

# MEMO

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

Disabilities Law Program, Community Legal Aid Society, Inc.  
Developmental Disabilities Council  
Governor's Advisory Council for Exceptional Citizens  
State Council for Persons with Disabilities

**Subject:** Division of Services for Aging & Adults with Physical Disabilities FY 13 Budget  
**Date:** February 23, 2012

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"), Governor's Advisory Council for Exceptional Citizens ("GACEC"), 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 annual report issued two months ago, 51% of participants live in New Castle County, 26% live in Kent County, and 23% live in Sussex County.<sup>2</sup> Historically, the most prevalent disability diagnoses of participants have been Quadriplegia; Multiple Sclerosis (MS); and Cerebral Palsy. Participants use an average of 17 hours of services per week.<sup>3</sup>

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<sup>1</sup> DSAAPD, Easter Seals, and JEVS summaries of the program are included as Attachment "A".

<sup>2</sup> A copy of the FY11 Personal Attendant Services Program Annual Report (December, 2011) is appended as Attachment "B".

<sup>3</sup> The FY11 Annual Report (Attachment "B") indicates that 86 participants in FY11 used 74,932 hours of attendant care, an average of 16.76 hours per participant.

Qualitatively, this program enjoys a terrific “track record”. As reflected in the latest consumer satisfaction ratings compiled last year, participants are overwhelmingly positive in their assessment of the program.<sup>4</sup>

<b>INQUIRY</b>	<b>EASTER SEALS</b>	<b>JEVS</b>
	PERCENTAGE OF FAVORABLE (AGREE OR STRONGLY AGREE) SURVEY RESPONSES	PERCENTAGE OF FAVORABLE (AGREE OR STRONGLY AGREE) SURVEY RESPONSES
STAFF ACCESSIBLE	100%	100%
STAFF COURTEOUS	100%	100%
STAFF KNOWLEDGEABLE/ RESPONSIVE TO CONCERNS	100%	99%
FINANCIAL ACCOUNTING TIMELY/ACCURATE	100%	97%
STAFF NOTIFIES OF ACTIVITIES	100%	96%
STAFF HELPFUL IDENTIFYING ATTENDANTS	100%	100%
CLIENTS SATISFIED OVERALL OR WOULD RECOMMEND PROVIDER	100%	100%
<b>AVERAGE % OF FAVORABLE RESPONSES</b>	<b>100%</b>	<b>99%</b>

Individual comments are also compelling:

- Through my attendant, I can do things I NEVER did before, it's such a blessing.

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<sup>4</sup>The “impact” on participant well being is also underscored by 2011 Easter Seal statistics confirming that 90% of enrollees characterized their life as “greatly improved” and 10% “somewhat improved” by the program. [Attachment “B”]

- Been very happy with their services
- The flexibility of the schedule makes living with disabilities somewhat manageable since my needs vary each week.
- PAS is allowing me to become the person I want to be.

Quantitatively, the Department is committed to increasing capacity in this program. As you may know, an AARP report issued in September ranked Delaware 50<sup>th</sup> among the states in “percent of Medicaid and state-funded LTSS (long-term services and supports) spending going to home-and community-based services for older people and adults with physical disabilities.”<sup>5</sup> Likewise, Delaware ranked 48<sup>th</sup> in the percentage of people with disabilities directing their own services. Id. Such rankings underscore the justification for expanding capacity to divert “at risk” individuals from nursing home placements to the self-directed attendant services program. Delaware Medicaid is the primary payor for 57% of nursing home residents and annual private nursing home costs exceed \$76,000 and public nursing home costs exceed \$145,000. [Attachment “D”]. In contrast, non-Medicaid attendant services program participants cost an average of \$17,674, less than 1/8 the cost of a public nursing home.<sup>6</sup> Individuals provided attendant services under a Medicaid waiver are even less costly given the federal Medicaid match.

#### Recommendation

DSAAPD currently provides attendant services to approximately 320 participants in the E&D waiver and another 50 individuals through a combination of State General Funds and \$760,000 in Tobacco funds. In December, the Delaware Health Fund Advisory Committee (DHFAC) approved an additional \$557,300 in Tobacco funds for attendant services to eliminate a waiting list of 32 individuals and divert 9 individuals from nursing homes. [Attachment “E”] Although the Governor has not included the \$557,300 in the proposed budget, the Division recently eliminated the entire waiting list through a combination of enrollment of individuals in the E&D waiver and other funds. We applaud the Division for its success in meeting participant demand with existing funds. However, our enthusiasm is tempered by the growing demand for attendant services and the historical development of a waiting list every year. We therefore recommend a modest increase in allocated General or Tobacco funds to deter reestablishment of a waiting list.

Thank you for your consideration.

Attachments

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<sup>5</sup>A copy of the AARP Delaware Fact Sheet and a responsive September 28, 2011 News Journal article are included as Attachment “C”.

<sup>6</sup>As of November, 2011, DSAAPD was serving 43 participants with \$760,000 in Tobacco funds, i.e., an average cost of \$17,674. [Attachment “D”]



## Attendant Services

<p><b>Program/Service description</b></p>	<p>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.</p> <p>See also: <a href="#">Personal Care Services</a>.</p>
<p><b>Public funding source(s)*</b></p>	<ul style="list-style-type: none"> <li>• State funds</li> <li>• Tobacco settlement funds</li> </ul>
<p><b>Who is eligible</b></p>	<p>Delaware residents aged 18 and older with disabilities who meet specific social, financial, and physical criteria</p>
<p><b>Where it is available</b></p>	<p>Statewide</p>
<p><b>Who to contact for information or enrollment</b></p>	<p>Contact the <a href="#">Division of Services for Aging and Adults with Physical Disabilities</a> by <a href="#">phone</a> or <a href="#">e-mail</a>.</p>
<p><b>Related internet links</b></p>	<ul style="list-style-type: none"> <li>• Family Caregiver Alliance Hiring In-home Help Factsheet (<a href="http://www.caregiver.org/caregiver/isp/content_node.jsp?nodeid=407">http://www.caregiver.org/caregiver/isp/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.

