

Testimony Before

Senate Committee on Health, Education, Labor, and Pensions

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Wyoming

Community Services and Supports: Planning Across the Generations

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Good Day Chairman Kennedy, Ranking Member Enzi, and Members of the Committee. My name is Shawn Griffin and I am the Chief Executive Officer of Community Entry Services, a private not for profit community rehabilitation program, supporting adults and children with developmental disabilities or acquired brain injuries in central and northwestern Wyoming for over thirty years. It is an extreme honor to be here today and share my knowledge regarding both opportunities and challenges facing Wyoming's as well as our nation's long-term support systems supporting individuals with disabilities of all ages, particularly those with cognitive disabilities.

My testimony today will focus on four broad themes:

1. The fiscal and societal benefits of home and community-based supports and the progress Wyoming and the nation have made in the past several decades;
2. The challenges states, the nation, private providers, and individuals with disabilities face and the adverse consequences that are already endangering our long-term supports systems;
3. Danger of reliance on—actually over-reliance on Medicaid—as the nation’s primary funding mechanism for long-term supports and failure to develop a comprehensive private long-term care financing mechanism to reduce the burden on Medicaid; and
4. Several recommendations to address the barriers that threaten continued progress of home and community-based supports to people with disabilities.

Benefits of Home and Community-Based Supports and Services: A National Goal

Community supports and services are instrumental in assisting persons with cognitive disabilities lead more independent, dignified and productive lives in their communities of choice. Nationwide people with these disabilities are excelling in jobs, supported living, social networks and recreational activities. Most not only assume, but also expect access to these activities daily. As a nation we have made notable progress toward developing necessary supports for persons with cognitive disabilities within the community during the past three decades when most people with cognitive disabilities were denied the opportunities that all of us take for granted. For Cheryl, having a direct support professional assist her daily in getting out of bed, bathed, dressed and in her

wheelchair to go to work; prepare meals and assist her in eating; and helping her with other daily activities such as shopping, going to church, and other activities we all enjoy, means that she can contribute her talents and taxes to the local community in Wyoming. Val is a person who lived in run down trailer and survived by collecting aluminum cans and through handouts from local stores and restaurants. He was also the victim of several beatings and robberies. Community services and supports have allowed Val to reconnect with his family and receive the community supports and training needed to improve his life. With minimal assistance from a direct support professional he takes his medications regularly and performs personal hygiene tasks. He also learned new job skills and now lives in his own nice apartment, cooks his own meals, knits, and works part time. Most importantly he is able to trust others again and feels safe.

As you can tell, it is imperative that we all earnestly continue the capacity of our long-term supports systems to ensure that the vital supports so necessary for Cheryl and Val—and all other individuals with disabilities—are available for them to enjoy full inclusion and meaningfully participate in the mainstream of American life.

Last week, we all joined in celebrating America's national *Independence Day* holiday—a day when we all come together to share in a common past of struggles, a present full of opportunities, and a future free to live a productive and independent life. Despite the progress of the last few decades, we still have more than 300,000 individuals with cognitive and other disabilities throughout the nation on waiting lists for services; more than 650,000 individuals living with elderly family caregivers who face limited abilities to support their adult children with cognitive disabilities at home, and thousands

of children and adults with disabilities still living in nursing homes as demonstrated in the Wall Street Journal article in late June.

I want to outline the multiple challenges currently facing our long-term support system that jeopardize these opportunities now and in the immediate future for many people with disabilities. I believe that they demand our immediate attention because we have made life in the community a national goal with the Americans with Disabilities Act, the Supreme Court's *Olmstead* decision, and President Bush's *New Freedom Initiative*.

Positive Aspects of Community Services and Supports

Since the era of deinstitutionalization, people with cognitive disabilities have been able to work, play, live and recreate within the community. This has been accomplished by providing services and supports that are tailored to each individual's unique needs and preferences throughout their lifetime. Another positive aspect of community supports and services is that these services are less costly than large public institutions. Studies, including the State of the States in Developmental Disabilities 2005 indicate that institutional costs in some states exceed two to three times the amount of fiscal effort allocated to support similar persons within the community.

As a provider of community based services I would like to share the numerous accomplishments and individual growth I have witnessed over the years. Unfortunately, I will not have the time needed. Instead, I will generalize just a few of the benefits of community supports.

