

## President's Message

by Shelley Hansen-Blake

We must not allow ourselves to become like the system we oppose.

~ Bishop Desmond Tutu



**The year is 1963.** President Kennedy, in an address to Congress, calls for a reduction, "over a number of years and by hundreds of thousands, (in the number) of persons confined" to residential institutions. He asks that methods be found **"to retain in and return to the community** the mentally ill and mentally retarded (sic), and there to **restore and revitalize** their lives through better health programs and

strengthened educational and rehabilitation services." Though not labeled such at the time, this was a call for deinstitutionalization and increased community services. This is the beginning of a social change movement.

**The year is 1969.** Niels Erik Bank-Mikkelsen from Denmark and Bengt Nirje from Sweden introduce the concept of **normalization** to an American audience at a conference sponsored by the President's Committee on Mental Retardation, helping to provide the conceptual framework for **deinstitutionalization**. Their remarks, and those of others, are published in *Changing Patterns in Services for the Mentally Retarded (sic)*.

**The year is 1975. The Education for All Handicapped Children Act (Pub. Law 94-142)** is passed, establishing the right of children with disabilities to a public school education in an integrated environment. The act is a cornerstone of federal disability rights legislation. In the next two decades, millions of disabled children will be educated under its provisions, radically changing the lives of people in the disability community.

**The year is 1981.** The **Medicaid HCBS Waiver** program was established with the passage of section 2176 of the Omnibus Budget Reconciliation Act (OBRA) of 1981. Section 2176 created section 1915(c) of the Social Security Act, which authorized States to request the option of providing home and community-based alternatives to institutional care.

**The year is 1988.** The **WI Community Options Program (COP)** 1915 (c) Waiver is approved.

**The year is 1990. The Americans with Disabilities Act is signed into law** by President George Bush on July 26th in a ceremony on the White House lawn witnessed by thousands of disability rights activists. The law is the most sweeping disability rights legislation in history, for the first time bringing full legal citizenship to Americans with disabilities.

**The year is 1992.** The **WI Community Integration Program - DD (CIP)**, 1915 (c) Waiver is approved.

**The Year is 1995.** The **WI Brain Injury 1915 (c) Waiver** is approved.

**The year is 1999. Olmstead v. L.C. and E.W:** This Supreme Court case that determined that **forced**

*President's Message continued on next page*

## Lobbyist's Report:

### Working For You "Under the Dome"

by Ramie Zelenkova



**T**he Republican-controlled Joint Committee on Finance is deliberating Governor Walker's 2011-13 Biennial Budget Recommendation. As the committee proceeds agency-by-agency and program-by-program oftentimes it has maintained the Governor's recommendations, but it has modified several provisions along the way. As was mentioned in a previous update, funding for the Medicaid Program remains virtually intact. However, the Governor's budget recommendation includes a provision to cap enrollment in Family Care, Partnership, IRIS and PACE at the

level on June 20, 2011 effective until June 30, 2013. The budget also prohibits DHS from contracting for further expansion of the Family Care benefit from July 1, 2011 to June 30, 2013. Some members of the legislature are concerned with the proposal. They have expressed that communities have been preparing for expansion and that a cap on the Family Care benefit will create waitlists and contribute to costlier nursing home care. The Joint Committee on Finance is expected to take up Medicaid toward the end of May. At that time the Committee could alter the Governor's recommendations. Stay tuned for further updates.

The Legislative Audit Bureau (LAB) released its evaluation of the Family Care Program at the end of April. The LAB reviewed program expenditures and participation; services provided to program participants and how their needs are assessed; the process for setting capitation rates; the financial solvency of the Family Care MCOs; and quality-of-care indicators. LAB findings indicate that Family Care has improved access to community-based long-term care; however the cost-effectiveness of the program was difficult to assess. It is unclear how, or if, members of the Legislature or Administration will use the results of the audit to alter the Family Care Program. That said, recently the Administration has expressed its interest in a stronger emphasis on self-direction and better coordination of medical and long-term care benefits. View the audit here: [legis.wisconsin.gov/lab/reports/11-5full.pdf](http://legis.wisconsin.gov/lab/reports/11-5full.pdf)

CAPOW is committed to working with our partners to find solutions that support the best possible outcomes for consumers in the most cost-effective and accountable manner. Members are encouraged to contact CAPOW leadership to find out how to be the best possible advocate for the profession and the people we serve.

#### Ramie Zelenkova

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## Upcoming Meetings

**Time:** Noon-2:00pm

**Location:** Hubbard, Wilson & Zelenkova Offices  
44 E. Mifflin St, Ste 605  
Madison, WI 53703

**Dates:** May 25th (*Teleconference only*)  
June 22nd (*Teleconference only*)  
July 27th (*Teleconference only*)  
August 24th  
September 28th  
October 26th  
November TBD  
December TBD

by Robert Evans Wilson



Recently I participated in a Murder Mystery weekend at a bed and breakfast lodge. Every guest was given a role to play. There were eight suspects; each of whom had one or more of the following: Means, Opportunity and Motive. Having the Means and Opportunity was very important, but having the right Motivation was the key to solving the puzzle. We interviewed the suspects, collected clues, then presented who we thought was the killer and why. It was great fun, but I failed to figure out who done it. I was very logical and surmised

that a suspect with a monetary motive was the one. But, it turned out to be one with the emotional motive of anger and revenge.

