

# MEMO

**To:** Joint Finance Committee  
**From:** Brian J. Hartman, on behalf of the following organizations:

Disabilities Law Program  
Developmental Disabilities Council  
State Council for Persons with Disabilities

**Subject:** Division of Services for Aging & Adults with Physical Disabilities FY 11 Budget  
**Date:** March 4, 2010

Please consider this memo a summary of the oral presentation of Brian J. Hartman, Esq. on behalf of the Disabilities Law Program (“DLP”), Developmental Disabilities Council (“DDC”), and the State Council for Persons with Disabilities (“SCPD”). Although input could be provided on several aspects of the DSAAPD budget, we are addressing one (1) component today, i.e., attendant services.

## ATTENDANT SERVICES

As you may know, the Division administers an attendant services program in collaboration with two non-profit contractors, Easter Seals and JEVS Human Services.<sup>1</sup> Attendant services are subsidized to permit participants to engage in employment, attend school, or avoid institutionalization. This is a true “statewide” program. According to the latest RFP, 46% of participants live in New Castle County, 26% live in Kent County, and 28% live in Sussex County. Historically, the most prevalent disability diagnoses of participants have been Quadriplegia; Multiple Sclerosis (MS); and Cerebral Palsy.

Qualitatively, this program enjoys a terrific “track record”. As reflected in the latest (2009) consumer satisfaction ratings [Attachment “B”], participants are overwhelmingly positive in their assessment of the program.

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<sup>1</sup>A DSAAPD summary of the program, Easter Seal and JEVS summaries, and latest service specifications are included as Attachment “A”.

<b>INQUIRY</b>	<b>EASTER SEAL</b>  PERCENTAGE OF FAVORABLE (AGREE OR STRONGLY AGREE) SURVEY RESPONSES	<b>JEVS</b>  PERCENTAGE OF FAVORABLE (AGREE OR STRONGLY AGREE) SURVEY RESPONSES
STAFF ACCESSIBLE	96%	94%
STAFF COURTEOUS	100%	100%
STAFF RESPONSIVE TO CONCERNS	100%	94%
FINANCIAL ACCOUNTING ACCURATE	100%	82%
STAFF NOTIFIES OF ACTIVITIES	100%	100%
STAFF HELPFUL IDENTIFYING ATTENDANTS	100%	100%
NEW ATTENDANTS ON PAYROLL PROMPTLY	100%	100%
STAFF HELPS NAVIGATE TAX & WORKER'S COMP.	96%	82%
CLIENTS WOULD RECOMMEND PROVIDER	100%	82%
<b>AVERAGE % OF FAVORABLE RESPONSES</b>	<b>99%</b>	<b>93%</b>

Individual comments are also compelling:

- I am glad I am in this program. It is a blessing for me.
- You are doing a great job!
- (Family) is very happy and thankful for the assistance provided...

Quantitatively, the State currently allocates \$760,000 in Tobacco funds and \$566,591 in General Funds to the program. This level of funding permitted the Division to serve an aggregate of 89 individuals in FY 09. In FY10, it currently serves seventy-five (75) clients. This is a very "lean" program. Participants are subject to co-pays based on a sliding scale linked to gross income. Participants average 20 hours of services weekly and are subject to a maximum cap of approximately 30 hours of services per week. Finally, participant costs are less than 1/5th of nursing home costs.<sup>2</sup>

In December, the Health Fund Advisory Committee ("HFAC") recommended level funding for FY 11. We applaud the Committee's decision to establish "a hierarchy that prioritized direct service to people...that allow [them] to remain active in the community instead of accessing more expensive facility-based care."<sup>3</sup> We also applaud the Division for requesting additional Tobacco funds to address a waiting list which has grown from 53 individuals in October, 2009 to 76 individuals today. Indeed, there are now more persons on the waiting list than program participants.

#### Recommendation

We recognize that the State is facing a deficit which constrains funding of many worthwhile programs. However, given this program's excellent "track record", cost-effectiveness, and burgeoning waiting list, we request at least continuation of General Funds and Tobacco funds at their current levels. Our hope is that the inclusion of personal care services in the consolidated E&D waiver will result in an infusion of federal matching funds to reduce the attendant services waiting list.

Thank you for your consideration.

Attachments

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<sup>2</sup>Serving 89 individuals with an aggregate of \$1,326,591 in State funds equates to \$14,906 per individual. In contrast, the DSAAPD FY11 JFC Powerpoint Presentation reflects a \$75,770 nursing home cost for Medicaid-eligible clients.