- People are now able to choose where and with whom they live.

- People are able to select and attend the church of their preference.
- Children are able to attend school with non-disabled peers.
- People are able to shop for their own groceries, clothing, and personal items.
- People are able to take vacations.
- People are able to choose their own medical providers.
- People are able to work.
- Some people own their own homes.
- Many volunteer with community projects.
- People in some cases can even choose their own support staff.
- People participate in civic activities.
- People are able to participate in recreational activities of their choice.

Most importantly, all the opportunities made available to persons with cognitive disabilities in the community promote self worth, a sense of pride, and societal involvement.

At this time I would like to make reference to the National Core Indicators Project. This collaboration between the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute has the purpose of creating performance indicators and data collection that results in the ability to measure system performance. This comprehensive project also seeks input from families and guardians. This project began in 1996 and by the 2005-2006 fiscal year report had the participation of 20 States consisting of Alabama, Arkansas, Arizona, Connecticut,

Delaware, Georgia, Hawaii, Kentucky, Massachusetts, Maine, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Vermont, West Virginia, and my home state Wyoming. I applaud the states that have taken this initiative to measure individual outcomes that is compared to a national average. The purpose is simply to improve services based upon measurable outcomes and service satisfaction. This tool reveals not only many of the positive aspects of community services, but areas needing improvement. It is with bias and pride that I am able to say Wyoming ranks very high in most categories and leads the way in many of the indicators measured by this project to include:

- Proportion of people who looked at more than one home before deciding where to live.
- Proportion of people who looked at more than one job before selecting a vocation.
- Proportion of people who expressed having a close friend.
- Proportion of people who are able to see their friends when they want to.
- Proportion of people who are satisfied with where they live.
- Proportion that express having appropriate transportation to go where they want.
- Proportion of people who feel safe in their homes and neighborhoods.
- Proportion of women who received a gynecological exam.
- Proportion of people who are physically active.

To be fair, I must point out that Wyoming needs to improve in the area of increasing community inclusion rates. Nonetheless, the above exemplifies some of the performance indicators of the National Core Indicator Project and expected outcomes of being supported in the community. These outcomes also represent the advantages of living and being supported through community services.

Our agency provides services from birth to death with a majority of funding provided under the joint federal-state, Medicaid Title XIX, Section 1915(c) Home and Community-Based Waiver programs. Services provided to children under the age of 18 are primarily service coordination and respite supports--not only a cost effective method of serving these children, but one that supports most children to continue living with their families who love them and avoid more costly out of home placements. However, remaining in their homes as most parents desire means can be very challenging to some families depending upon the behavioral, physical, cognition, or medical needs of their child. Nonetheless, if asked most families would not exchange this arrangement for anything in the world. I feel strongly it is our duty as a provider to advocate for these families and the supports they need.

On the other end of the spectrum our agency serves many working-aged and senior persons with disabilities. The ability to offer supports avoids premature admissions into a nursing home or medical care facility. Let me provide you with just a few examples of the importance of these supports to older adults:

- 50-year woman with Down syndrome, mental retardation, and limited communication skills was able to purchase her own home and work fulltime at a local manufacturer.

- 73-year old woman with moderate mental retardation who is blind in one eye and refuses to retire is able to work part-time and lives with three other senior citizens in a four-bedroom ranch style home.
- 82-year old man with severe mental retardation and congestive heart failure does not work but volunteers at the local Head Start program and has survived three major heart attacks. I may be wrong but I contribute this to his ability to stay active and do something he enjoys more than anything and that is spending time with small children. I would also like to say this is just one example of how people without disabilities benefit from associating with persons with severe cognitive disabilities. That is, the children he works with love this man dearly and have learned acceptance and tolerance of someone who is a little different than they are. This is a lesson they will carry throughout their lives that cannot be taught without the full inclusion of people with disabilities engaged throughout their lifetime with people without disabilities.

There are many success stories as a result of the supports CES provides as well as those throughout Wyoming and the nation. These individualized supports within the home and community offers individuals with cognitive disabilities the ability to live their lives with more choices, more failures, more opportunities, more self direction, more chances, more risk, more fear, and more happiness. All of us in this world have one chance at life. Community services and supports allow persons with cognitive disabilities the chance to lead a life similar to you and I and that, I believe, is not asking much at all.

