Montana State Legislature

2015 SESSION

ADDITIONAL DOCUMENTS

Business Page

[Signed by Chairman]

Roll Call

Standing Committee Reports

Tabled Bills

Fiscal Reports

Rolls Call Votes

Proxy Forms

Visitor Registrations

***Any other documents, which were submitted after the committee hearing has ended and/or was submitted late [within 48 hours], regarding information in the committee hearing.**

***Witness Statements that were not presented as exhibits.**

BUSINESS REPORT

MONTANA HOUSE OF REPRESENTATIVES
64th LEGISLATURE - REGULAR SESSION

HOUSE JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES

Date: Thursday, January 22, 2015
Place: Capitol

Time: 8:00 AM
Room: 102

BILLS and RESOLUTIONS HEARD: None

EXECUTIVE ACTION TAKEN: None

Comments: Public Testimony - Developmental Services Division

REP. Ron Ehli, Chair

The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

HUMAN SERVICE SUBCOMMITTEE

ROLL CALL

DATE 1/22/15

NAME	PRESENT	ABSENT/EXCUSED
REP. RON EHLI, CHAIRMAN	X	
SEN. ROGER WEBB, VICE CHAIRMAN	X	
REP. TOM BURNETT	X	
SEN. MARY CAFERRO		X
SEN. BOB KEENAN	X	
REP. PAT NOONAN		X

6 MEMBERS

The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

VISITORS REGISTER

HUMAN SUBCOMMITTEE

DATE 1/22/15 BILL NO: HB2

SPONSOR(S): N/A

SHORT TITLE: N/A

Please leave prepared testimony with secretary.
Witness Statement forms are available if you care to submit written testimony.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Name	Representing	Support	Oppose	Informt'l
ART Dolman	YWCA-Grt. Falls			
Sam McCall	Legacy Provider Grp	X		
Geoffrey Birnbaum	YOUTH HOMES	✓		
LARRY FLANAGAN	YOUTH HOMES	✓		
Sherri Spence	YBGR	✓		
Robbie Spence	YBGR	✓		
Kristin Bauwens	YBGR	✓		
Lora Cavu	Intermountain	✓		
LARRY FLANAGAN	YOUTH HOMES	✓		
ALEXIS RICKS	Youth Homes	✓		
Patrick Parada	Youth Homes	✓		
Amber Bettinger	Youth Homes	✓		
Barbara Burton	Florence Crittenton	✓		
Alicia Smith	NAMI MT	✓		
Charlie Bonego	Easter Seals-Goodwill	X		
Sheila Smith	WRMHC / MCT	✓		
Jennifer Preble	Parent / CMMH	✓		
Jamie Beutlect	Citizen			

The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

VISITORS REGISTER

HUMAN SUBCOMMITTEE

DATE 1/22/15 BILL NO: N/A

SPONSOR(S): N/A

SHORT TITLE: N/A

Please leave prepared testimony with secretary.
Witness Statement forms are available if you care to submit written testimony.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Name	Representing	Support	Oppose	Informt'l
Kathleen Gallacher	Full Circle Counseling	X		

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MONTANA HOUSE OF REPRESENTATIVES

VISITORS REGISTER

HUMAN SUBCOMMITTEE

DATE 1/22/15 BILL NO: N/A

SPONSOR(S): N/A

SHORT TITLE: N/A

Please leave prepared testimony with secretary.
Witness Statement forms are available if you care to submit written testimony.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Name	Representing	Support	Oppose	Informt'l
Annette Baird	Self	X		
DAVE EATON	Colstrip, IN	X		
Sheila Thompson	Opportunity Resources	X		
Phil Schroeder	self / special needs families	X		
Mike Mahoney	Family On Reach	✓		
Priscilla Mitchell	Quality Life Concepts	X		
Lorie Merrill	Big Sandy Activities	X		
Andrea Fox	Helena Industries	X		
Amy Ar	Helena	X		
Kibben Young	~~self~~ self 4% increase	X		
Jim Wicker	RSS / Billings	X		
Terry Minow	MEA-MFT	X		
Bob Nuckles	Jefferson County	X		
Jason McCall	Legacy Provider Group	X		
Mike Pokorski	Farelli Services Corp.	X		
Jean Sadowski	Missoula Dev'l Service Corp	X	4%	Increase
Tony Cline	COR Enterprises	X		
Lisa Jones Park	Full Circle	✓		

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MONTANA HOUSE OF REPRESENTATIVES