### Attachment "A"

## Personal Care

<p><b>Program/Service description</b></p>	<p>Personal care services are provided for persons who need help at home or outside the home because of illness or disability. The services are designed to help persons to continue living independently. Specific activities may include assistance with personal hygiene (for example, bathing or shaving), meal preparation, shopping, light housekeeping, and other services.</p> <p>Under the <u>Medicaid Waiver for the Elderly and Disabled</u> individuals can choose to receive agency-based personal care services or self-directed personal care services. Agency-based personal care services are provided by aides from home health or personal assistance services agencies. Self-directed personal care services are provided by personal care attendants hired and supervised by the individual receiving care. Individuals who elect to self-direct personal care services receive assistance from <u>Support for Participant Direction</u> providers.</p>
<p><b>Public funding source(s)*</b></p>	<ul style="list-style-type: none"> <li>• State Funds</li> <li>• Social Services Block Grant (SSBG)</li> <li>• Older Americans Act (OAA)</li> <li>• <u>Medicaid Waiver for the Elderly and Disabled</u></li> </ul>
<p><b>Who is eligible</b></p>	<p>Delaware residents 18 years of age and older who met specific medical eligibility criteria. Depending on the funding source, persons may also be required to meet certain income and resource criteria.</p>
<p><b>Where it is available</b></p>	<p>Statewide</p>
<p><b>Who to contact for information or enrollment</b></p>	<p>Contact the <u>Division of Services for Aging and Adults with Physical Disabilities</u> by phone or e-mail.</p>
<p><b>Related internet links</b></p>	<ul style="list-style-type: none"> <li>• <u>National Association for Home Care</u></li> <li>• <u>National Resource Center for Participant-Directed Services</u></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: Monday November 29 2010

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## Delaware Makes Changes to Medicaid Waiver Programs

Delaware has received approval from the Centers for Medicaid and Medicare Services (CMS) to make changes to Medicaid Home and Community-Based Waiver programs administered and operated by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). The changes take effect on December 1, 2010.

The changes are designed to provide more service options and at the same time streamline service delivery. They will not result in a loss or reduction of services for anyone who is enrolled in a DSAAPD Waiver program.

Here are the major changes that will take effect:

**Combination of three existing waiver programs:** Beginning December 1, all services provided under the Assisted Living (AL) Waiver, the Acquired Brain Injury (ABI) Waiver, and the Elderly and Disabled (E&D) Waiver will be provided under an amended Elderly and Disabled Waiver. Following is a summary of the services provided:

Current Elderly and Disabled (E&D) Waiver	Assisted Living (AL) Waiver	Acquired Brain Injury (ABI) Waiver	Amended Elderly and Disabled (E&D) Waiver
Adult Day Services Case Management Medical Equipment and Supplies Personal Care Personal Emergency Response Respite	Assisted Living Case Management	Adult Day Services Assisted Living Case Management Cognitive Services Day Habilitation Personal Care Personal Emergency Response Respite	Adult Day Services Assisted Living Case Management Cognitive Services Day Habilitation Medical Equipment and Supplies * Personal Care Personal Emergency Response Respite Support for Participant Direction

**Expanded personal care options:** Personal care service options are being expanded under the amended E&D Waiver. Previously, personal care services - which offer support in various aspects of daily living - were provided only by home health agencies. After December 1, participants who receive personal care can choose among three provider types: 1) home health agencies; 2) personal assistance services agencies; 3) and personal care attendants. Participants who chose to receive personal care services from attendants will serve as employers, hiring and supervising their own attendants. These individuals will also receive Support for Participant Direction Services to assist them in their role as employers.

\*

If you would like more information about these services or to learn about Medicaid Waiver eligibility and enrollment, please visit the [Medicaid Waiver for the Elderly & Disabled](#) page of this website. Vendors interested in contracting to provide services under the E&D Waiver can visit the [Service Contracting](#) section of this site for service specifications, licensing requirements, contracting processes, and more.

If you have questions, please [contact the Delaware Aging and Disability Resource Center \(ADRC\)](#).

## Personal Attendant Services



### Take Charge of your Life!

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.



**Read Emmanuel's story**

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

## Take charge of your life with Personal Attendant Services

**Like Emmanuel, you too can have it all!**

Whoever said you can't have it all doesn't know Emmanuel. He has a beautiful wife, a five-year-old son, a new house in Harrington and a great job. Who could ask for more? Not Emmanuel, who is happy to be able to provide for his family. Life has not always been this perfect for Emmanuel, who lives with Cerebral Palsy and uses a power wheelchair. It was not until he started receiving Personal Attendant Services (PAS) through Easter Seals that he could live his life to the fullest.



"Easter Seals Personal Attendant services gives me a chance to be more independent. It has opened many doors for me on a professional and social level," Emmanuel says. "It gives me a chance to go out into the community and be a part of society. This program lets us live a 'normal' life without limitations."

He was working part-time at the Boys & Girls Club in Seaford when he first started receiving Personal Attendant services. Now days, his Personal Attendant helps him get ready each morning so he can report to work at his full-time job in the Wal-Mart store in Seaford each day.

Emmanuel is a valued part of his community and often does speaking engagements in Washington and Philadelphia to encourage men to step up to the plate as good fathers, husbands and employees in society.

The Personal Attendant program is one that puts the individuals with the disability in charge. Easter Seals staff provides the training of the attendant and other administrative tasks, such as payroll, but participants are trained to hire their own attendant, and set the work schedule and duties to be performed.

For more information on Easter Seals' Personal Attendant Program, please call 1-800-677-3800.

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## Supports for Independence

Personal Attendant and Personal Assistance Services (PAS) empower individuals with disabilities to maintain their independence at home and remain active in their community. Individuals receive service coordination and financial management services, which support them in the process of hiring their own personal care attendant. Individuals can hire a friend, neighbor, or relative to help them with their personal care needs. Our experienced staff can also assist individuals in finding personal care attendants who can work at the participant's requested days and times.

**Are you 18 or over with a disability and want control of your own services?**

**Do you want the choice to hire your own personal attendant to provide your personal care?**

JEVS Supports for Independence can help. We tailor your services to meet your needs!