Never-the-less, money is a powerful motivator. It is the original carrot dangling from the stick.

My friend Bill, the computer wizard, told me years ago, "I always follow the money." Meaning that he would learn those computer skills that paid the best. I did the same thing in my early years as a writer. I found journalism fun, but that advertising paid better. Subsequently, I pursued advertising work and honed my skills in motivating people to buy.

The exciting thing about money, or more specifically: prosperity, is that it is a great equalizer. Prosperity has a way of eliminating envy, hatred and bigotry. Increased wealth makes people more tolerant and giving. The formula for prosperity is simple: economic freedom plus property rights. In other words, minimal regulation and the right to keep what you earn.

Clearly we all know that money is a reliable method for motivating people. But, if you ever want to discover the motivation behind an action that appears to be random, backtracking the money trail is frequently a good way to find it. For example, have you ever noticed one of your favorite products disappearing from the store where you buy it? It probably means that there were not enough customers for it and the store quit carrying it. If, however, you can't find it anywhere, then the lack of users is widespread and the manufacturer discontinued it.

Sometimes, however, the money trail is even longer, and more convoluted. I recall a hot summer day, back in the late 1980s, when, after mowing the lawn, I popped open an ice cold soda pop and drained it in one long gulp. Moments later I was on the floor with a painful spasm in my back. It lasted nearly half an hour, and when it was over I made an appointment with my doctor. It turned out that I was allergic to the corn syrup in the soda.

"How could that be?" I asked. I'd drank thousands of sodas without having that reaction. What I learned was that up until that can of soda all the ones I'd drank before were made with sugar. So, I asked, "Why would they switch to corn syrup?" The answer was that the cost of sugar had gone up; and they did not want to raise the price. "Why was sugar more expensive?" Because Congress placed a tariff on imported sugar. "Why did Congress do that?" Sugar growers in Florida asked them to because they did not want to compete with low-cost Caribbean sugar. "Why would Congress comply when it would raise prices on all products made with sugar?" Because the sugar growers donated lots of campaign money to a majority of the members of Congress. The trail ends, and the puzzle is solved.

It turns out that my favorite soda pop is still made with sugar in every country on the planet except the United States. One day, I'm going to get a craving and drive a thousand miles to Mexico. Talk about motivation!

*Robert Evans Wilson, Jr. is a motivational speaker and humorist. He works with companies that want to be more competitive and with people who want to think like innovators. For more information on Robert's programs please visit [www.jumpstartyourmeeting.com](http://www.jumpstartyourmeeting.com).*

*President's Message continued from previous page*

**institutionalization is discrimination.** Olmstead requires that Medicaid services, e.g., long term care, must be provided in the most inclusive / integrated setting. In other words, people who are eligible for long term care can not be forced into nursing homes, group homes or other institutions. The state must provide **community based** options.

**The year is 2002.** The WI **Family Care** – Aged/Physical Disability and WI **Family Care** – MR/DD 1915 (c) Waivers are approved.

**The year is 2011.** Family Care is rolled out in **56 of Wisconsin's 72 Counties**. Approximately **31,500** frail elders, people with physical disabilities, and persons with intellectual/developmental disabilities are served by Family Care. The Legislative Audit Bureau reports that 3 Family Care Management Organizations have serious financial difficulties. Governor Walker's budget proposal plans to **freeze** all of the state's community long term care programs which include Family Care, IRIS, COP, CIP and all children's waivers. People currently waiting for long term supports would continue to wait indefinitely.

Yet, the Governor also requests an increase of \$18M over the biennium to fund positions at Southern Wisconsin Center because not enough residents have opted for community placement. How can that be? It doesn't make sense, fiscally or philosophically.

The recent **Family Care audit** showed the average monthly costs of serving someone in Family Care is \$2,800 per participant per month while the monthly cost of serving someone in a nursing home is over \$5000. Milwaukee's Mental Health Complex serves people with developmental disabilities waiting to move into the community at a cost of \$16,500 to \$40,920 a month. Central Wisconsin Center costs approximately \$19,470 a month. In addition, the Family Care audit confirmed that members have access to resources to maintain community living, avoiding more expensive institutional care.

There is no question that Wisconsin needs to balance spending. The real question is why we choose not to fully fund community services. I believe the issue boils down to how scarce resources are allocated. Nine states have closed all institutional settings for people with developmental and intellectual disabilities. Nearly 500 (2007) Wisconsin citizens live in one of the 3 State Centers. Since 1995, in our neighbor state, Minnesota fewer than 50 people live in institutional settings (2007).

Ask yourself these questions. Do you want Wisconsin to unravel 50 years of progress toward achieving the social change agenda conceived by John F. Kennedy? Or, should Wisconsin put its money where its mouth is, and tip the scales in favor of Community-Based options for citizens in need of long-term care? We can do better than this. **Think about it.**

### **Shelley Hansen-Blake**

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### **Officers for 2011**

Shelley Hansen-Blake – President

Bob Glowacki – Vice President

Julie Nichols-Younes – Treasurer

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