VISITORS REGISTER

HUMAN SUBCOMMITTEE

DATE 1/22/15 BILL NO: N/A

SPONSOR(S): N/A

SHORT TITLE: N/A

Please leave prepared testimony with secretary.
Witness Statement forms are available if you care to submit written testimony.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Name	Representing	Support	Oppose	Informt'l
Rob Tallon	Reach, Inc	X		
Sharon Heinert	GLC	X		
Scarlett Sherman	MY CHILD	X		
Mancee Weist	my Child	X		
Chad Ashore	Son	X		
Greg Street	Son	X		
Dami A Hanburg	Easter Seal Goodwill	X		
ABBY HARRIS	DEAP	X		
Ann Garcanth		X		
Ken Brown	Opportunity for Residents Inc	X		
Zach Asay	Residential Support Services	X		
Joyce Moore	My child w/ autism	X		
Trinette Pepos	My Adult w/ Autism GLC	X		
Kat Patterson	Montana Advocacy Coalition	X		
Shelly Dowdle	my Sons	X		
Tim Furey	Ind. with Disabilities and their Care Providers	X		
Stewart Brown				

The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

VISITORS REGISTER

HUMAN SUBCOMMITTEE

DATE 1/22/15 BILL NO: N/A

SPONSOR(S): N/A

SHORT TITLE: N/A

Please leave prepared testimony with secretary.
Witness Statement forms are available if you care to submit written testimony.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Name	Representing	Support	Oppose	Informt'l
Courtney Wahlberg	parent / CDC	X		
Denise Hunter	Parent / Autism Waiver	X		

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MONTANA HOUSE OF REPRESENTATIVES

VISITORS REGISTER

HUMAN SUBCOMMITTEE

DATE 1/22/15 BILL NO: N/A

SPONSOR(S): N/A

SHORT TITLE: N/A

Please leave prepared testimony with secretary.
Witness Statement forms are available if you care to submit written testimony.

PLEASE PRINT PLEASE PRINT PLEASE PRINT PLEASE PRINT

Name	Representing	Support	Oppose	Informt'l
Lisa Jones Park	Full Circle	✓		
Kathleen Gallacher	Full Circle Counseling	✓		
Clementine Lindley	NAMI Billings	✓		
Dan Aune	Mental Health America MT	✓		
Dr Donna Kelsch	GCLAC / Tri Therapy	✓		
Natalie Mahlh	WMMHC	✓		
Dr. Lyn Ankelman	WMMHC	✓		
JIM PARILER	WMMHC / Missoula	✓		
Eden Atwood	WMMHC / Missoula	✓		
Ben Atwood Anderson	WMMHC / Missoula	✓		
Abby Harnett	WMMHC	✓		
Jan Waterman	self	✓		
Sydney Blair	Center For Mental Health	✓		
LINA FITZGERALD	INTERMOUNTAIN	✓		
Mary Davis	Florence Crittenton Home	✓		
Erin McGowan	Montana Children's Institute	✓		
Beth Brequemen	Disability Rights MT	✓		
Susan Pesta	West Mont DDSOC	✓		

The Big Sky Country

MONTANA HOUSE OF REPRESENTATIVES

Witness Statement

HEALTH & HUMAN SUBCOMMITTEE

PLEASE PRINT

NAME: Heather Stenson

ADDRESS: 121 Star Lane DATE: Jan. 22, 15

WHOM DO YOU REPRESENT? Zach Stenson

SUPPORT: ✓ OPPOSE: _____ AMEND: _____

COMMENTS:

My family really needs your support!
If you have any other questions, please feel free to contact me at (406)494-9452

CONNECTING

ANCOR Conference Stephen Thompson MT DSP of the Year 2013

Supporting National Wear Red Day

Enjoying Family Visit

Montana Food Bank Network Volunteers

MDSC Proud Members Of:

- Missoula Chamber of Commerce
- Missoula Downtown Association
- Montana Association of Developmental Disabilities
- Member of Legacy Montana

OUR VISION

MDSC'S VISION IS TO ENSURE ALL PEOPLE WITH SEVERE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES HAVE THE OPPORTUNITY TO BE AN INTEGRAL PART OF THE COMMUNITY, LEARN NEW SKILLS AND DEVELOP MEANINGFUL RELATIONSHIPS TO ENHANCE THEIR QUALITY OF LIFE

ADDITIONAL DOCUMENTS

MDSC MDSCMT.ORG OPENING DOORS TRANSFORMING LIVES MISSOULA DEVELOPMENTAL SERVICE CORPORATION

MDSC MDSCMT.ORG OPENING DOORS TRANSFORMING LIVES

MISSOULA DEVELOPMENTAL SERVICE CORPORATION

SERVING ADULTS WITH SEVERE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SINCE 1990

1005 MARSHALL ST.
MISSOULA MT 59801
406-728-5484
406-728-5313 (FAX)
MDSCMT.ORG

Residential

MDSC serves a diverse population of adults with severe intellectual and developmental disabilities in twelve residential settings throughout the Missoula community. We provide supports to our residents that enable them to live as independently as possible. Residential supports are tailored to each person's individual needs, desires and goals for the future.

