be federal funds.

5. **SALARY ENHANCEMENT;** In 1988 direct service workers in our system received on the average 46% less than their counterparts in state institutions. Last session 25% of the needed funds were allocated to community based service workers. We ask that committee members continue the effort to close the salary gap.

	TOTAL	XIX	GF
FY92	3,307,571	987,556	2,320,015
FY93	3,513,579	1,046,068	2,467,511

**SALARY STATUS  
DIRECT-SERVICE STAFF  
DEVELOPMENTAL DISABILITIES**

In 1988 a comprehensive study comparing salaries paid to direct service employees of private, non-profit corporations providing services to the developmentally disabled, to state staff with similar job responsibilities was conducted by the Arthur Young Human Resources Consulting Group. Seven job classifications were developed that cross referenced to the state pay plan.

The primary result of this extensive and comprehensive study revealed that community based employees earned 46% less than state institutional staff for the same job duties.

The 1989 Legislature approved a direct service salary increase that enabled community based services to close 25% of the gap that existed. Increases granted to state employees in the 1989-1990 pay plan has eroded some of the effort of the last session. If the proposed pay plan is adopted during the 1991 session the gap will widen farther.

After a long and difficult committee process, this money was distributed to the forty-six private non-profit corporations of the state. Minimums were established for each of the seven categories and providers were required to pay each direct service employee no less than the state wide minimum. As a result, salary minimums were equalized across the state and direct service employees were granted increases.

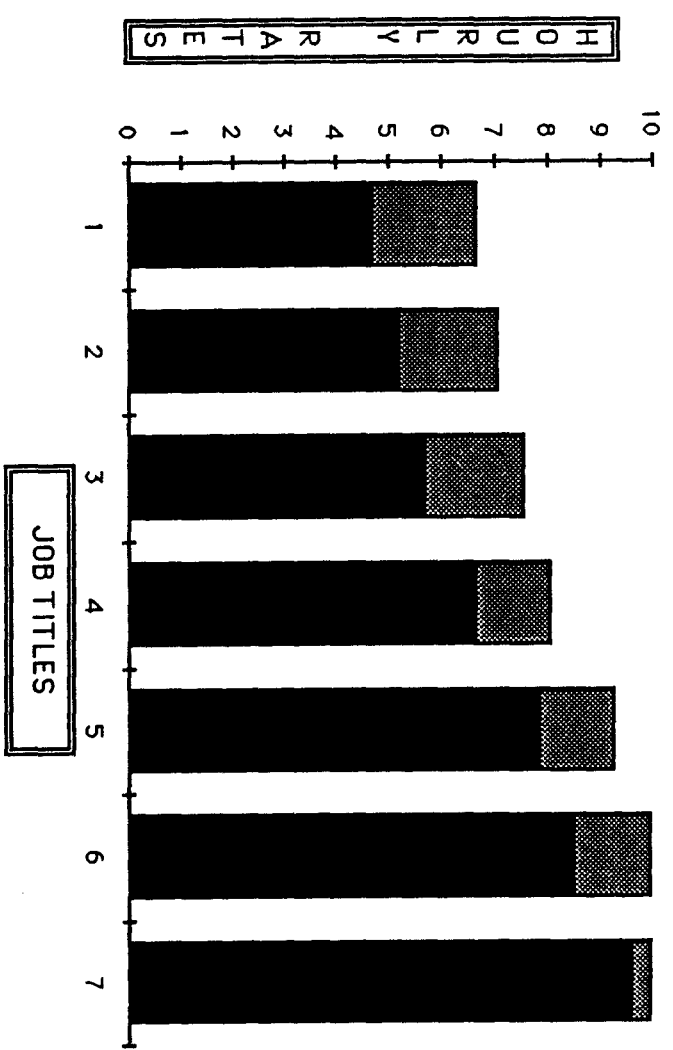
Montana Community based service providers and direct service workers are asking the 1991 Legislature to continue the effort to increase direct service salaries to parity with state employees.

The following figures represent the amount of funds needed to raise salaries in community based services to parity with state employees:



	Total	XIX	GF
FY92	3,307,571	987,556	2,320,015
FY93	3,513,579	1,046,068	2,467,511

EXHIBIT 2  
 DATE 1-31-91  
 BY Don. Sew. Sub.