### Service Coordination Includes

- An experienced Coordinator to support you in creating an individualized service plan (ISP)
- Assistance with setting you up as an employer so you can hire personal care attendants to meet your needs

### Your Personal Attendant can help you with

- Bathing, dressing, grooming, toileting, meal preparation, and transferring
- Light housekeeping such as cleaning and doing laundry
- Errands and tasks such as food shopping and visits to the pharmacy

### Financial Management Services Include

- Orientation to the program for you and your employees
- A competitive pay rate for your employees
- Human Resources support that helps you find a personal attendant to fit your needs
- Completing reference and background checks.
- Assistance with establishing and maintaining workers' compensation accounts
- Assistance with payroll
- Assistance with managing employment taxes
- A phone activated time and attendance system to ensure accuracy in recording hours worked
- A convenient call in system to confirm the hours your personal care assistant has worked

**Would you like a FREE one of a kind training to help you in your role as an employer?**

JEVS Supports for Independence offers a free Consumer Directed Training Series for all individuals enrolled in our Self-Directed Services Programs.

### Consumer Directed Training

The JEVS SFI Consumer Directed Training Series supports program participants in their role as employers. This one of a kind training consists of video and written

components that cover 11 topics essential to creating an effective relationship between the participant and his or her attendant. This training is the result of a team effort involving important contributions from self-directing participants, attendants, and SFI staff.

#### **Eligibility for Personal Attendant Services**

- 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

#### **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)

#### **Eligibility for Personal Assistance Services**

- A Delaware state resident who is at least 18 years of age
- 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 12 months

#### **Enrollment 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

#### **We Speak Your Language**

JEVS Supports for Independence is dedicated to meeting your needs in a variety of languages. Our bilingual staff will create a supportive environment in which participants with limited English proficiency can have questions answered and their needs met.

#### **Cost**

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

Personal Assistance Services are available at no cost for eligible participants.

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# Personal Attendant Services Program Annual Report

July 1, 2010 to June 30, 2011

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

December 1, 2011

**Attachment "B"**

**Personal Attendant Services Program  
Annual Report**

**Delaware Health and Social Services  
Division of Services for Aging and Adults with Physical Disabilities  
July 1, 2010 to June 30, 2011**

The following is a report for the Personal Attendant Services (PAS) Program for the period from July 1, 2010 to June 30, 2011. The report includes those services paid for with Tobacco Settlement funds as well as State funds.

**I. Program Expenditures**

The Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) contracted with two service providers during the program year: Easter Seals of Delaware and Maryland's Eastern Shore and JEVS Human Services. Program expenditures were as follows:

<b>PAS Service Expenditures 2010-2011</b>			
	State	Tobacco	Total
<b>Easter Seals</b>	\$305,434	\$523,437	\$828,871
<b>JEVS</b>	\$151,752	\$162,115	\$313,867
<b>Total</b>	\$457,186	\$685,552	\$1,142,738

**II. Service Totals**

The following table provides information about the number of service units provided and the number of persons served in the PAS program during the year. One unit of service is equal to one hour of attendant care.

<b>PAS Service Totals 2010-2011</b>						
	Units of Service			Persons Served		
	State	Tobacco	Total	State	Tobacco	Total
<b>Easter Seals</b>	24,362	28,909	53,271	22	38	60
<b>JEVS</b>	12,408	9,253	21,661	14	12	26
<b>Total</b>	36,770	38,162	74,932	36	50	86

**III. Demographic Information**

The table on the following page provides a summary of the demographic characteristics of persons served during the year.

**PAS Demographic Summary 2010-2011**

	Easter Seals	JEVS	Total
<b>Age</b>			
18 - 29	16%	13%	15%
30 - 39	18%	13%	16%
40 - 49	21%	16%	20%
50 - 59	20%	35%	25%
60 - 74	21%	16%	20%
75 - 84	0%	0%	0%
85+	3%	6%	4%
Total	100%	100%	100%
<b>Race</b>			
American Indian or Alaskan Native	0%	0%	0%
Asian	0%	3%	1%
Black/African American, Non-Hispanic	21%	6%	16%
White, Non-Hispanic	69%	87%	75%
Native Hawaiian/Pacific Islander	0%	0%	0%
Hispanic	2%	0%	1%
Unknown	8%	0%	5%
Other	0%	3%	1%
Total	100%	100%	100%
<b>Sex</b>			
Male	54%	32%	47%
Female	46%	68%	53%
Total	100%	100%	100%
<b>Living Arrangement</b>			
Lives Alone	13%	29%	18%
Lives With Spouse	13%	26%	17%
Lives With Parent	34%	13%	27%
Lives With Child	3%	6%	4%
Lives With Grandchild	0%	13%	4%
Lives With Other Relative	5%	0%	3%
Lives With Non-Relative	3%	3%	3%
Other	8%	3%	7%
Unknown	20%	6%	15%
Total	100%	100%	100%
<b>County</b>			
Kent	28%	23%	26%
New Castle	49%	55%	51%
Sussex	23%	23%	23%
Total	100%	100%	100%

#### IV. Wait List Reduction

The wait list for the PAS program was reduced significantly during the program year as the result of the implementation of self-directed personal care services under the Elderly & Disabled (E&D) Medicaid Waiver in early 2011. Individuals who met eligibility requirements were able to receive services through the Waiver program, thus freeing up slots to serve individuals on the PAS wait list. While month-by-month wait list data are not available for the program year, DSAAPD is able to report that in the last year the PAS wait list has been cut in half, from 70 persons in November 2010 to 32 persons in November 2011.

#### V. Satisfaction Surveys

Each of the PAS contractors administered satisfaction surveys to program participants. Because the surveys were developed by the individual contractors, there is some variation in the data collected. In the coming year, DSAAPD will work with contractors to develop a common satisfaction survey so that a consistent data set can be generated.

Following are the results of the satisfaction surveys administered by each of the PAS contractors.

#### Easter Seals

1. Easter Seals staff is accessible by phone, mail or fax

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
90 %	10 %				

2. Easter Seals staff is courteous and polite

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
100%					

3. Easter Seals staff responds to requests and concerns timely

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
100%					

4. Easter Seals staff makes deposits to my account accurately and timely

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
100%					

5. Easter Seals staff notifies me when actions are taken on my behalf

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
89 %	11%				

6. Easter Seals staff refers attendants and is helpful in finding new attendants

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
78%	22%				

7. Easter Seals staff gets new attendants on the payroll timely

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
100%					

8. Easter Seals staff make tax and Worker's Comp procedures understandable

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
90 %		10%			

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

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
100%					

10. As a result of your participation in Easter Seals PAS services which of the words below describe how your life has changed:

Greatly Improved	Somewhat Improved	A Little Improved	Improved, But Not Significantly	No Improvement at All
90%	10%			

11. Any suggestion on how Easter Seals could improve our PAS services to you as a participant?

- More hours
- Raise pay for attendants

12. Comments

- Our son has more social contacts because of PAS.
- I can work and get out more.
- Through my attendant, I can do things I NEVER did before, it's such a blessing.
- It gives a break to family members.
- PAS is allowing me to become the person I want to be.
- I think PAS is good for me because I am able to cook, and it helps me go to doctor appointments.
- Been very happy with their services; even when I make mistakes
- [Name] is the very best person I have worked with.
- PAS has given our son more independence and my husband and I more free time together.
- The flexibility of the schedule makes living with disabilities somewhat manageable, since my needs vary each week.