Key Areas of Residential Services

- Homes designed to meet the individual needs and are located in neighborhoods throughout Missoula.
- Private bedrooms decorated in the resident's own style.
- 24-hour trained staff supports.
- Participation in household activities to maintain or develop skills and independence.
- Participation in neighborhood and community events; Out To Lunch, fairs, farmer's markets.
- Family oriented environment.
- Friendship and social skill development.
- Vacation opportunities: Silverwood Amusement Park, family visits, Flathead Industries Summer Camp, sightseeing at MT National Parks.
- Recreational opportunities, such as, hiking, sporting events, shopping, musical events, camping, picnics, horseback riding, Very Special Arts.
- Participation in Area and State Special Olympics Games.
- Opportunities to choose and participate in cultural events and/or religious services.
- Transportation services.

Day Support

Day supports and activities are targeted toward people who are of working age. It consists of formalized habilitation services for the acquisition, retention, or improvement in self-help, behavioral, educational, socialization, and adaptive skills. These activities are person centered, preplanned, purposeful, documented and scheduled activities which take place during typical working hours, in a non-residential setting. Day supports and activities take place within day activity setting and within the community.

Key Areas of Day Support

- Job development provides formalized training and work experiences, intended to teach a person the skills necessary to succeed in competitive employment in the community.
- Continuing education to include math, reading, effective communication, personal safety and coping strategies, and specialized therapies to meet the person's individual needs.
- Personal growth through individual and group exercise programs, participation in music, art, and performance classes, community tours to learn about the local business community.
- *Giving Back Community Kindness Volunteer Program* partnering with: MT Food Bank Network, City of Missoula Parks and Recreation, AniMeals, Missoula Animal Shelter, and area businesses to display MDSC's *Do You Doodle* activity packets.

Medical services

MDSC was the founding community based organization to offer 24-hour medical supports to adults with developmental and intellectual disabilities. Without this unique and specialized service, individuals who are coupled with ID/DD and significant medical needs would not have the opportunity to live in the community outside of the medical model. Our Kent Street group home blends the supports of RNs, LPNs, and Direct Support Professionals to meet the daily needs of the people who reside at the home. MDSC's medical services exceed beyond the Kent Street Home.

Key Areas of Medical Services

- Nursing triage for all persons within MDSC services.
- Continuum and consistency of care between medical professionals and MDSC.
- Annual development of individual nursing care plans to include health and medication management.
- On-site daily assessments.
- Nursing follow-through with physicians' orders, medication changes and/or lab work.
- Direct nursing services: tube feeding, tracheotomy care, diabetic care, respiratory treatments, oxygen administration.
- Production and monitoring of individual medication administration record and health protocols.
- Staff Training to include: Specialized diets and feeding protocols, vital signs, diabetic care, Medication Administration Practicum.

ADDITIONAL DOCUMENTS

FRANCINE SADOWSKI
CHIEF EXECUTIVE OFFICER

1005 MARSHALL STREET
MISSOULA, MT 59801
406.258.0980
FSADOWSKI@MDSCMT.ORG

MISSOULA DEVELOPMENTAL SERVICE CORPORATION

SUPPORTING PEOPLE WITH SEVERE DEVELOPMENTAL DISABILITIES SINCE 1990

ADDITIONAL DOCUMENTS

Public Testimony

Missoula Developmental Service Corporation

Francine Sadowski, CEO

Health and Human Services Sub-Committee
2015

MDSC

OPENING DOORS TRANSFORMING LIVES

MDSC

OPENING DOORS TRANSFORMING LIVES

MDSC Main Office

Helena Group Home; Opened in Jan 2012

24 years ago through the vision of the legislators before you, monies were appropriated for community based services to provide 24 hour supports to adults with severe developmental/intellectual disabilities.

Their vision created Missoula Developmental Service Corporation. Services begun in October 1990.

In the Spring of 2011 MDSC was submitted and was awarded the Request for Proposal to serve 12 gentleman from the Montana Developmental Center. This expansion resulted in a 25% increase to our current services. We purchased 3 homes and hired approximately 50 staff to support the needs of these gentlemen. Over 60% of our population are of individual's who have previously resided at MDC and/or Eastmont when it was opened.