1990 SALARY RATES COMMUNITY SERVICES AND  
 STATE OF MONTANA



DATA POINT KEY

-  1990 STATE OF MONTANA AVERAGE
-  1990 COMMUNITY SALARIES

JOB TITLE KEY

- 1 - HSA I/GRADE 7
- 2 - HSA II/GRADE 8
- 3 - HST I/GRADE 9
- 4 - HST II/GRADE 10
- 5 - VDC. SPEC./GRADE 12
- 6 - HAB. SPEC./GRADE 13
- 7 - FAMILY TRNR./GRADE 13

# 1990 DEVELOPMENTAL DISABILITIES SERVICE SYSTEM COMMUNITY . VS. STATE HOURLY AND YEARLY WAGES

POSITIONS	GRADE COMPARED	COMMUNITY WAGE PER HOUR	COMMUNITY WAGE YEARLY	STATE WAGE PER HOUR	STATE WAGE YEARLY	DIFFERENCE (STATE - COMMUNITY)
Habilitation Aide I	7	\$4.70	\$ 9776.00	\$6.63	\$13785.00	\$1.93
Habilitation Aide II	8	\$5.20	\$10816.00	\$7.05	\$14674.00	\$1.85
Habilitation Services Tech I	9	\$5.70	\$11856.00	\$7.53	\$15662.00	\$1.83
Habilitation Services Tech II	10	\$6.65	\$13832.00	\$8.05	\$16743.00	\$1.40
Vocational Specialist	12	\$7.85	\$16328.00	\$9.25	\$19233.00	\$1.40
Habilitation Specialist	13	\$8.50	\$17680.00	\$9.94	\$20669.00	\$1.44
Family Trainer	13	\$9.60	\$19968.00	\$9.94	\$20669.00	\$0.34



SERPROJ1  
18-Jan-91

QUESTION: How much would it cost to provide residential, day, and transportation services to 150 adults?

ANSWER:

	General Fund	Federal	Total
1st year	3,439,800		3,439,800
2nd year	2,299,800		2,299,800
Biennium	5,739,600		5,739,600

ASSUMPTIONS:

1. None of the adults would require intensive services.
2. Services would be fully operational July 1 of the first fiscal year.
3. One time start-up costs for group homes will occur in the first year at a cost of \$60,000/home.
4. Eight individuals will live in each group home requiring 19 new group homes.
5. Funding is 100% from the general fund.
6. Projected costs are based on FY92 projected average costs per service.

SERVICE AREA	# TO BE SERVED	AVERAGE COST PER PERSON	TOTAL PROJ. COST	-----FUNDING-----		
				General Fund	Federal	Total
Work Activity Centers	150	5,953	892,950	892,950		892,950
Adult Group Home	150	8,438	1,265,700	1,265,700		1,265,700
Transportation	150	941	141,150	193,800		193,800
Start-up Costs*	19 homes	60,000	1,140,000	1,140,000		1,140,000
TOTAL		75,332	3,439,800	3,492,450		3,492,450

\*Start-up costs are one time expenses during the first year.

QUESTION: What are the projected costs of serving 60 children currently on the waiting list for specialized family care?

ANSWER:

	General Fund	Federal	Total
1st year	192,943	489,077	682,020
2nd year	191,648	490,372	682,020
Biennium	384,591	979,449	1,364,040

ASSUMPTIONS:

1. The projected average cost of specialized family care is \$11,367 per person.
2. All children would be eligible for the medicaid waiver.
3. The DD Division would be successful in amending the medicaid waiver for additional slots and authority to serve these children.
4. The projected average cost would be sufficient to meet individual's needs.
5. Projected costs are based on FY92 projected average costs per service.

SERVICE AREA	# TO BE SERVED	AVERAGE COST PER PERSON	TOTAL PROJ. COST	-----1st YEAR FUNDING-----
Specialized Family Care	60	11,367	682,020	General Fund Federal Total

-----2ND YEAR FUNDING-----
General Fund Federal Total
191,648 490,372 682,020

6901 DEPT SOCIAL & REHAB SERVICES  
14 DEVELOPMENTAL DISAB PROGRAM  
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DATE : 01/08/91  
TIME : 21/29/24  
CURRENT LEVEL COMPARISONS