Challenges Facing Community Based Service Providers

However, given all the accomplishments to date, all the enriched lives made possible through home and community-based supports, there are challenges threatening the stability of services providers—their capacity and ability to support those who depend upon these vital supports to live productive and independent lives in communities across the nation. These barriers include several challenges that have reached a crisis point for our nation.

- **Workforce Crisis.** The current inability to recruit and retain a stable, adequately paid national workforce is a crisis nationwide and will only get worse as our nation's baby boom generation retires and the demand for long-term supports increase and the supply of labor available shrinks. I believe that this of direct care support staff is the chief challenge undermining the ability of people with disabilities to remain in or return to the homes and communities that they prefer. Without people to provide the individual supports—life in the community is a hollow promise.
- **Housing Crisis.** The lack of affordable and accessible housing for persons with cognitive disabilities who have limited income has reached a crisis level. Without a home—the foundation of life in the community—working and living and contributing to society are hollow national goals.
- **Transportation.** The lack of available and affordable transportation for individuals with cognitive disabilities isolates them and undermines the ability to take part in all aspects of life in their community.

Direct Support Workforce Crisis

The single greatest challenge faced by service providers today is the inability to recruit and maintain qualified staff. The long-term care service systems face a workforce crisis that without intervention will only worsen with time. These workforce challenges will make it extremely difficult to make needed improvements in quality and safety.

In most states, wages paid to direct care professionals are so inadequately that the income level qualifies direct support staff to qualify for many of the same public assistance programs as those they are paid to support. The Bureau of Labor Statistics reports that nationally the average per hour wage for individuals who provide direct care is \$8.74 per hour—or an annual income of \$18,180. Additionally, a large majority of direct care professionals are single mothers supporting children.

I cannot express strongly enough, the fact that we must provide livable wages. And by that, I mean a wage where someone can afford to live and work independent from public assistance. If a person cannot take care of themselves and their families, how in the world can we expect them to adequately take care of those they are charged to support? Access to insurance benefits and a job that provides retirement benefits should also be made available. However, with the skyrocketing costs of healthcare and lack of appropriate reimbursement it is getting more and more difficult to maintain these benefits.

The funding for the majority of private providers of supports and services to individuals with disabilities is financed through Medicaid programs. Labor costs are the major costs to CES. CES, like other private providers of supports to disabilities, is dependent on reimbursement rates set by local and state governments. The public funding

of supports to individuals who rely on Supplemental Security Income (SSI) as do most of the people that CES supports, means that, unlike other employers in the private sector, the higher cost of labor for direct support professionals can not be passed along to our customers—people with disabilities are based upon the reimbursement rates set by local and state governments.

Unlike other employers in the private sector, wages for direct support professionals are based upon the reimbursement rates set by local and state governments. We must contribute to the quality and effectiveness of services through the development of a fairly compensated, well-trained, stable community workforce and a sufficient supply of qualified providers—be they employees of agencies or independent providers—family and friends that are selected and controlled by individuals with disabilities.

In addition, President Bush's *New Freedom Initiative* as well as CMS' new long-term care vision has identified this issue as currently a barrier in achieving the goals of home and community supports. We must contribute to the quality and effectiveness of long-term services through the development of a fairly compensated, well-trained, stable community workforce and a sufficient supply of qualified providers—be they employees of agencies or independent providers. In recognizing the value and efficiencies in providing supports in the home and community and person-centered services, we must provide a parallel shift in the financing to match the preferences and desires of people with disabilities.

Nationwide, the turnover rate of direct care professionals is between 50% and 75%. As high as this may seem, in my opinion this is a conservative number. Some places have experienced turnover rates in direct care professionals near 100%. The

ability to provide home and community-based supports—supports that are intimate, highly individualized, and provided on a daily basis with the trust that only comes about from a stable relationship--is difficult at best when this occurs and the health and safety to those supported is severely compromised. Wyoming is not immune to this problem and we continue to struggle with staff recruitment and retention. This problem is very serious and must be addressed. Studies indicate that by the year 2015 an additional 750,000 new direct care professionals will be needed to provide long term community support for the elderly and disabled. When you add this to the already staggering need for direct support professionals today, we as a nation have a full-blown crisis. I ask that we begin working diligently now to create real solutions because this problem will not go away without action but rather increase to the point of system failure.