**JEVS**

1. JEVS staff are accessible and prompt in responding to needs and questions

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
57%	43%				

2. JEVS staff are knowledgeable with reference to answering technical questions about payroll, hiring, etc...

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
57%	43%				

3. JEVS staff show professionalism and courtesy

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
71%	29%				

4. I am confident that JEVS will provide the means to have my attendants paid timely and on a regular basis

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
71%	29%				

5. JEVS refers attendant applicants to me as requested

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
43%	14%				43%

6. JEVS assists in the attendant screening and interviewing process as requested

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
	14%				86%

7. JEVS informs me timely of action taken on my behalf or that needs to be taken with reference to workers' compensation or taxes

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
43%	43%				14%

8. I feel comfortable approaching JEVS staff with questions or concerns about my services

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
57%	43%				

9. I would recommend JEVS to a friend considering self-directed services

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
71%	29%				

10. If the option could be made available to me, I would prefer that JEVS handle payroll taxes and payment of wages directly on my behalf

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	NA
43%	43%	14%			



## ***Delaware: 2011 State Long-Term Services and Supports Scorecard Results***

*Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* is the first of its kind: a multi-dimensional approach to measure state-level performance of LTSS systems that provide assistance to older people, adults with disabilities, and family caregivers. The full report is available at [www.longtermscorecard.org](http://www.longtermscorecard.org)

**Scorecard Purpose:** Public policy plays an important role in LTSS systems by establishing who is eligible for assistance, what services are provided, how quality is monitored, and the ways in which family caregivers are supported. Actions of providers and other private sector forces also affect state performance, either independently, or in conjunction with the public sector. The *Scorecard* is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being.

**Results:** The *Scorecard* examines state performance across four key dimensions of LTSS system performance. Each dimension is composed of 3 to 9 data indicators, for a total of 25 indicators. All 50 states and the District of Columbia were ranked. Delaware ranked:

Overall 32

- Affordability and access 27
- Choice of setting and provider 49
- Quality of life and quality of care 7
- Support for family caregivers 28

State ranks on each indicator appear on the next page.

**Impact of Improved Performance:** If Delaware improved its performance to the level of the highest-performing state:

- 2,043 more low- or moderate-income (<250% poverty) adults age 21+ with activity of daily living disabilities would be covered by Medicaid.
- 691 more new users of Medicaid LTSS would first receive services in home and community based settings instead of nursing homes.
- 482 nursing home residents with low care needs would instead be able to receive LTSS in the community.
- 351 unnecessary hospitalizations of people in nursing homes would be avoided.

DELAWARE

State Long-Term Services and Supports Scorecard Results

Dimension and Indicator	2011 Scorecard				
	State Rate	Rank	All States Median Rate	Top 5 States Average Rate	Best State Rate
<b>OVERALL RANK</b>		32			
<b>AFFORDABILITY AND ACCESS</b>		27			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2010)	27.7%	41	22.4%	17.1%	16.6%
Median annual home care private pay cost as a percentage of median household income age 65+ (2010)	87%	18	89%	69%	55%
Private long-term care insurance policies in effect per 1,000 population age 40+ (2009)	40	29	41	150	300
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance (2008-09)	47.0%	40	49.9%	62.2%	63.6%
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community (2007)	31.6	27	36.1	63.4	74.6
ADRC/Single Entry Point functionality (composite indicator, scale 0-12) (2010)	9.6	7	7.7	10.5	11.0
<b>CHOICE OF SETTING AND PROVIDER</b>		49			
Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities (2009)	13.2%	50	29.7%	59.9%	63.9%
Percent of new Medicaid LTSS users first receiving services in the community (2007)	28.8%	44	49.9%	77.1%	83.3%
Number of people consumer-directing services per 1,000 adults age 18+ with disabilities (2010)	0.3	48	8.0	69.4	142.7
Tools and programs to facilitate consumer choice (composite indicator, scale 0-4) (2010)	3.00	10	2.75	3.79	4.00
Home health and personal care aides per 1,000 population age 65+ (2009)	19	47	34	88	108
Assisted living and residential care units per 1,000 population age 65+ (2010)	22	37	29	64	80
Percent of nursing home residents with low care needs (2007)	13.5%	29	11.9%	5.4%	1.3%
<b>QUALITY OF LIFE AND QUALITY OF CARE</b>		7			
Percent of adults age 18+ with disabilities in the community usually or always getting needed support (2009)	72.3%	11	68.5%	75.5%	78.2%
Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life (2009)	87.2%	11	85.0%	90.9%	92.4%
Rate of employment for adults with ADL disability age 18-64 relative to rate of employment for adults without ADL disability age 18-64 (2008-09)	24.0%	29	24.2%	42.4%	56.6%
Percent of high-risk nursing home residents with pressure sores (2008)	10.6%	19	11.1%	7.2%	6.6%
Percent of long-stay nursing home residents who were physically restrained (2008)	1.6%	8	3.3%	1.3%	0.9%
Nursing home staffing turnover: ratio of employee terminations to the average no. of active employees (2008)	42.3%	18	46.9%	27.2%	18.7%
Percent of long-stay nursing home residents with a hospital admission (2008)	20.5%	31	18.9%	10.4%	8.3%
Percent of home health episodes of care in which interventions to prevent pressure sores were included in the plan of care for at-risk patients (2010)	96%	2	90%	95%	97%
Percent of home health patients with a hospital admission (2008)	26.4%	14	29.0%	23.2%	21.8%
<b>SUPPORT FOR FAMILY CAREGIVERS</b>		28			
Percent of caregivers usually or always getting needed support (2009)	78.3%	25	78.2%	82.2%	84.0%
Legal and system supports for caregivers (composite indicator, scale 0-12) (2008-09)	3.04	27	3.17	5.90	6.43
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks) (2011)	3	30	7.5	16	16

\* Indicates data not available for this state.

Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community Based Services; LTSS = Long Term Services and Supports.

Refer to Appendix B2 in *Raising Expectations: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* for indicator descriptions, data sources, and other notes about methodology. The full report is available at [www.longtermscorecard.org](http://www.longtermscorecard.org)

9-28-11 105



## Delaware is making strides in care of its older residents

This month, the AARP, a nonprofit, nonpartisan organization that helps people 50 and older improve the quality of their lives, released an important scorecard ranking states on how they deliver long-term services and support to older adults and people with disabilities. Delaware ranked 32nd in the national survey, which measured affordability and access to services and care; choice of setting and provider; quality of life and quality of care; and support for family caregivers.

The AARP rankings verified what we already knew: Delaware has much to do to improve services to older Delawareans, people with disabilities and loved ones involved in making decisions about their future.

But the good news is that as Delaware's older population continues to grow, so much change already is under way.

By 2030, Delaware is projected to have the ninth-highest proportion nationally of people age 65 and older. Currently, about one in five Delawareans is 60 or older. That growth comes both from the graying of the **baby boomers** and from a high rate of people moving here, especially to Sussex County.

From a demographic standpoint, Delaware must adapt to a growing population of older people and those with disabilities. In order for people who need support with daily activities to remain in their homes, the ability to access important services is critical. The aging population also will require greater community capacity to deal with cardiac, oncology, rehabilitation and geriatric treatment along with ambulatory care centers, acute care facilities, laboratories and clinics.

An AARP report called "Beyond 50.05: A Report to the Nation on Livable Communities: Creating Environments for Successful Aging" defines successful aging as "the ability to maintain three key behaviors or characteristics: low risk of disease-related disability; high mental and physical function; and active engagement with life."

For the hundreds of thousands of Delawareans facing a future after retirement and for those with disabilities, they want a high quality of life that allows

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them to remain fully engaged in their community.

In Delaware, too much of the state's long-term care money for aging and physical disability services is spent on care at facilities. In Delaware, that figure is 87 percent compared to the national rate of 66 percent. The goal is to reduce our reliance on facilities -- not by denying access to such services for those who need them, but by improving access and options to community-based services. AARP estimates that for every person we serve in a long-term care facility, three people can be supported in the community. Therefore, we are not only reacting to what the market is asking for, we are being fiscally responsible and creating a system that allows for sustainability.

Already, the **Department of Health and Social Services** has launched the Delaware Aging & Disability Resource Center, a clearinghouse for information to help people navigate through the choices and decisions they face.

The center features:

» A call center -- (800) 223-9074 -- with staff available from 8 a.m. to 4:30 p.m. Monday through Friday.

» A dedicated website -- [www.delawareadrc.com](http://www.delawareadrc.com) -- to search for and locate services in each county.

» A comprehensive resource, "Guide to Services for Older Delawareans and

Persons with Disabilities."

» Staff members who can provide personalized assistance to help families find and use community services.

In addition, the department is working with our stakeholders and constituents to implement a Medicaid-funded integrated, managed long-term care system that will improve access to these critically needed services.

We also are focused on identifying individuals now living in nursing homes who want to return to their community and assisting them to do so.

Quite simply, this is the right care at the right time and in the right place.

The state's commitment to assisting older Delawareans and individuals with disabilities to remain in their homes comes directly from the governor. In this year's State of the State address, Gov. Markell said, "We should be treating fewer people

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in institutions and more in the community."

The department is working with stakeholders and advocates, housing and community organizations to strengthen our efforts in community development, design, infrastructure services and supports.

The governor has kept his word. And Delaware will continue to keep its promise to help older citizens and people with disabilities remain in or return to their homes.

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STATE OF DELAWARE

DELAWARE HEALTH AND SOCIAL SERVICES  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE

POLICY AND PROGRAM DEVELOPMENT UNIT

MEMORANDUM

REPLY TO  
ATTN. OF: Administrative Notice DMMA-04-2011  
  
TO: All DMMA Staff  
  
DATE: April 26, 2011  
  
SUBJECT: Nursing Home Private Pay Rate

BACKGROUND

Section 1917(c) of the Social Security Act stipulates that a period of ineligibility must be assessed when a Medicaid applicant has transferred assets for less than fair market value. The average monthly cost to a private pay patient of a nursing facility is used to determine this period of ineligibility.

Note: This is not the average Medicaid per diem rate.

DISCUSSION

The daily average usual and customary nursing facility charge for a private pay patient is calculated annually. A monthly rate is obtained by multiplying the daily rate by 30.42 days. These figures are used to calculate the period of ineligibility.

Effective May 1, 2011 the daily and monthly rates are:

Average daily cost to a private pay patient  
of a nursing facility in Delaware \$ 212.23

\* Average monthly cost to a private pay patient  
of a nursing facility in Delaware \$6,456.00

ACTION REQUIRED

DMMA staff should use these figures when calculating a period of ineligibility for applications filed on or after May 1, 2011. Policy DSSM 20350.3 and DSSM 20350.3.1 should be reviewed.

DCIS II will be updated with these figures.

DIRECT INQUIRIES TO

Barbara L. Lewis  
(302) 424-7228

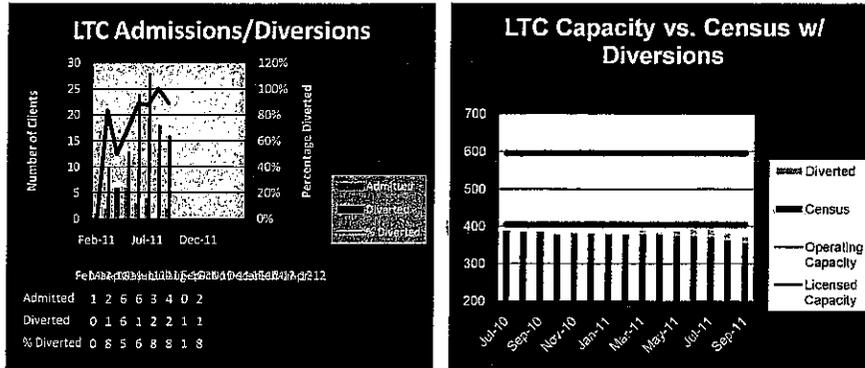
March 9, 2011  
DATE

Rosanne Mahaney  
ROSANNE MAHANEY, DIRECTOR  
DIVISION OF MEDICAID & MEDICAL ASSISTANCE



Delaware Health and Social Services

## State LTC Picture



Delaware Health and Social Services

We also are focused on identifying individuals now living in nursing homes who want to return to their community and are assisting them to do so. For someone with Alzheimer's, that might mean providing at-home nursing services and respite care, and if that's the case, we will work with the constituent and community providers to line up those services. The state's commitment to assisting older Delawareans and individuals with disabilities to remain in their homes comes directly from Gov. Markell. In this year's State of the State address he said, "We should be treating fewer people in institutions and more in the community."