Budget Item	Actual Fiscal 1990	Executive Fiscal 1992	LFA Fiscal 1992	Difference Fiscal 1992	Executive Fiscal 1993	LFA Fiscal 1993	Difference Fiscal 1993
FTE	33.25	35.25	35.25	.00	35.25	35.25	.00
Personal Services	957,979	1,098,492	1,098,492	0	1,097,153	1,097,153	0
Operating Expenses	283,913	275,837	276,426	589-	276,159	275,083	1,076
Equipment	9,823	804	804	0	804	804	0
Grants	0	0	16,000	16,000-	0	16,000	16,000-
Benefits and Claims	21,078,372	23,757,092	23,911,092	154,000-	23,757,092	23,911,092	154,000-
Total Expend.	\$22,330,087	\$25,132,225	\$25,302,814	\$170,589-	\$25,131,208	\$25,300,132	\$168,924-
<u>Fund Sources</u>							
General Fund	7,995,062	9,270,180	9,317,575	47,395-	9,258,148	9,313,536	55,388-
Federal Revenue Fund	14,335,025	15,862,045	15,985,239	123,194-	15,873,060	15,986,596	113,536-
Total Funds	\$22,330,087	\$25,132,225	\$25,302,814	\$170,589-	\$25,131,208	\$25,300,132	\$168,924-

PAGE REFERENCES:

LFA Current Level Analysis Reference: B 102-105  
Executive Budget Summary Reference: 130-131  
Executive Budget Narrative Reference: 154-162

EXECUTIVE AND LFA CURRENT LEVEL DIFFERENCES

Operations:

	Executive (Under)Over LFA	1992	1993
1) Inflation		(3,773)	(3,588)
4) Base Difference		3,184	4,664
Total Difference		(589)	1,076

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Benefits:	Executive (Under) Over	
	LFA	
	1992	1993
1) SSSO	(170,000)	(170,000)
2) DD Conference	16,000	16,000
	(154,000)	(154,000)

EXECUTIVE BUDGET MODIFICATIONS:

Budget Modifications	FY92 FTE	FY93 FTE	General Funds	Other Funds	Total
1) DD Part H Expansion			\$2,283,372	\$0	\$2,283,372
2) DD System Phase I and II	2.0	2.0	782,719	1,527,768	2,310,487
3) DD System Phase III SSSO			259,416	80,584	340,000
4) DD System Phase IV	3.0	6.0	1,944,028	2,091,426	4,035,454
5) Increased Medicaid Funding			0	1,000,000	1,000,000
6) Montana Youth Initiative			0	172,000	172,000
7) Chapter I OPI			0	180,000	180,000
Total	5.0	8.0	\$5,269,535	\$5,051,778	\$10,321,313

**Exhibit 4 consists of a folder of 15 letters from parents and DD individuals. The entire exhibit is available at the Montana Historical Society, 225 North Roberts, Helena, MT 59601. (Phone 406-444-4775)**

Budget Item	Actual Fiscal 1990	Executive Fiscal 1992	LFA Fiscal 1992	Difference Fiscal 1992	Executive Fiscal 1993	LFA Fiscal 1993	Difference Fiscal 1993
FTE	3.00	3.00	3.00	.00	3.00	3.00	.00
Personal Services	61,214	70,687	70,687	0	70,601	70,601	0
Operating Expenses	29,679	41,836	30,124	11,712	41,895	30,074	11,821
Equipment	294	0	0	0	0	0	0
Benefits and Claims	194,939	195,000	195,000	0	195,000	195,000	0
Total Expend.	\$286,126	\$307,523	\$295,811	\$11,712	\$307,496	\$295,675	\$11,821
Fund Sources							
Federal Revenue Fund	286,126	307,523	295,811	11,712	307,496	295,675	11,821
Total Funds	\$286,126	\$307,523	\$295,811	\$11,712	\$307,496	\$295,675	\$11,821

PAGE REFERENCES:

LFA Current Level Analysis Reference: B 106  
Executive Budget Summary Reference: 131  
Executive Budget Narrative Reference: 163-165

EXECUTIVE AND LFA CURRENT LEVEL DIFFERENCES

Operations: Base Difference Only

EXECUTIVE BUDGET MODIFICATIONS:

Federal Grant Increase, Operations:  
Federal Grant Increase, Benefits:

19,981  
65,000  
-----  
84,981

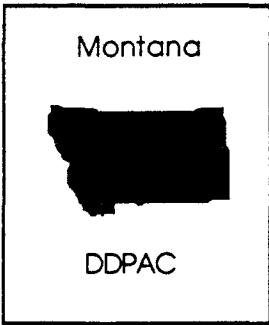
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Exhibit #5  
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1/31/91

Human Services Subcommittee



Planning For The Future Of Services In Montana

# Developmental Disabilities Planning & Advisory Council

Post Office Box 526 Helena, Montana 59624 Phone 406-444-1334

6  
1-31-91

## TESTIMONY BEFORE THE HOUSE HUMAN SERVICES SUBCOMMITTEE ON APPROPRIATIONS

Representative Dorothy Bradley, Presiding  
January 30, 1991  
Biennial Budget Proposal 1993

### State of Montana Developmental Disabilities Planning and Advisory Council

The State of Montana Developmental Disabilities Planning and Advisory Council is mandated by both State and Federal law. The Council was formed in 1971 and currently has 22 Governor-appointed members.

The Council's purpose, as stated by Montana law, (2-15-2204 MCA) is:

The council shall:

- (a) advise the department, other state agencies, councils, local governments, and private organizations on programs for services to the developmentally disabled;
- (b) develop a plan for a statewide system of community based services for the developmentally disabled; and
- (c) serve in any capacity required by federal law for the administration of programs for services to persons with developmental disabilities.

### STATE PLAN FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Every three years the Council creates the State Plan for persons with developmental disabilities. The purpose of the Plan is to :

1. Describe the extent of services currently being offered under state and federal programs.



SOCIAL AND REHABILITATION SERVICES  
"WORKING TOGETHER TO EMPOWER MONTANANS"

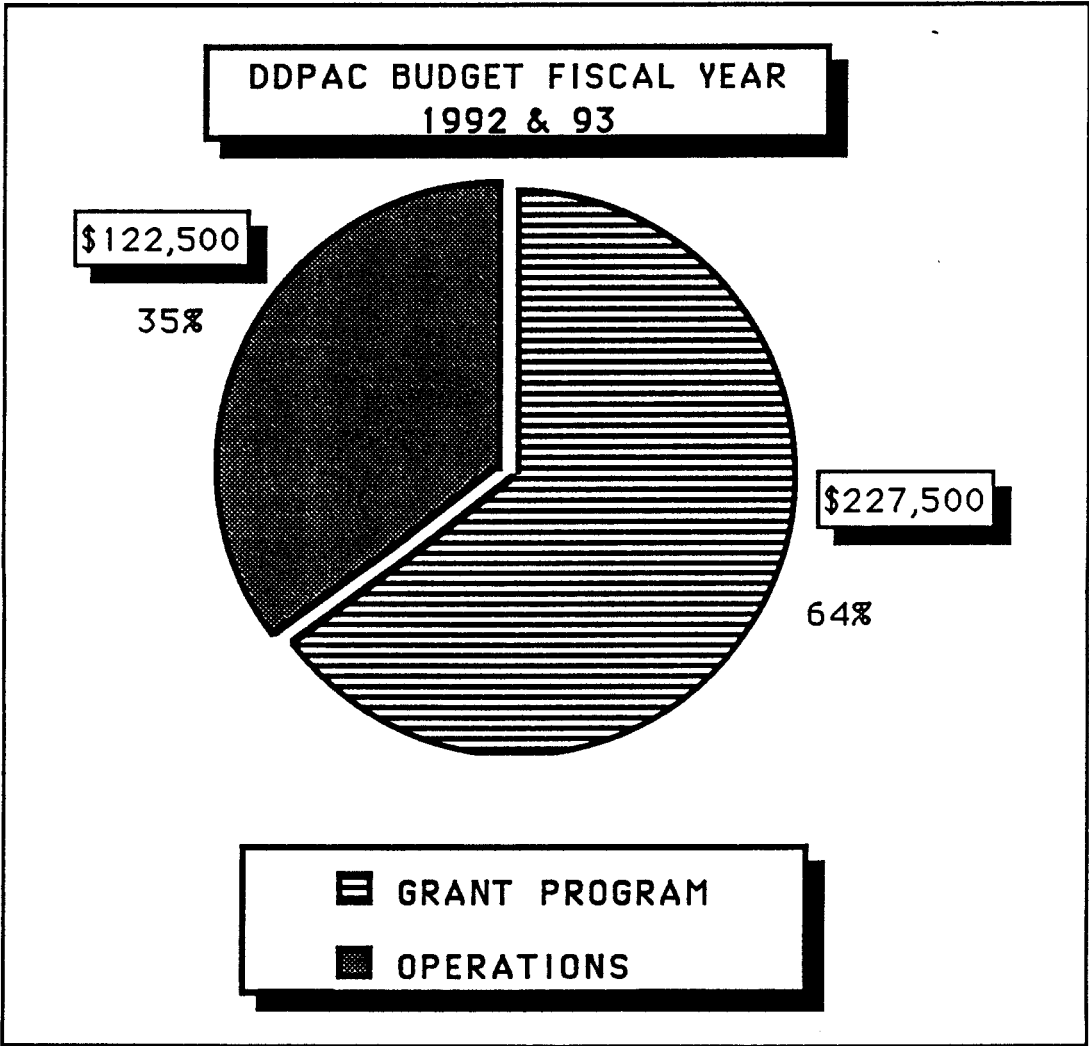
- 2. Identify the needs of persons with developmental disabilities throughout the state.
- 3. List the goals, objectives and activities that will be addressed by the Council over the life of the Plan.