This testimonial presentation provides not only a glimpse of what we do for the people we feel privileged to know and work for but also the financial challenges we continue to face.

Who We Serve

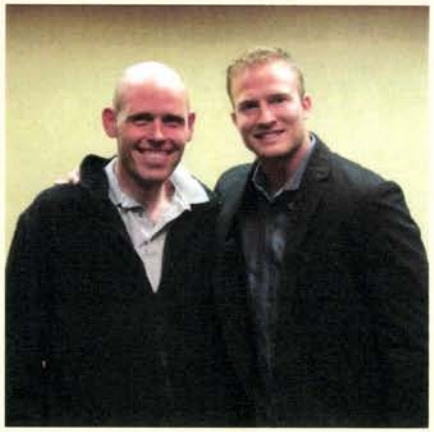
74 clients - 72 for full services & 2 for day services

Primary / Secondary Health Conditions

- 100% ◈ Primary Condition – Developmental Disabilities
- 55% ◈ No Communication
- 45% ◈ Communicates – verbal, gestures, signs
- 42% ◈ Mental Illness
- 38% ◈ Medically Fragile
- 20% ◈ Physically Impaired
- 15% ◈ Hearing Impaired
- 5% ◈ Visual Impairment

MDSC

OPENING DOORS TRANSFORMING LIVES



Justin moved to MDSC January 2012 from the Montana Developmental Center. He had a history of elopement, run in with the local police authorities and many challenges while at MDC.

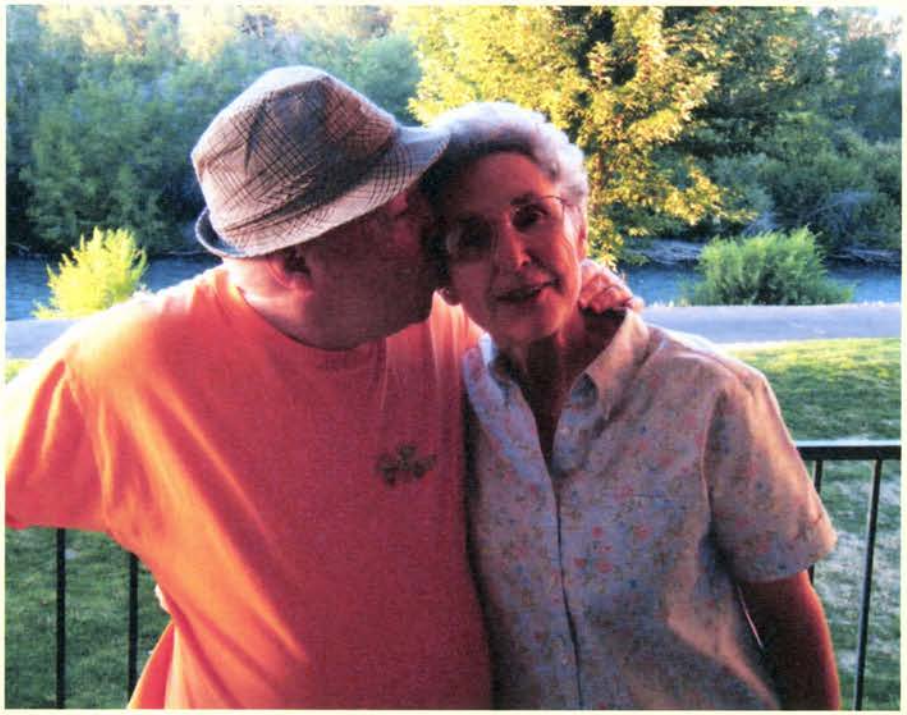
Today Justin is being serve successfully in the community. He has come out of his shell, so to speak, and has made wonderful relationships with his staff, community members, and his peers.

These pictures are of Justin attending the Special Olympics Sports Legends Banquet in April 2014. To see Justin introduce himself politely to strangers, to talk with Marc Mariana, and to see his growth from being very anxious when he first came to MDSC to the present day is truly emotional.

His parents are very thankful for MDSC's services and the staff who provide their son with care and compassion. He has had many successful visits to his family home, as well as, having a vacation with his housemate Hank who also moved to MDSC in January 2014. Justin is just one happy guy.

MDSC

OPENING DOORS TRANSFORMING LIVES



This picture says it all…Steve loves his mom.

Steve entered MDSC services February 1991.

Upon entering services Steve had severe aggressive behaviors towards people and property. Through effective behavioral management intervention plans Steve has learned skills to keep his maladaptive behaviors at bay.

This past fall Steve visited his mom in Washington – his third visit to his mom's home in 22 years.

Steve's quality of life has certainly improved through the services he receives at MDSC.