<sup>3</sup>The relevant excerpt from the December 16, 2009 HFAC Recommendations is included as Attachment "C".

TRAIN RUNNING THROUGH HARRINGTON

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Delaware Health and Social Services » Division of Services for Aging and Adults with Physical Disabilities

HOME

SERVICES

- Assistance for Caregivers
- Assisted Living/Foster Care
- Home and Community-Based Services
- Information and Supports
- Rights and Protections

INFORMATION

## Attendant Services

<b>Program/Service description</b>	The goal of attendant services is to support persons with disabilities who need ongoing assistance. The program helps to maintain independence by allowing persons to work, complete their education, and/or to avoid living in a highly supervised setting. The client (or his/her surrogate) has control over the use of services. The services are provided based on the client's lifestyle, preferences, and abilities.
<b>Public funding source(s)*</b>	State funds
<b>Who is eligible</b>	Delaware residents aged 18 and older with disabilities who meet specific social, financial, and physical criteria
<b>Where it is available</b>	Statewide
<b>Who to contact for information or enrollment</b>	Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) To do so, please see our <a href="#">program contact information</a> .
<b>Related internet links</b>	<ul style="list-style-type: none"> <li>• Family Caregiver Alliance Hiring In-home Help Factsheet (<a href="http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=407">http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=407</a>)</li> <li>• Center for Personal Assistance Services (<a href="http://www.pascenter.org/home/index.php">http://www.pascenter.org/home/index.php</a>)</li> </ul>

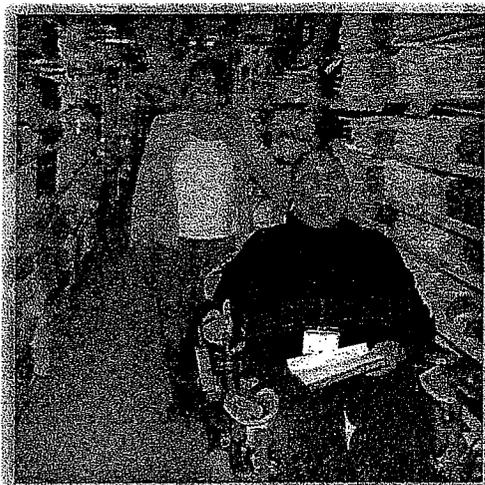
\*Public funding means that the program is paid for, in part or in whole, by the government. Some publicly-funded programs have eligibility requirements and provide services at low cost or no cost to people who qualify. Most of these programs and services though, are also available to people who are able to pay privately (with their own money). For more information, please see the [Sources of Funding](#) section of this web site.

Last Updated: Friday January 16 2009

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Attachment "A"

## Personal Attendant Services



For adults with physical disabilities, the Personal Attendant Services program (PAS) allows people with disabilities to maintain independent lifestyles, to live in the community and make choices concerning their personal assistant needs. Individuals with disabilities taking part in the Personal Attendant Services Program choose and hire their own Personal Attendant and work with them based on their individual needs. If you need a personal attendant and qualify through the Delaware Division of Services for the Aging and Adults with Physical Disabilities (DSAAPD), our staff can help you with the selection, hiring and training of the personal attendant. You become the employer.

Easter Seals is a resource to help you succeed in your employer/employee relationship. To find out DSAAPD's eligibility criteria, contact them at: [DSAAPDinfo@state.de.us](mailto:DSAAPDinfo@state.de.us) or

call 1-800-223-9074.

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Easter Seals Delaware & Maryland's Eastern Shore, 61 Corporate Circle, New Castle, DE 19720-2405 Easter Seals and its affiliate organizations are 501(c)(3) nonprofit organizations.



## Supports for Independence

Delaware

### Personal Assistance and Personal Attendant Services

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Our Personal Assistance and Personal Attendant Services (PAS) empower consumers to hire the attendant of their choice, including a friend or relative. The employee fulfills the tasks described in the consumer's individual service plan (ISP).

#### Services

- Bathing, dressing, grooming, toileting, meal preparation, and transferring
- Light housekeeping such as cleaning and doing laundry
- Errands and tasks such as food shopping, visit(s) to the pharmacy, and managing paperwork

#### Training Series

JEVS Human Services offers a cutting-edge consumer directed training series consisting of video and written components that covers 11 topics essential to creating an effective relationship between the consumer and his or her attendant.