COUNCIL FUNDING

The Council is funded entirely through Federal monies. The current budget of the Council is \$350,000.

The Council operates a grant program utilizing 65% of its \$350,000 annual funding or \$227,500, designed to provide funds for new and innovative projects that will improve services to persons with developmental disabilities. Over the past ten years the Council has provided at least \$2.25 million dollars in start up and project funds for the developmental disabilities system in Montana.

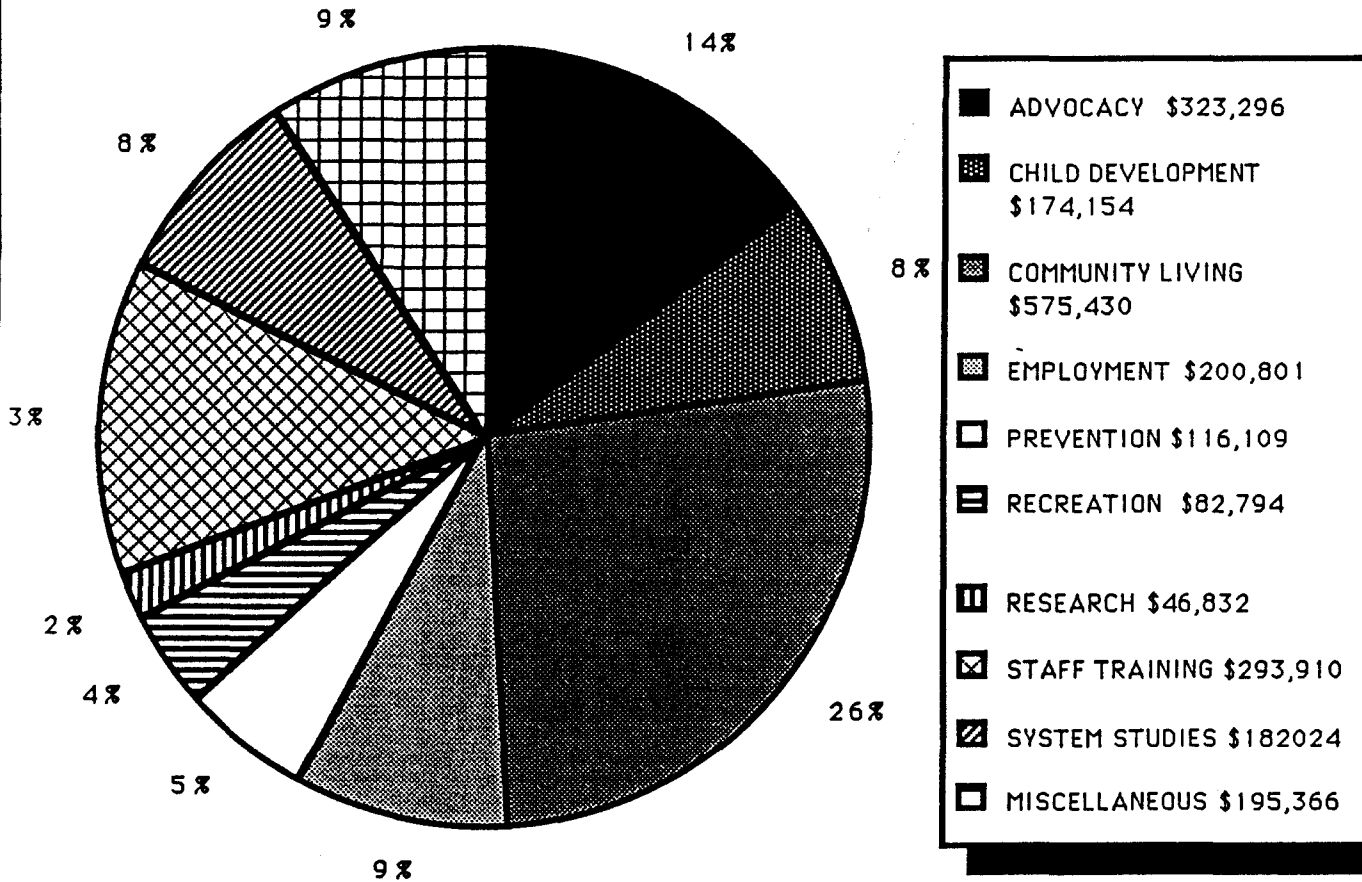
Council operating and administrative funds are \$122,500 for FY91.