A report requested by Congress, The Supply of Direct Support Professionals Serving Individuals with Intellectual Disabilities and Other Developmental Disabilities, January 2006 by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation (APSE) analyzed this shortage and confirmed the workforce crisis. I am proud to note that Wyoming was one of five States highlighted in the report to address workforce shortages and reduce the amount of turnover in direct care professionals. At a time when Wyoming was experiencing direct support turnover rates exceeding 50%, service providers were able to work with our state legislature to study the issue and recommend some solutions. Known as Footnote 9 in Wyoming, it authorized a study to determine what wage would be necessary to stabilize the turnover of direct care professionals. The Wyoming legislature authorized state money matched by federal dollars through the Medicaid Section 1915(c) Adults with

Developmental Disabilities Community Based Waiver program to increase wages of direct care workers. At the request of service providers this initiative included an accountability factor requiring every service provider to provide annual documentation that the wages that were designated for direct care professionals were distributed properly. This includes identifying factors for all direct care professionals so that wage increases can be tracked to each person. This mandated annual report also measures turnover.

Fortunately, in addition to the initial increase in 2002 the Wyoming Legislature has recognized the importance of this crisis and approved other increases, including most recently a 3% increase that will go into effect after July 1st of this year. The State of Wyoming also purchased registrations for any interested direct care professionals to enroll in the computerize certificate program through the College of Direct Support offered through the University of Minnesota in partnership with other advocates wanting to increase the knowledge and professionalism of this workforce. In combination with the increase in direct support staff wages and access to the College of Direct Support, the State of Wyoming financed an aggressive ad campaign targeting recruitment efforts. In addition to traditional advertisement and proven recruiting efforts, this campaign included an annual banquet recognizing direct support staff award winners publicly and with a financial incentive. This banquet continues to date and awards are presented by the Governor of Wyoming. These initiatives have shown the commitment of the Wyoming provider system and support of policy makers of the highest level. We are thankful for the support we have received in attempts to solve this crucial workforce shortage. This trend lasted for three years and then we began witnessing an increase in

the turnover rates of direct support staff once again. The aforementioned initiatives showed great promise until Wyoming began to feel the effects of a booming economy related directly to the increased production of gas and oil. This combined with Wyoming's already robust economy aided immensely through coal production, tourism and the mineral industry began to have a negative effect on the ability to recruit and maintain direct care professionals. This also had a large effect on the affordability of homes in Wyoming, adding to the difficulties of enticing direct support professionals to move to our state. The following charts show the direct correlation of a decrease in turnover when wages were initially increased.

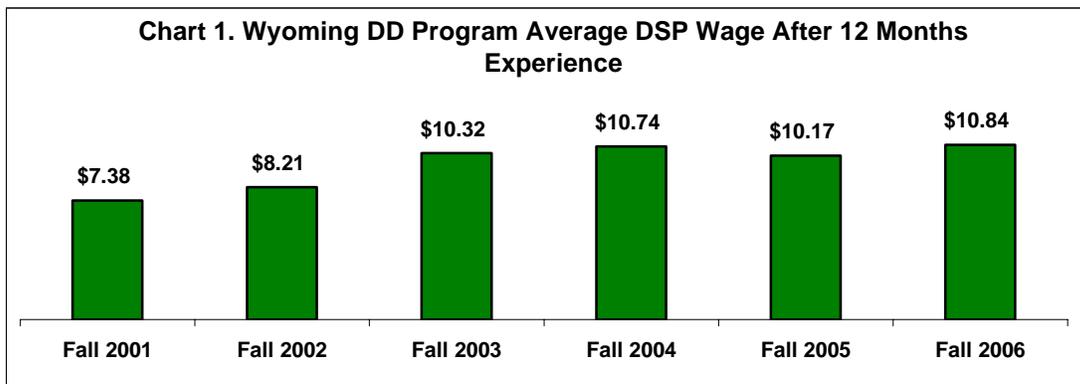


Chart 1: The average total wages of staff with at least 12 months of experience grew by 6.6% from the fall of 2005 to 2006. This reflects the 7% increase given to Providers of DD Services as outlined in the 2006 House Bill 001, section 048, footnote #5.