This training series is FREE for individuals who receive services through Supports for Independence.

#### Personal Attendant Services Eligibility

- A Delaware State Resident who is 18 years of age or older
- Applicant must possess a severe, chronic disability that significantly impairs his or her ability to perform the essential activities of daily living in an independent manner either at home or in the community
- Disability must be medically verified and expected to last for a continuous period of no fewer than 12 months

#### Personal Assistance Services Eligibility

- A Delaware state resident who is at least 18 years of age or older
- Applicant must possess a severe, chronic physical, mental or developmental disability which significantly impairs the applicant's ability to perform the essential activities of daily living in an independent manner at home and in the community
- The applicant's chronic disability must be medically verified and expected to last for a continuous period of no fewer than months

#### Enrollment

For Personal Attendant Services, eligibility and enrollment are determined by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD).

TF: 1-800-223-9074  
TTY: (302) 453-3837

Email: [DSAAPDinfo@state.de.us](mailto:DSAAPDinfo@state.de.us)

For Personal Assistance Services, eligibility and enrollment are determined by the Division of Medicaid and Medical Assistance (DMMA) or a Contracting Agency.

TF: 1-800-372-2022  
TEL: (302) 255-9500

#### Language Assistance Available

We have dedicated bilingual staff that can assist with the language needs of many individuals. We also have access to translation services. Please call for more information.

#### Cost

Services may be available at no cost or through cost sharing. Cost sharing, if applicable, is determined by the enrolling agency.

## PERSONAL ATTENDANT SERVICES

### 1.0 SERVICE DEFINITION

- 1.1 Personal Attendant Services (PAS) provides support to adults with physical disabilities who require assistance with the functions of daily living, self-care or mobility in order to maximize their independence in the community. This service relies on the consumer's ability to self direct.
- 1.2 A consumer may act through a guardian or appointed representative.
- 1.3 The consumer shall be supported in his/her effort to direct services contained in the consumer's Individual Services Plan (ISP) as outlined in the specifications.

### 2.0 ELIGIBILITY

- 2.1 The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) Case Manager will determine consumer eligibility for PAS and approve the amount of weekly units authorized for service. Approval will be based upon needs and proposed usage of the attendant(s). The DSAAPD Case Manager and consumer will jointly determine the units required.
- 2.2 Criteria that the DSAAPD Case Manager will use to determine client eligibility include, but are not limited to, the following:
  - 2.2.1 residency in the State of Delaware
  - 2.2.2 age 18 years or older
  - 2.2.3 presence of a severe, chronic physical disability which precludes or significantly impairs the individual's independent performance of essential activities of daily living, self-care or mobility within home or community environments. For purposes of this section, a "chronic disability" is a medically determinable impairment which can be expected to last for a continuous period of not less than 12 months.

### 3.0 SERVICE ACTIVITIES

- 3.1 Within 45 working days of referral, the provider agency and the consumer shall negotiate and sign an Individual Service Plan (ISP) based the consumer's needs, proposed usage of the attendant(s) and the units of service as determined by the consumer and DSAAPD during the eligibility determination.

- 3.2 The ISP shall contain the following:
  - 3.2.1 for the initial ISP, goals for service, as developed between the DSAAPD Case Manager and consumer and as defined on the Service Referral Form.
  - 3.2.2 a description of the services to be provided and how they will be provided;
  - 3.2.3 the time and number of service units (hours) to be delivered
  - 3.2.4 a description of priority care and the viable back-up plan.
  - 3.2.5 a section showing the following:
    - 3.2.5.1 Name and the relationship of the regular attendant(s) and the backup attendant(s).
    - 3.2.5.2 Name, relationship, and notation of other paid or unpaid support persons in the home
    - 3.2.5.3 Number of hours scheduled per pay period;
    - 3.2.5.4 Listing of other employment obligations of attendant(s) or backup attendant(s).
    - 3.2.5.5 Any unique circumstances or conditions;
  - 3.2.6 confirmation of the completion of attendant and/or consumer training;
  - 3.2.7 a clearly stated description of the responsibilities of the provider agency, the attendant(s) and the consumer.
- 3.3 This ISP must be submitted to the DSAAPD Case Manager within 10 working days of signature
- 3.4 Basic services performed by the attendant(s) include:
  - 3.4.1 Assistance with transferring to and from a bed, wheelchair, vehicle, or other environmental setting;
  - 3.4.2 Help with use of medical and non-medical equipment, devices, or assistive technology;
  - 3.4.3 Assistance with routine bodily functions, including, but not limited to:
    - 3.4.3.1 Health maintenance activities;
    - 3.4.3.2 Bathing and personal hygiene;
    - 3.4.3.3 Bowel or urinary evacuation;
    - 3.4.3.4 Dressing and grooming; and
    - 3.4.3.5 Food consumption, preparation and cleanup;
- 3.5 Ancillary services may also be provided, but only if the consumer is also receiving one of the above basic services. Ancillary services include:
  - 3.5.1 Homemaker-type services, including cleaning, laundry, shopping and seasonal chores;
  - 3.5.2 Companion-type services, including transportation, escort and facilitation of written, oral and electronic communication;
  - 3.5.3 Assistance with cognitive tasks, including bill payment and money management, planning activities and decision-making.