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## DDPAC CONTRACTS 1978 THRU 1991 BY TYPE



## CURRENT AND PROPOSED COUNCIL MEMBERSHIP

### STATE AGENCY REPRESENTATION

Department of Institutions  
 Department of Health & Environmental Sciences  
 Department of Social and Rehabilitation Services  
 Office of Public Instruction  
 Department of Family Services<sup>2</sup>

### REGIONAL COUNCIL/CONSUMER REPRESENTATION

Region I Council on Developmental Disabilities

Region II Council on Developmental Disabilities  
Region III Council on Developmental Disabilities  
Region IV Council on Developmental Disabilities  
Region V Council on Developmental Disabilities  
Consumer Representatives (4)<sup>4</sup>

#### **STATE LEGISLATIVE REPRESENTATION**

Montana Senate (2)<sup>3</sup>

Montana House of Representatives (2)<sup>3</sup>

#### **PRIVATE/PROFESSIONAL REPRESENTATION**

Social Work Representative<sup>1</sup>

Attorney Representative

Physician Representative

Special Education Representative<sup>1</sup>

Service Provider Representative

University Affiliated Program Representative<sup>2</sup>

Advocacy representative<sup>2</sup>

1 Would be eliminated under proposed legislation.

2 Would be added under proposed legislation.

3 Would be reduced to one under proposed legislation.

4 Would be increased to seven under proposed legislation

#### **COUNCIL STAFFING**

The Council operates with 3.0 FTE's (Director, Administrative Assistant and Administrative Aide).

#### **COUNCIL HIGHLIGHTS IN THE LAST TWO YEARS**

Changes in the Mission and Scope of the Montana Developmental Center  
(staff as member of the Governor's Phase Four Task Force)

The Continuing Analysis of Supported Living as a Part of the Montana Continuum of Services  
(Council sponsored and funded demonstration project)

The Creation of the Specialized Service and Support Organization (SSSO)  
(Staff assisted in the site selection process)

The Expansion of the Montana Information and Referral System  
(Council sponsored and funded project)

The Continuation of the Montana Developmental Disabilities Staff Training Project  
(Council sponsored and funded project)

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**Funding Equalization Study**  
(Council sponsored and funded project)

**Proposed Changes in Case Management Services**

(staff as member of advisory Committee and Council funding for portions of system changes)