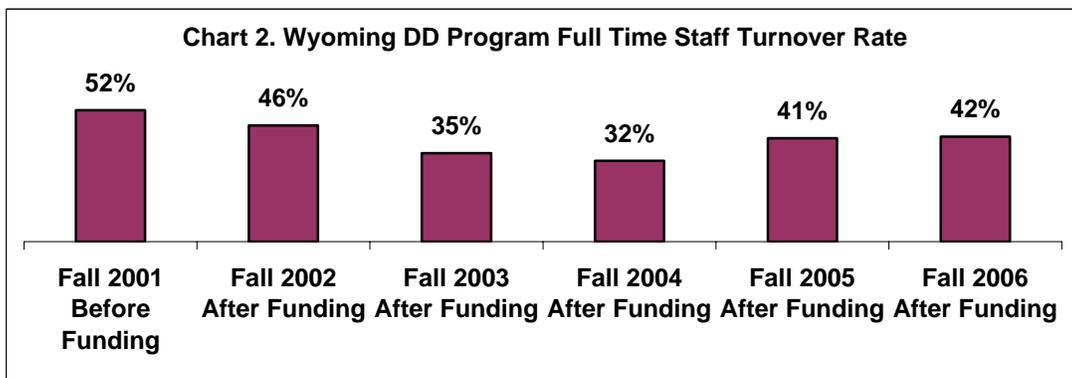


Chart 2: The staff turnover rate has remained flat between the fall of 2005 and 2006. The affects of the 7% wage increase starting July 1, 2006 will not be known until the fall 2007 footnote survey is completed.

Unfortunately, we were being outpaced by the positive economic gains seen in our state. Despite some of the noteworthy efforts of the good people in Wyoming and the state leadership, we as service providers are once again losing ground quickly in a vocational field already experiencing high rates of turnover. Wyoming's seasonally adjusted unemployment rate fell to 2.6% in January of 2007 far below the national average of 4.6%. At the same time, Wyoming's job growth rate was 3.7% compared to the national average of 1.6% crippling our recruitment efforts even more. Once again, we are seeing turnover rates equaling and in some areas of the State, exceeding pre-footnote 9 numbers.

I must point out that although a very vibrant economy like the one currently being experienced in Wyoming affected recruiting efforts, there are many, many other contributing factors that have led to a state and national shortage of direct care professionals in the community. Low wages and benefits, work demands, lack of interest, lack of training, inexperience, work hours, job isolation, and working with challenging behaviors and intimate personal care issues not only lead to high turnover rates but also contributes to increased reports of neglect and abuse.

In most states, wages paid to direct care professionals are so inadequate that the income level qualifies direct support staff to qualify for many of the same public assistance programs as those they are paid to support. Additionally, a large majority of direct care professionals are single mothers supporting children. I cannot express strongly enough, the fact that we must provide livable wages. And by that, I mean a wage where someone can afford to live and work independent from public assistance. If a person cannot take care of themselves and their families, how in the world can we

expect them to adequately take care of those they are charged to support? Access to insurance benefits and a job that provides retirement benefits should also be made available. However, with the skyrocketing costs of healthcare and lack of appropriate reimbursement it is getting more and more difficult to maintain these benefits.

Our program has seen increases in our health insurance at a rate of 18% to 30% each year for the past fifteen years. Despite recent reimbursement increases we have seen in Wyoming, it is very difficult to maintain health insurance for staff. Being a direct support professional is a demanding job with colossal responsibilities that includes medication access, dealing with challenging behaviors, working alone in many cases, performing intimate person care, and teaching multiple skills. And you do all this and more only to find that in many cases your wages equal to those of a fast-food worker. This is not only embarrassing but also completely inexcusable.

Simply put, you are responsible for the lives of persons with compromised cognitive skills and medical concerns, not to mention the amount of paperwork you must complete.

High turnover rates mandate remaining direct care professionals and managers to work excessive overtime hours. For obvious reasons, we are unable to shut down certain shifts or operate with unsafe staffing levels. These increased demands and increase overtime hours lead to additional staff burnout and turnover, creating what has become referred to as the “revolving door”.

In my travels around the country as a surveyor for the Commission on Accreditation of Rehabilitation Facilities (CARF), I find over and over again that the lack of qualified staff, inability to recruit new employees, and the high rate of staff turnover to

be the largest problems faced by service providers. This in turn reduces the quality of services provided and can indeed put the health and safety of persons with disabilities at great risk.