- 3.6 Attendants may accompany consumers on vacation or other temporary stays away from home. However, attendant service program funds will **not** be allowed to cover any of the costs associated with the travel for the consumer or the attendant(s). The roles and responsibilities of the attendant(s) and the consumer are the same as when at home.

#### **4.0 PROHIBITED ACTIVITIES**

- 4.1 PAS may not be provided in a long term care facility, acute care facility, or group home except:
  - 4.1.1 With prior authorization from DSAAPD Case Manager, PAS may be provided in an acute care setting for no longer than 10 calendar days

#### **5.0 SERVICE UNIT**

- 5.1 The standard service unit is one hour of service provided by an attendant to an eligible consumer.
- 5.2 The minimum billable unit of time is one quarter hour of service.
- 5.3 Travel to and from the client's home (or initial service site) shall not be included.

#### **6.0 SERVICE STANDARDS**

- 6.1 The provider agency will:
  - 6.1.1 Recruit attendants
    - 6.1.1.1 Provide basic training for attendants
    - 6.1.1.2 Maintain a roster of available attendants for the consumer to enable freedom of choice.
    - 6.1.1.3 Secure background checks including the Adult Abuse Registry on all attendants, including relatives and backup attendants
  - 6.1.2 Provide technical assistance to consumers about the employment process including, but not limited to:
    - 6.1.2.1 Assisting consumer in the purchasing of Workers Compensation Insurance policies
    - 6.1.2.2 Securing and maintaining a checking account to be used for payroll related items
    - 6.1.2.3 Filing and maintenance of payroll records required for payroll and tax preparation, as related to attendant employees
    - 6.1.2.4 Discussing appropriate employee/employer relationships, including those cases where the employee is also a relative

- 6.2 The consumer will:
  - 6.2.1 Be responsible for all employment functions of the attendant including, but not limited to:
    - 6.2.1.1 Conduct hiring interviews for attendants.
    - 6.2.1.2 Supervise and direct attendant in job functions
    - 6.2.1.3 Secure and maintain a checking account to be used for payroll related items
    - 6.2.1.4 Maintain acceptable documentation for payroll and tax filing
    - 6.2.1.5 Complete payroll related tax preparation and filings in a timely manner
  - 6.2.2 Consumer may accept or reject attendants referred to them by a provider agency
    - 6.2.2.1 In the event the provider is unable to supply attendant(s) that are acceptable to a consumer, the consumer may be offered technical assistance to assess the consumer's rationale for rejecting all attendant(s) and/or be referred to another provider agency.
    - 6.2.2.2 Consumers are provided the option of hiring a relative or spouse as their paid attendant. A relative, including spouse is considered a paid employee and therefore the consumer is subject to the same requirements as employees referred by the agency. Individual withholding and tax filing for relatives employees must be performed in compliance with current Federal and State Payroll laws.
- 6.3 Employees must be age 18 or above
  - 6.3.1 The hiring of a minor may be considered on a case-by-case basis and prior approval by DSAAPD is required.
    - 6.3.1.1 The employment of a minor employee is subject to Child Labor Laws and related rules and policies.
    - 6.3.1.2 *Care must be exercised if service is provided by a minor, as they are limited to hours and times they are permitted to work, as outlined in Child Labor Laws and related rules and policies.*
- 6.4 Consumers and the provider agency shall share in the responsibility for obtaining attendants when service hours become difficult to fill.
- 6.5 The use of flexed hours within the same pay period is permitted. No hours can be "borrowed" or "advanced" in anticipation of paying them back through flexing at a later date.
- 6.6 Additional short term attendant service hours may be authorized for consumers if determined eligible by the DSAAPD Case Manager, and if funding permits