**Supported Retirement Program**  
(Council sponsored and funded project)

Montana



DDPAC

# Planning For The Future Of Services In Montana

## Developmental Disabilities Planning & Advisory Council

Post Office Box 526 Helena, Montana 59624 Phone 406-444-1334

<u>MEMBER NAME</u>	<u>REPRESENTING</u>	<u>CITY</u>
Robert Anderson	Representative for the Department of Institutions	Helena
Cecilia Cowie	Representative for Department of Health and Environmental Sciences	Helena
Julia Robinson	Representative for SRS	Helena
Robert Runkel	Representative from OPI	Helena
Peyton Terry	Region I Developmental Disabilities Council/Consumer Representative	Glasgow
Joyce Curtis	Region II Developmental Disabilities Council/Consumer Representative	Choteau
Jean Bradford	Region III Developmental Disabilities Council Representative	Billings
Vacant	Region IV Developmental Disabilities Council Representative	
Tom Price	Region V Developmental Disabilities Council Representative	Eureka
H.P. Brown	Consumer Representative	Great Falls
Vonnie Koenig	Consumer Representative	Kalispell
Ken Kronebusch	Consumer Representative	Conrad
Tom Powell	Consumer Representative	Billings
Frank Clark, PhD	Social Work Representative	Missoula
J. Cort Harrington	Attorney Representative	Helena
Dr. Allen Hartman	Physician Representative	Billings
Darcy Miller, PhD	Special Education Representative	Helena
Robert J. Tallon	Service Provider Representative	Bozeman
Tim Whalen	Representative House of Representatives	Billings
Delwyn Gage	Representative of the Senate	Cut Bank

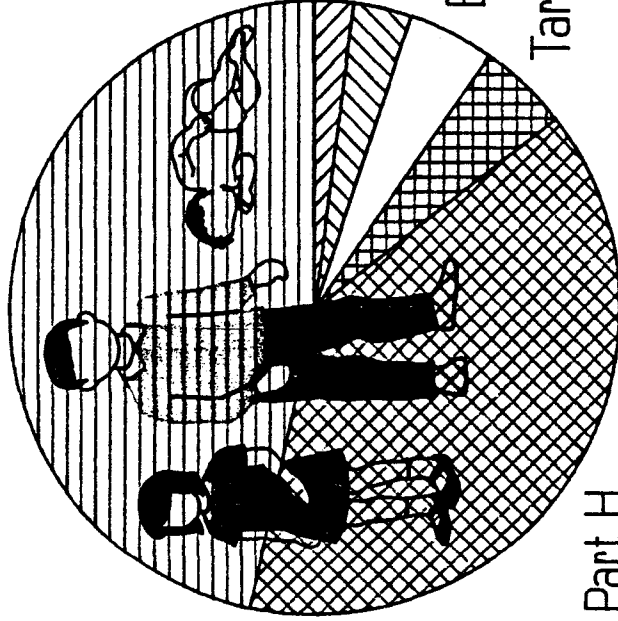


SOCIAL AND REHABILITATION SERVICES  
"WORKING TOGETHER TO EMPOWER MONTANANS"

# Kids Count! Program Components

## Biennial General Fund Costs

Total General Fund Cost: \$5,350,617  
OB/Peds Increase



General Fund Cost  
By Component:

Part H

OB/Peds Increase \$2,730,827

Baby Your Baby \$268,000 (donations)

Children's Dental \$122,641

Children's Dental  
EPSDT Case Mgmt

Baby Your Baby

Targeted Case Mgmt

EPSDT Case Mgmt \$180,346  
Targeted Case Mgmt \$278,058  
Part H \$2,038,745

DATE 1-31-91

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**HOUSE OF REPRESENTATIVES  
VISITOR REGISTER**

Human Services SUBCOMMITTEE DATE 1/31/91  
DEPARTMENT(S) SRS DIVISION DD

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**PLEASE PRINT**

NAME	REPRESENTING	
STEVE BENEDICT	LEGISLATOR	
MIKE HALZIGAN	SENATOR	
CHRIS VOLINKATY	DD LOBBYIST	
TIM WHALEN	REPRESENTATIVE	
<del>ARITA</del> Schilling	JOB CONNECTION	
ED FERGUSON	CONSUMER	
Charles F. Switzer	Bureau of Land Mgmt	
Bill Woon	Telena Industries	
Tom Dresch	mother	
TAMARA KITTELSON - ALDRED	mother / occupational therapist	
Gerald L. Newgard	Parent / commissioner	
Keith SADOWSKY	Parent	
Melody Rominger	daughter Babar. Rominger	
Maria Pease	daughter Renelle Pease	
Sylvia Danforth	DEAP Director	developmental education assistance prog. 2m
Helen Petersen	Parent	
Linda Wickman	Parent	
Cathy Petersen	Sister Parent	

**PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.**

**HOUSE OF REPRESENTATIVES  
VISITOR REGISTER**

Human Services SUBCOMMITTEE DATE 1/31/91  
DEPARTMENT(S) SRS DIVISION DD

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**PLEASE PRINT**

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PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.