The Department of Health and Social Services is working with stakeholders and advocates, housing and community organizations to make options a reality. As these charts illustrate that since February when the diversion program was initiated, we have been able to provide community support to 115 individuals out of the 139 referrals for long-term care. This is an 83% diversion rate. The average per diem rate for one of our long-term care facilities is approximately \$397 versus \$208 for a private facility versus \$53 for community based care. In order to continue community efforts we will need to re-invest these dollars into community options to meet the need and the shift in state demographics to an ever-growing aging population.

EXCERPT

July 23, 2010

**Promoting Community-Based  
Alternatives for Medicaid  
Long-Term Services and  
Supports for the Elderly and  
Individuals with Disabilities**

State of Delaware

Division of Medicaid & Medical  
Assistance

**MERCER**



MARSH MERCER KROLL  
GUY CARPENTER OLIVER WYMAN

Consulting. Outsourcing. Investments.

## Cost of care – community versus institutional

It is widely accepted that, measured on an average per person basis, the cost of serving a Medicaid consumer in their home or community is much less than the average cost of nursing home-based care (although community-based care for some individuals, especially those with disabilities, can exceed the cost of institutionalization). Eligibility for community-based waiver programs typically require the same "level-of-care" need associated with nursing homes, so a primary driver for the average per person cost differential is the service delivery system – community versus institutional. Other factors that contribute to the cost differential include differences in acuity level and the availability of unpaid family support to those able to be served in community settings. Therefore, it is worth noting that if more people are served in the community with greater health care needs, DMMA should anticipate an increase in average per person community-based spending. Whereas the annual average cost of nursing home care can be well over \$50,000 or in Delaware more like \$70,000 to \$80,000, a person who is able to be served in their home or community can average less than half this amount. One study indicated a 63 percent reduction in per person spending for a nursing facility waiver program as compared to institutionalization<sup>14</sup>. Expressed in other ways, for the annual cost of one nursing home stay:

- Two to three people can be served in their home or community.
- Over 1,600 hours of home health aide services could be purchased<sup>15</sup>.
- Over 18 months of assisted living services could be obtained<sup>16</sup>.
- Over 1,000 days of adult day care services could be offered<sup>17</sup>.
- Over 13,000 home delivered meals could be provided<sup>18</sup>.

A survey conducted in December 2008 of 1,000 Delaware residents age 35 and older found the following opinions and concerns<sup>19</sup>:

- 42 percent thought it likely that either they or their family member will need long-term care services in the next five years.
- 50 percent are not very or not all confident in their ability to afford the annual \$81,000 cost of a nursing home in Delaware.
- 51 percent of respondents with incomes less than \$50,000 a year say they plan on relying on government programs to pay for their long-term care.

<sup>14</sup> Kitchener, M., Ng, T., Miller, N., & Harrington, C.; Institutional and Community-Based Long-Term Care: A Comparative Estimate of Public Costs; Journal of Health & Social Policy, Vol. 22(2), 2006.

<sup>15</sup> Based on \$43 Medicare-certified hourly rate for home health aides, 2008; AARP Across the States, Profiles of Long-Term Care and Independent Living, State of Delaware, 8th edition, 2009.

<sup>16</sup> Based on \$3,774 average private pay rate per month in assisted living, 2008; Ibidem.

<sup>17</sup> Based on \$67 average private pay daily rate for adult day care, 2008; Ibidem.

<sup>18</sup> Based on \$5.14 national average cost; State of Aging: 2009 State Perspectives on State Units on Aging Policies and Practices, National Association of State Units on Aging, October 2009.

<sup>19</sup> The Road Ahead: AARP Survey on Community Services in Delaware, March 2009.

In December 2009, the percentage of all nursing facility residents for which Medicaid was the primary payor was just under 57 percent representing about 2,421 Medicaid residents<sup>20</sup>. Using population data from Table 1, the 2,421 Medicaid nursing facility residents translates into a 1.8 percent prevalence rate of institutionalization among Delaware's elderly age 65 and older. Assuming a constant rate of institutionalization, by year 2030 the number of nursing home residents paid by DMMA will increase to 4,626. On an annualized cost basis, this translates into well-over \$150 million more in new Medicaid-funded nursing home stays or a combined total of over \$320 million spent on nursing homes per year. This also assumes the annual cost of nursing home remains static at \$70,000; it may be more realistic to assume the cost of care will gradually increase over time and thus push institutional spending to even higher levels.

***Caution: aggregate spending is more critical than per person spending***

The per person cost difference between nursing home and community care is impressive at face value, but there are limitations in the applicability of extrapolating these differentials into real reductions in total Medicaid expenditures. The biggest concern and caveat is that while per person spending is less in the community than institutionalization, if the number of people served by community programs rapidly increases then total long-term care spending will rise more quickly and more substantially than any off-sets in spending reductions for institutionalization can provide (often referred to as the "woodworking" effect)<sup>21</sup>.