## **7.0 ADMINISTRATIVE REQUIREMENTS OF THE PROVIDER AGENCY**

- 7.1 The provider agency must establish contact within five (5) working days of referral from DSAAPD
- 7.2 The provider agency must perform the initial home visit within five (5) working days of establishing contact
  - 7.2.1 If a home visit cannot be conducted within five (5) working days, the DSAAPD CSP Case Manager must be notified
- 7.3 The provider agency must notify the DSAAPD CSP Case Manager, and the client in writing, within ten (10) working days of the home visit, when the provider is unable to serve the client. The written notice shall include the reason the provider is unable to serve the client.
- 7.4 If the consumer fails to establish service within 45 working days of the referral, DSAAPD will be notified. DSAAPD will then assess the reason for lack of initiation of service which may be followed by notice of intent to terminate eligibility.
- 7.5 The provider agency must establish the capability to respond to priority care emergencies. For this purpose, the use of subcontractors for emergency care is permitted.
  - 7.5.1 The provider agency is not required to obtain background checks on attendants used for emergency backup
  - 7.5.2 Emergency backup is defined as service provided for one week or less, when neither the regular attendant or backup attendant is available
- 7.6 The provider agency must meet and comply with all applicable federal, state and local rules, regulations and standards applying to the services being provided.
- 7.7 For each consumer, the provider agency shall establish and maintain a case file, which includes the following:
  - 7.7.1 The Service Referral Form from DSAAPD;
  - 7.7.2 The ISP signed by the consumer and the provider agency;
  - 7.7.3 Documentation of the consumer and attendant(s) training activities;
  - 7.7.4 Documentation of any problems or concerns raised by the consumer, attendant(s) or other third party; the attempts to investigate the problem or concern; and disposition of the problem;
  - 7.7.5 Documentation of the annual reassessments of the ISP; and
  - 7.7.6 Documentation of all in-home visits and telephone contacts;
  - 7.7.7 Signed documentation that the provider has discussed appropriate employee/employer relationships and behaviors with the consumer
- 7.8 The provider agency will make a reasonable effort to confer with DSAAPD to resolve problems that threaten the continuity of the consumer's attendant services.

- 7.9 The provider agency may request permission of DSAAPD to reduce or terminate service when in the agency's professional judgment, one of the following occurs:
  - 7.9.1 The consumer no longer needs the service or level of service currently being provided;
  - 7.9.2 The consumer needs a level of service that is beyond the scope and purpose of the attendant service program;
  - 7.9.3 The consumer's uncooperative behavior, abuse, misuse of the service or program;
  - 7.9.4 The unsafe and/or unsanitary conditions or activities in the consumer's place of residence, even though services are provided and listed on the ISP, jeopardizes the safety or health of attendant(s) and/or the provider agency's staff;
  - 7.9.5 The involvement of the consumer in illegal activities;
  - 7.9.6 The consumer submits timesheets for services not provided or for hours not worked by an attendant(s) or otherwise tries to defraud the program;
  - 7.9.7 The consumer does not pay the co-pay in accordance with the payment schedule mutually agreed upon by the consumer, agency and DSAAPD.
  - 7.9.8 The consumer fails to cooperate with the provider in filing the appropriate tax forms (Schedule H).
- 7.10 The provider agency must ensure access to authorized representatives of Delaware Health and Social Services to the participant's case files and medical records.
- 7.11 The provider agency must maintain the consumer's right of privacy and confidentiality
- 7.12 The provider agency must comply with DSAAPD quality assurance initiatives related to this program
- 7.13 The provider agency must establish policies and procedures related to the resolution of consumer complaints and grievances.
  - 7.13.1 The provider agency must include a written procedure of how unresolved complaints or grievances will be communicated to DSAAPD.