I realize there are no easy answers to workforce shortages experienced by many employers in the United States. You may ask why should the field of community services and supports be any different or garnish more attention and assistance? I can only answer that by saying one thing. These are people. People who must depend upon and trust others to assist them in many, if not all, facets of personal living skills. The inability to find solutions could literally be life threatening.

I believe that a good first step in addressing this national workforce crisis is passage of legislation like the Direct Support Professionals Fairness and Security Act of 2007 (H.R. 1279), bipartisan legislation introduced by Representatives Lois Capps (D-CA) and Lee Terry (R-NE) that is designed, on a voluntary basis, for states to apply for additional federal funds to increase wages of direct support professionals. As we have seen, without additional federal funding to fiscally-strapped states, the accomplishments of a few short-term, state-by-state initiatives end without creating the stable conditions needed to develop an adequately paid direct support workforce now and in the future.

Lack of Accessible and Affordable Housing

There continues to be lack of accessible and affordable housing nationwide for persons with cognitive disabilities. There are many programs that assist low-income individuals when purchasing a home. However, many persons with cognitive disabilities do not even qualify for this assistance. Unfortunately, people are forced to live where they can, often times in unsafe neighborhood and certainly not choice driven.

This year's annual Priced Out in 2006, prepared by the Technical Assistance Collaborative, Inc. in Boston and the national Consortium for Citizens with Disabilities, funded through the Melville Charitable Trust, with the foreword provided by Eunice Kennedy Shriver, outlines in detail the continuing housing crisis facing people with disabilities Two astounding statistics really brings this issue to light.

- “Last year the national average rent for one-bedroom apartments rose to \$715 per month—this equals 113.3 percent of monthly SSI income.”
- “In 2006—for the first time—the national average rent of \$633 for studio/efficiency apartments rose above the entire monthly income of an individual who solely relies on SSI income. Even this modest dwelling would consume 100.1 percent of someone's income.

We are not exempt from these staggering figures in Wyoming either. We have areas of high impact to include the counties of Campbell, Sublette, Sweetwater, and an area where our agency provides services, Teton. Teton County has consistently been one of, if not, the most expensive County to live in the United States. The cost to buy or build homes in Wyoming is incredible high with housing costs across the nation extreme, especially for those with limit incomes and challenging disabilities. As an example, our agency built a five bedroom accessible home with a final price tag exceeding \$ 450,000. We were fortunate enough to received a Community Development Block Grant for \$ 300,000, leaving \$ 150,000 that we had to pay through other privately raised funds. We are thankful for the grant and the ability to provide this housing. However, without grant assistance and the ability to raise private funds, the persons we support could never afford to live here. The hard question then becomes, where do they go? We are running out of

options. Add to the cost of housing the increasing costs of food, medical care and energy costs, and the problem begins to seem unfathomable. Similar to transportation traditional funding sources do not reimburse room and board charges and funding that is available remains stagnant and over covers a portion of what is needed.

Lastly, as a service provider that manages several HUD projects, I would love to see a relaxing of oversight regulations. This is not only time consuming and burdensome, but in my opinion an ineffective use resources. I agree that some rules and oversight must be place to prevent fraudulent use and discrimination. However, relaxing the reporting requirements of long term project such as ours, in the 26th year of a 40 year project, with positive proven track records would allow efforts to be focus in other areas, most importantly the development of more affordable and accessible housing.

Transportation Challenges

I would like to quickly refer to an initiative I am familiar with currently underway in Wyoming resulting in part from the National Reduction Act and New Freedom Act. With initial grant funds provided by the Wyoming Governor's Planning Council on Developmental Disabilities, the Wyoming Independent Living Center program created a voucher program. This project provides vouchers to qualified candidates who then hire their own drivers when they need to go shopping to medical appointment, or other activities. These drivers could be neighbors or friends with simplified reimbursement to entice participation. Touted as being a success, this new project is intended to supplement not duplicate current public transportation. Due to the rural nature of our State, in many instances people in Wyoming must travel over one hundred miles to seek

necessary medical services. This program, which was sponsored substantially by the Wyoming Department of Transportation, not only provides a highly needed service, but also exemplifies what can be accomplished through determination and partnerships.

However, most transportation services provided for persons with cognitive disabilities are done through services providers. Medicaid, which is the primary fund for community services and supports, does not consider transportation as a reimbursable service. Thus, in most cases, fuel prices, vehicle procurement and maintenance, and driver training all become the responsibility of the provider who must depend on other fund raising methods, which many of which are not dependable.