For example, if two people can be served in the community for the cost of one institutionalization, total spending would be same only if that institutionalization is indeed averted. However, if instead of two, four people actually seek community-based services, total spending is now higher than before (and even higher still if the additional services provided do not avert institutionalization). This dynamic can occur because often there is unmet need for community-based care or family caregivers who are unavailable or may defer to publicly-funded service providers when the opportunity is available<sup>22</sup>. But the existing research is inconclusive on many of these issues, as one recent study concluded that over the long run, state Medicaid programs that invested heavily in home- and community-based long-term care experienced slower increases in the growth of Medicaid long-term care spending as compared to other states; however, even this study noted the large initial outlay of funds to support the development, launching and funding of new programs<sup>23</sup> (e.g., additional staffing requirements, system changes,

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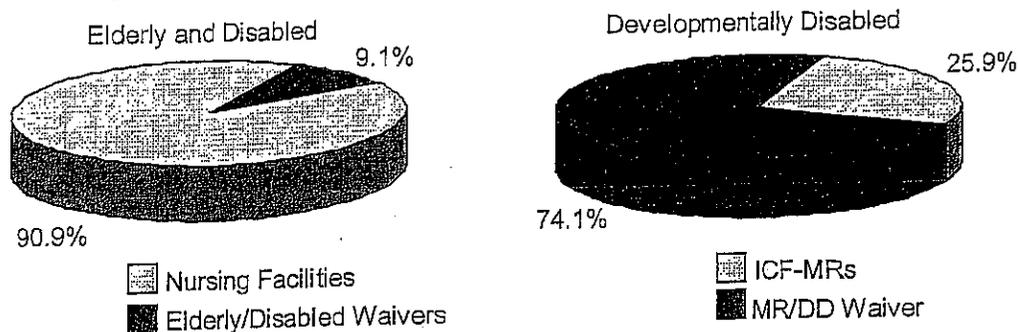
<sup>20</sup> American Health Care Association, compilation of OSCAR data, December 2009.

<sup>21</sup> Grabowski, D.; The Cost-Effectiveness of Noninstitutional Long-Term Care Services: Review and Synthesis of the Most Recent Evidence, Medical Care Research and Review, Vol. 63 No. 1, February 2006.

<sup>22</sup> Ibidem

<sup>23</sup> Kaye, S., LaPlante, M., Harrington, C.; Do Noninstitutional Long-Term Care Services Reduce Medicaid Spending, Health Affairs, January/February 2009.

**Chart 5 – Percent of spending on 1915(c) waivers and institutional care by major population group – 2008<sup>38</sup>**



According to the AARP's state profiles of long-term care and independent living<sup>39</sup>:

- Delaware ranks 43<sup>rd</sup> in the nation for the percentage of spending on aged and disabled through community-based settings in 2007.
- Due to the high home- and community-based spending on the developmentally disabled, when both major population groups are factored in, Delaware's ranking improved to 33<sup>rd</sup>.

### ***Nursing facility residents and occupancy rates<sup>40</sup>***

From 2005 to 2009 the total number of Delaware nursing facility residents increased from 3,799 to 4,256. In December 2009, the percentage of all nursing facility residents for which Medicaid was the primary payor was just under 57 percent representing about 2,421 Medicaid residents. Over the last few years, the percentage of all nursing facility residents with Medicaid as their primary payor has been consistently between 57 and 60 percent which is below the national average of approximately 65 percent. Occupancy rates at Delaware's nursing facilities have also remained stable at between 85 and 87 percent which closely parallels the national averages indicating that supply is approximating current demand. However, this does not mean that Delaware has an optimal level of nursing facilities. To the extent that people are willing and able to be served in non-institutional settings, but lack the service and support offerings, and availability to do so, results in more nursing facility residents than what is strictly required from a clinical level-of-care need basis.

The following table summarizes data on Delaware's Medicaid long-term care spending for the most recent years for which data was available on all delivery systems<sup>41</sup>.

<sup>38</sup> Ibidem

<sup>39</sup> AARP Across the States Profiles of Long-Term and Independent Living, State of Delaware, 8th edition, 2009.

<sup>40</sup> Harrington, C., Carrillo, H., Blank, B.; Nursing Facilities, Staffing, Residents and Facility Deficiencies, 2003 through 2008, UCSF, November 2009. American Health Care Association, December 2009 OSCAR data.

Division of Services for Aging and  
Adults with Physical Disabilities'  
Request for Health Funds  
to Provide  
Personal Attendant Services (PAS)

Personal Attendant Services Provide:

- Personal care and other approved services for adults with physical disabilities who need assistance to enable them to live in their own homes and communities.
- These services enable adults with physical disabilities to carry out functions of daily living, self-care and mobility so that they can remain in the community.

Goal of Personal Attendant Services:

- To minimize the likelihood of institutionalization and maximize potential for independent living of individuals with disabilities.
- To enhance the continuum of community-based services offered.
- To reduce barriers to participation in vocational, educational, social and other community-based activities.

DSAAPD's New Diversion Program

- In 2011 DSAAPD began a new diversion initiative.
- Goal:
  - To "divert" individuals who are able to safely remain in the community from entering long term care facilities by providing home and community-based services and supports, such as Personal Attendant Services.
- Many persons with disabilities would not be able to be diverted to the community without Personal Attendant Services and would be in imminent danger of being placed in a state-run institution.

Personal Attendant Services Funding

- Personal Attendant Services are currently funded by Health Funds, State General Funds and Medicaid funds under the Medicaid Waiver for the Elderly and Disabled (E & D Waiver):
  - Health Funds: 43 participants
  - State General Funds: 20 participants
  - E & D Waiver: 207 participants (as of July 31, 2011)

DSAAPD's Request for Health Funds

\$760,000 Current participants (43)  
331,063 Waiting list (32)  
+ 226,210 New participants –Diversion (9)  
1,317,273 Total request

### Impact of Reduction in Funding

- Less participants would be served, including those currently receiving services.
- Less persons diverted to home and community-based services.
- Those not served would be in imminent danger of requiring more costly nursing home care.
- More people in state-run nursing homes and less people in the community.

EXCERPT



**Delaware Health  
and Social Services**

**Office of the Secretary**

1901 N. DUPONT HIGHWAY, NEW CASTLE, DE 19720 \* TELEPHONE: 302-255-9040 FAX: 302-255-4429

**MEMORANDUM**

**TO:** Governor Jack Markell  
Members of the General Assembly

**FROM:** Rita Landgraf, Secretary *RML*

**DATE:** December 2, 2011

**SUBJECT:** **Delaware Health Fund Advisory Committee  
Fiscal Year 2013 Recommendations**

On behalf of the Delaware Health Fund Advisory Committee (HFAC), I am pleased to present you with our Fiscal Year 2013 Health Fund recommendations. The Committee's final decisions reflect the value of safeguarding existing programs that have been proven effective and maximizing dollars to serve Delawareans while setting aside some funding to try new, innovative projects that may also improve the health of Delawareans.