## **8.0 MONITORING REQUIREMENTS**

- 8.1 The provider is obligated to meet the following requirements:
  - 8.1.1 Monitor units used by clients on a monthly basis; ensuring attendants do not exceed the number of units authorized by DSAAPD staff, including an appropriate use of flexed hours;
  - 8.1.2 Monitor time sheets to ensure they are submitted in a timely fashion and accurately reflect the hours and duties worked by the attendant;
  - 8.1.3 Conduct reviews on at least quarterly basis for the health, safety, and welfare status of the individual client and submit

- quarterly progress reports to the individual DSAAPD case manager;
- 8.1.4 Conduct face-to-face visits with the consumer at least annually but more often as the client's needs indicate;
  - 8.1.5 Review and update the ISP (Individual Service Plan) during the annual face-to-face visit;
  - 8.1.6 Mail an annual satisfaction survey to consumers and supply DSAAPD with the results, including all comments as written in the surveys.
  - 8.1.7 Monitor that duties outlined in the ISP is in compliance with Child Labor Laws and related rules and policies, whenever applicable;
  - 8.1.8 The agency is obligated to the following additional requirements when consumers elect to use family members as paid service providers:
    - 8.1.8.1 When the paid service provider is a family member, conduct face-to-face visits with the consumer on at least a semi-annual basis.

## **9.0 INVOICING REQUIREMENTS**

- 9.1 The providers will invoice DSAAPD pursuant to the DSAAPD Policy Manual for Contracts
- 9.2 The following information will also be included on the invoices:
  - 9.2.1 Client name
  - 9.2.2 Authorized Hours
  - 9.2.3 Hours utilized
  - 9.2.4 Monthly Worker's Compensation billed
  - 9.2.5 Monthly Criminal Background checks billed

Easter Seals Personal Attendant Services 2009 Satisfaction Survey

Please rate Easter Seals staff in the following areas:

ANSWER OPTIONS	Strongly Agree	Agree	Disagree	Strongly Disagree	Rating Average
1. accessible by phone, mail, fax or email	18	4	1	0	3.74
2. are courteous and polite	20	3	0	0	3.87
3. respond to requests and concerns timely	18	5	0	0	3.78
4. make deposits to my account accurately and timely	19	4	0	0	3.83
5. notifies me when actions are taken on my behalf	18	5	0	0	3.78
6. refers attendants, is helpful in finding new attendants	10	10	0	1	3.38
7. gets new attendants on the payroll timely	14	7	0	0	3.67
8. make tax & Worker's Comp procedures	16	6	1	0	3.65
Comments					
					answered question
					skipped question

Easter Seals Personal Attendant Services 2009 Satisfaction Survey

I would recommend Easter Seals as a program provider to fellow PAS participants

ANSWER OPTIONS	Strongly Agree	Agree	Disagree	Strongly Disagree	Rating Average
9. would recommend	17	5	0	0	3.77
Comments					
					answered question
					skipped question

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Delaware PAS Customer Satisfaction Survey-- February 2009

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Survey Results

SHARE

Please indicate your degree of agreement with regard to the following statements:

1. JEVS-SFI staff members are accessible either by phone, mail, fax, or email.

Strongly Agree		7	41%
Agree		9	53%
Disagree		1	6%
Strongly Disagree		0	0%
Total		17	100%

2. JEVS-SFI staff members are courteous and polite when I speak with them by phone.

Strongly Agree		12	71%
Agree		5	29%
Disagree		0	0%
Strongly Disagree		0	0%
Total		17	100%

3. JEVS-SFI staff members respond to my requests and concerns in a timely manner.

Strongly Agree		9	53%
Agree		7	41%
Disagree		1	6%
Strongly Disagree		0	0%
Total		17	100%

4. Through monitoring visits, monitoring phone calls and mail correspondence JEVS-SFI staff helps make tax and worker's compensation procedures understandable.

Strongly Agree		7	41%
Agree		7	41%
Disagree		3	18%
Strongly Disagree		0	0%

Total	17	100%
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5. I would recommend JEVS as a program provider to a fellow PAS participant.

Strongly Agree		11	65%
Agree		3	18%
Disagree		2	12%
Strongly Disagree		1	6%
Total		17	100%

6. Disbursements to my bank account for attendant wages and other payments are timely and in the proper amount.

Strongly Agree		9	53%
Agree		5	29%
Disagree		3	18%
Strongly Disagree		0	0%
Total		17	100%

7. JEVS notifies me consistently and timely of any actions they have done on my behalf in the program, such as payment of premiums or completions of audits.

Strongly Agree		9	53%
Agree		8	47%
Disagree		0	0%
Strongly Disagree		0	0%
Total		17	100%

8. If I have needed an attendant JEVS was able to refer me candidates for interview and was helpful in the process of finding a new attendant.