I realize there are many transportation initiatives being conducted across the country and even in Wyoming. I would conclude by stating that individual choice such as the aforementioned voucher program is wonderful but somewhat limited and not guaranteed. Therefore, methods of reimbursement for transportation should be considered when defining future supports and expectations for persons with cognitive disabilities being supported in the community.

As a service provider we are dependent primarily upon state and federal funding to support persons with cognitive disabilities. Throughout this testimony, I have discussed several pressures we facing to include workforce shortages and the need for livable wages, skyrocketing insurance costs, subsidizing housing, and non-reimbursable transportation cost. I must point out our inability to cost shift or increase fees relative to the increase in expenses to operate. Therefore, I would appreciate your attention to the following proposals and thank you sincerely for the chance to present this information in this forum.

Need to Develop a National Comprehensive, Adequately Reimbursed System

Today, Medicaid is the primary funding mechanism for long-term supports. The development of a comprehensive long-term care program for elderly and disabled people is critical. Without the development of such a program, long-term care expenditures will continue to overwhelm state and federal health care budgets, limiting needed expenditures for primary and preventive health care. . The nation must develop other options to providing long-term supports in the future—supports based upon the preferences of people with disabilities and the elderly—thereby, reducing the burden on Medicaid.

As you know, this year marks the first year that members of the baby boomers turn 60. I figure that during the two hours set aside for public comment—660 individuals have turned 60. The Census Bureau estimates that 7,918 people will be turning 65 each day in 2006. The United States has not begun to prepare for this demographic dynamic. This challenge is not simply about *long-term care* and Social Security, pensions and other income maintenance efforts—its about housing, products and services, technologies, language, learning—every aspect of life. What will 77 million baby boomers like as their favorite drink, how will they prefer to shop, —malls, small stores, online, personal shoppers. Included among the baby boom generation are individuals with life-long disabilities, family caregivers, and a workforce that has been providing a range of daily long-term supports and services.

In addition, when it comes to reimbursing providers, Medicaid is *stingier* than either Medicare or commercial insurance. Cuts in reimbursement rates have become of

the most expedient means for saving dollars. However, by low-balling compensation, the program ends up reducing the number of providers willing to provide Medicaid long-term supports and services.

I believe that a good first step towards developing a new option for financing long-term supports is *The Class Act*.

Initiatives and Proposed Solutions

1. Due to the comprehensive nature of the National Core Indicator Project and the ability to uniformly measure individual State performance based upon numerous indicators and input solicited directly from persons with cognitive disabilities and their families, I would suggest exploring the possibility of having all State participate in this project. Ultimately, this could create national benchmarks for quality expectations of service provision.
2. At the national level, I would encourage you to support the adoption of H.R. 1279 referred to as the “Direct Support Professionals Fairness and Security Act of 2007.” This amendment to Title 19 of the Social Security Act would provide moneys to some States to increase the wages of direct support professionals in community based Medicaid supported programs. States would be required to develop acceptable wage enhancement plans promoting accountability and good stewardship in getting wage increases to direct care professionals.
3. This suggestion is not presented to debate institutional versus community services and supports. However, I would suggest a review of the inequities in funding and subsequent wage and benefit discrepancies amongst direct support professionals

- in the private sector and those in public institutions. There must be either appropriate resource shifting to develop community capacity. At the very least services access should be equitable.
4. Review affordable housing options and program incentives to assist in housing development. Additionally, I would encourage a review of HUD rules to determine any measures that may allow for reduced reporting requirements that still incorporate accountability and project compliance.
 5. I would like to acknowledge some of the innovation transportation projects similar to the voucher program in Wyoming. Continued support of these projects is recommended. Also, when reviewing reimbursement methods for support services in the community, I would encourage policy makers to consider transportation costs and possible reimbursement methods using traditional means of funding.
 6. Without a comprehensive national approach to long-term supports and services, and in the face of the demographics of an increased demand for such supports given a retiring baby boom population and medical technologies that increase the lifespan of all people with disabilities, there will only continue to be increased burden on the nation's primary financing program for long-term supports—the Medicaid program. I believe an important step in addressing the need for a broader, comprehensive, public and private long-term care system is the *Class Act*. I encourage Congress to take begin discussion of this legislation right away.