At the first meeting, HFAC learned that the State anticipates receiving \$27,011.5 million (principle payment and interest) in Tobacco Settlement Funds for FY13. The requests for funding from programs that receive Health Fund allocations total \$45,391.9 million, exceeding the anticipated funding by \$18,380.4 million. HFAC also learned that the Reserve balance was \$15,278,392.00 in July.

HFAC began reviewing the requests and found that of the \$45 million in requests included \$10 million for programs that are switch funded, meaning, where the programs had received General Fund dollars, they now receive Health Fund allocations. At the October 7<sup>th</sup> meeting it was decided to remove the switch funded programs from the funding scenarios. In doing so, HFAC members expressed concern: 1) these programs were not originally funded by HFAC and should not be considered by the Committee for funding; and 2) such "switch" funding is inconsistent with the provisions of 16 Del.C. § 137(c)(e). This action reduced the amount of FY13 requests to \$35.4 million.

Before deciding on recommended allocations for current programs, HFAC voted to use \$2.5 million out of the reserves to establish an Innovation Fund to assist with the creation of innovative projects relative to advancing health outcomes for Delawareans. In doing so, HFAC acknowledged that there are challenges that lie ahead and that this fund would help to put Delaware one step ahead in the ability to deliver care.

In reviewing the funding requests for programs, HFAC continued using the five categories of programs identified last year: Mandated; Curb or Quit Youth/Adult Smoking; Health Care Reimbursement-Related; Disease Prevention; and Workforce Development. Next, HFAC compared the FY 13 Requests to the funding allocations in the FY 12 Budget. HFAC voted to fund most non-mandated programs at the FY 12 level; Mandated programs were funded at the FY13 Request level; and special decisions were made on 4 programs. HFAC recommends using the necessary funds from the Reserve to pay for the difference between the funds received and the funds necessary to make these allocations and establish the new Innovation Fund.

The four exceptions to the recommendation that programs be funded at their FY 12 levels are as follows:

- 1) Fund the DPH-Tobacco Prevention Program at the FY 13 requested amount in order to restore comprehensive tobacco prevention activities and protect our youth from being targeted with new kinds of tobacco products;
- 2) Fund Delaware Hospice at their FY13 Operating Request \$50.0 and not fund any of the amount requested for capital development;
- 3) Fund the Cancer Consortium at the FY13 requested amount; and
- 4) Provide no funding for one staff person at Delaware Healthcare Commission, at the request of the Delaware Health Care Commission Chair. This position is no longer necessary after the merger of the CHAP and Screening for Life programs.

In order to make informed funding decisions, HFAC wanted to learn more about tobacco product trends. At HFAC's request, Debbie Hamilton did a presentation on smokeless tobacco products that the American Lung Association has been monitoring. These products are very popular among teenagers because they are not as expensive as buying a pack of cigarettes. They do contain nicotine and are as addictive as cigarettes although the level of nicotine varies by product. At the conclusion of the presentation, HFAC voted to include as a recommendation that these smokeless tobacco products be included in tobacco taxes the same as cigarettes.

The attached spreadsheets list each application and the final amount recommended after the HFAC adopted the above recommendations.

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. Bettina Riveros, Esq.

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

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 2013 Health Fund Advisory Committee Final Recommendations - Details

October 24, 2011 Meeting

EXISTING PROGRAMS	FY '12 Budget	FY '13 Request	Final HFAC Recommendation
<b>Cancer Programs</b>			
Cancer Consortium Recommendations (DHSS - DPH)	\$13,000.0	\$12,924.9	\$12,924.9
Consortium Sub-Grantees:			
a) DE Breast Cancer Coalition	\$80.5	\$150.0	\$80.5
b) Breast and Cervical Cancer Treatment (DHSS - DMMA)	\$600.0	\$600.0	\$600.0
c) Cancer Care Connection	\$120.8	\$120.8	\$120.8
d) The Wellness Community (Name changing to Cancer Support Community Delaware)	\$161.0	\$200.0	\$161.0
<b>Subtotal</b>	<b>\$13,962.3</b>	<b>\$13,995.7</b>	<b>\$13,887.2</b>
<b>Disability Programs</b>			
Medical Coverage for SSI Transition (DHSS - DMMA)	\$4,082.0	\$3,760.0	\$3,760.0
Attendant Care/HB 30 (DHSS - DDDS)	\$70.0	\$70.0	\$70.0
* Attendant Care/HB 30 (DHSS - DSAAPD)	\$760.0	\$1,317.3	\$1,317.3 *
SSI Supplement (DHSS - DSS)	\$1,240.4	\$1,240.4	\$1,240.4
Money Follows the Person (DHSS - DMMA & DSAAPD)	\$499.5	\$463.5	\$463.5
<b>Subtotal</b>	<b>\$6,651.9</b>	<b>\$6,851.2</b>	<b>\$6,851.2</b>
<b>Tobacco Prevention and Control Programs</b>			
Tobacco Prevention - Department of Justice	\$211.0	\$241.8	\$241.8
Tobacco Prevention - Department of Services for Children, Youth & Their Families	\$47.0	\$47.0	\$47.0
Tobacco Prevention - Div. of Alcohol and Tobacco Enforcement	\$527.2	\$524.0	\$524.0
Tobacco Prevention (DHSS - DPH)	\$2,516.2	\$3,753.7	\$3,753.7
<b>Subtotal</b>	<b>\$3,301.4</b>	<b>\$4,566.5</b>	<b>\$4,566.5</b>
<b>Delaware Prescription Assistance Program (DHSS - DMMA)</b>	<b>\$3,170.0</b>	<b>\$3,170.0</b>	<b>\$3,170.0</b>
<b>Subtotal</b>	<b>\$3,170.0</b>	<b>\$3,170.0</b>	<b>\$3,170.0</b>
<b>Workforce Development Programs</b>			
New Nurse Formation Programs - Del Tech*	\$2,189.8	\$5,935.4	\$2,189.8
Nursing Program - Wesley College	\$219.3	\$217.3	\$217.3
Nursing Program - Polytech Adult Education	\$87.6	\$134.3	\$87.6
Delaware State University - Nursing Program	\$127.7	\$127.7	\$127.7
<b>Subtotal</b>	<b>\$2,624.4</b>	<b>\$6,414.7</b>	<b>\$2,622.4</b>