Strongly Agree		11	69%
Agree		5	31%
Disagree		0	0%
Strongly Disagree		0	0%
Total		16	100%

9. When I hire a new attendant, JEVS gets my new attendant on the payroll timely.

Strongly Agree		12	75%
Agree		4	25%
Disagree		0	0%
Strongly Disagree		0	0%
Total		16	100%



MEMORANDUM

TO: Governor Jack Markell  
Members of the General Assembly

FROM: Rita Landgraf, Secretary

DATE: December 16, 2009

**SUBJECT: Delaware Health Fund Advisory Committee  
Fiscal Year 2011 Recommendations**

On behalf of the Delaware Health Fund Advisory Committee (HFAC), I am pleased to present you with our Fiscal Year 2011 Health Fund recommendations. As has become customary, the HFAC received more worthwhile funding requests than we had money available this year. As a result, the Committee's final decisions reflect the interests in safeguarding the efforts of existing programs that have been proven effective and maximizing dollars to serve Delawareans.

The HFAC recommended funding the majority of existing programs at their FY10 budget levels. The recommendations were made after reviewing submissions from new applicants and existing programs that requested level funding, increases, and decreases in funding. Throughout HFAC discussions, members recognized the difficult fiscal situation that we face and will likely continue to face in FY11.

To better understand the current fiscal situation's impact on Health Fund recommended programs, Ann Visalli, Director of OMB, provided an overview of the activity occurring within the fund to balance the FY10 operating budget. The activity included using the Health Fund to support programs greater than were recommended or which were not considered as part of the HFAC's FY10 recommendation process. Also, for the first time, funds were taken from the Health Fund's Reserve Account. Some of the programs that received "switch funds" applied for those dollars in their FY11 Health Fund applications.

Based upon the presentation, the HFAC decided not to recommend the continued use of Health Funds as "switch funds." However, the Committee wants to be clear that these switch funded programs are valued programs and expects the "switch funds" from the Health Fund to be reverted back into the General Fund. The switch funded programs include all or part of the following: Cancer Consortium (\$4,430,000); Medicaid Buy-In (\$223,700); Four-year nursing expansion (DSU) (\$250,000); Two-year nursing expansion

(Del. Tech) (\$3,247,300); Delaware Healthy Children Program (\$635,100); Delaware Legal Non-Citizen Program (Medical) (\$1,570,000); Blood Bank Membership Dues for State Employees (\$98,500); and Four-year nursing expansion (\$250,000).

Unfortunately, the decision not to consider "switch funds" did not simplify the decision process. Compounding the already difficult economic reality for the State, the projected FY11 Health Fund revenue is \$4 million lower than what is projected for FY10. This means that even without the "switch funds," the Committee would need to make cuts to the level of funds allocated in FY10 to avoid recommending expenditure over the amount of revenue expected.

To make these difficult decisions, the HFAC heard presentations from all new applicants, current applicants who did not make presentations last year, and the Cancer Consortium and the Department of Justice. In addition to the initial applications submitted, I as Chair, asked applicants who currently receive funding to submit, information relative to program impact if funding were reduced and to revise the request to reflect the reduction. The HFAC also considered funding requests on a hierarchy that prioritized direct service to people and programs that could prevent unintended and expensive consequences if they were not funded. Unintended consequences were programs that saved or leveraged state dollars, such as those where reductions would have a negative impact on funding streams or on services that allow people to remain active in the community instead of accessing more expensive facility-based care. The HFAC also prioritized the entitlement programs.

The HFAC reluctantly concluded that it could not recommend funding any new programs in FY11. The Committee also decided to eliminate or reduce funding for education and awareness programs such as the Department of Education (a tobacco prevention and cessation education program) and the Delaware Academy of Medicine (public information about health and a medical librarian in each county and supporting licensing fees). The Committee is also recommending that the nursing programs each receive a 10% reduction in their funding from the Health Fund. Non-direct service line items of other program budgets are also being recommended for reductions. Finally, many of the programs that are recommended for level funding have endured several difficult funding cuts in the past few years. The HFAC recognized that further cuts would be damaging to these programs and strongly recommends that level funding be considered.

Only two programs are being recommended to receive additional funds. One is the Money Follows the Person program which anticipates needing an additional \$1,700.00 in FY11. The other is the Department of Justice, which requested an additional \$157,500.00 to cover additional litigation costs associated with an arbitration hearing in 2010. The litigation and arbitration are part of the national Tobacco Class Action that created and funds the Health Fund and the 2010 arbitration will affect Delaware's revenue stream for years to come. We are recommending the funding from the anticipated revenue in the amount of \$30,064,200.00 with \$3,115,500.00 funding needing to be allocated via the reserve.

As Chair of the HFAC, I would like to commend the members for their dedication and contribution to the Health Fund process:

Senator Patricia Blevins  
Senator David McBride  
Senator Bethany Hall-Long  
Dr. Charles Reinhardt  
Ms. Paula Roy

Representative Michael Barbieri  
Representative Valerie Longhurst  
Mr. Donald Fulton  
Mr. James Ford  
Dr. Gregory Bahtiarian

We understand that the State will be facing another difficult budget year. HFAC members have spent many hours meeting, listening, and discussing these issues and funding requests. We respectfully request and expect that the HFAC recommendations will be given great weight and deference in the budget process.

Please contact me if you have any questions.

Enclosure

pc: Health Fund Advisory Committee Members  
Ann Visalli, Director, OMB  
Russell T. Larson, Controller General  
Lori Christiansen, Office of the Controller General

**FY 2011 HEALTH FUND ADVISORY COUNCIL (HFAC)  
RECOMMENDATIONS**

TAB #	Presented	GROUP 2: Existing Programs Request for Increased Funding	FY09 Budget	FY10 Budget	FY11 Request	FY 11 HFAC Recommend
		<b>State Programs</b>				
19		Department of Justice, Tobacco Prevention/Litigation	\$204.6	\$204.6	\$362.1	\$362.1
34		Division of Svcs. For Aging Adults/Physical Disabilities, Attendant Care/HB 30	\$760.0	\$760.0	\$1,529.0	\$760.0
		<b>Community Programs</b>				
13		Delaware Ecumenical Council on Children & Families, Caregiver Support	\$178.1	\$178.1	\$184.0	\$178.1
	No Presentation	<b>State Programs</b>				
		<b>Cancer Consortium -</b>				
6		Cancer Care Connection	\$138.9	\$120.8	\$150.0	\$120.8
11		Delaware Breast Cancer Coalition	\$92.6	\$80.5	\$100.0	\$80.5
45		The Wellness Community	\$185.2	\$161.0	\$200.0	\$161.0
16		Delaware State University, Nursing Program	\$146.9	\$127.7	\$397.2	\$114.9
17		Delaware Technical & Community College, Nursing Program	\$2,189.8	\$2,189.8	\$5,660.2	\$1,970.8
29		Division of Medicaid & Med Assist, Money Follows the Person (F\$ = 75% Medicaid Match)	\$691.0	\$589.8	\$591.5	\$589.8
		<b>Community Programs</b>				
4		American Lung Association of the Mid-Atlantic, Asthma Project	\$60.3	\$52.4	\$66.4	\$52.4
5		Brandywine Counseling, Project Renewal Program (F\$ = Medicaid & ARRA, \$210,000)	\$163.5	\$142.2	\$162.2	\$142.2
8		Connections Community Support Program, Subst Abuse Trans Hsg	\$203.7	\$177.1	\$200.0	\$177.1
9		Delaware Academy of Medicine, Consumer Health Information	\$222.2	\$193.2	\$241.5	\$0.0
10		Delaware Academy of Medicine, E-Resources Program	\$370.4	\$322.1	\$400.0	\$0.0
15		Delaware Hospice	\$144.0	\$125.2	\$600.0	\$125.2
36		Easter Seals, Respite Care (F\$ = Medicaid, VA, SSBG, USDA, \$1.1m)	\$43.2	\$43.2	\$75.0	\$43.2
38		Kelly Heinz-Grudner Brain Tumor Foundation, Awareness	\$43.2	\$37.6	\$550.0	\$37.6
39		Limen House, Halfway House	\$69.4	\$60.3	\$75.0	\$60.3
40		March of Dimes, NICU	\$27.8	\$24.2	\$30.0	\$24.2
41		Planned Parenthood of Delaware (F\$ = Medicaid & Title X, \$819,458)	\$132.6	\$115.3	\$132.6	\$115.3
43		St. Francis Hospital, Medical Care Outreach (F\$ = \$282,150)	\$115.2	\$100.2	\$250.0	\$100.2
		<b>Total</b>	<b>\$6,182.6</b>	<b>\$5,805.3</b>	<b>\$11,956.7</b>	<b>\$5,215.7</b>