MDSC

OPENING DOORS TRANSFORMING LIVES

Providing new opportunities is an important aspect for our quality of life experiences.

The top pictures is from a recent visit of the Missoula Maulers to our Day Activities Center. The faces lit up with they the players, Slash the Mascot and the bears the clients received for x-mas.

The bright green shirts represents our Equestrians with BTR Stables. The joy they have feeling the freedom of riding a horse is remarkable.

Although we have different needs or abilities, everyone enjoys adventures…again, another *must* for MDSC's services.

MDSC

OPENING DOORS TRANSFORMING LIVES

Participating in everyday chores and activities is one of the key goals for our services.

Travis helps prepares dinner for his housemates, while John enjoys decorating the tree.

Travis has been part of MDSC since July 2002 while John has been receiving services since February 1991.

MDSC

OPENING DOORS TRANSFORMING LIVES

Work and Giving Back to the Missoula Community is another important aspect of our services.

Community Employment

Rangitsch Brothers RV
Cederberg Law Firm
McDonalds

MDSC Work Crew

MDSC Lawn Crew
MDSC Snow Removal Crew

Giving Back to our Community Program

AniMeals
MT Food Bank Network

The Crew from MDSC was the Volunteer Spotlight in Aug 2012
http://mfbn.org/wp-content/uploads/2012/12/AAAug12.pdf

Upcoming Spring 2013

Missoula Animal Control
Missoula Parks and Rec

MDSC

OPENING DOORS TRANSFORMING LIVES

These slides are just a glimpse into the services provided by MDSC. But, I think it is important as you will have many decisions ahead of you in the coming months to put a face to the services provided by MDSC and other community based services.

As with any business the majority of the cost to run the business is absorbed in the human capital of the organization. MDSC has approximately 200 employees with the majority of our employees in being Direct Support Professional who work directly with the clients. MDSC as a contractor with the State of Montana entered into a rate reimbursement agreement in 2006. The following four factors were used to develop the rate reimbursement systems:

- Direct Care Staff Compensation established at the 35% of Montana Market Value
- Employee Related Expenses – discretionary (health, dental, vision insurance, PTO) and non discretionary to include FICA, SSI, FUTA, etc.
- Program Supervision and Indirect Expenses to include training and supervision of direct care staff and all other support and professional staff outside of the CEO, CFO, and HRO.
- General and Administrative Expenses to include salary and benefits of the CEO, CFO, and HRO.

I share this with you because the rate of reimbursement for community based providers on behalf of the State of Montana has not been reassessed to reflect the true cost of doing business, nor has it kept pace with the Cost of Living. MDSC is grateful for the 4% of each of the biennium during the 2013 Legislative Session however our funding is still lower than our state counterparts doing the same work on behalf of individuals with developmental disabilities. Furthermore, the rate has not been thoroughly analyzed using the above factors since its inception. Yet, since 2008 Montana minimum wage rose from $6.55 per hour to $8.05 per hour representing a 23% increase. One would think that the first factor in developing the rate has changed since 2006 due to the increase in minimum wage.

However, the cost of doing business has increased since 2008. For MDSC below are three areas to emphasis our rising costs:

- Health Insurance cost continues to increase. MDSC paid $707,726 FY 2014 for health insurance cost and we projected $920,558 for FY 2015
- Along with health insurance our cost continue to rise in utilities and liability and personal property insurance
- The other factors that go without notice and the continual replacement of appliances, vehicles and household furnishings which are expected to be funding by our rate reimbursement system.

We have an opportunity here to work together to resolve the funding crisis for providers who serve people with development/intellectual disabilities. The people we serve, the people in the pictures, were simply born or acquired a disability, in which they need a place like MDSC to help them in their daily life. A place that will provide training for work and home activities, help them with daily needs, teach them ways to communicate and coping skills when life presents a challenge.

Please go above the governor's proposal of a 2% provider rate increase for each year of the biennium and support the 4% provider rate increase being respectfully requested. Thank you.

Testimony for the Developmental Disabilities Program Public Hearing

1/22/15

Chairman Ehli

Members of the Committee

For the record, my name is Ken Brown. I am Director of Specialized Services for Opportunity Resources, Inc. (ORI) in Missoula. This year will be the 60th Anniversary celebration of ORI providing supports to people with disabilities.

I work with 25 clients who in addition to their disability have sexual problem/offending behaviors. 13 of those individuals are registered offenders; the others were not able to aid in their own defense and were generally institutionalized at the Montana Developmental Center (MDC). We provide 24 hour supports/supervision/treatment through work, residential housing, and counseling treatment through a Montana Sex Offender Treatment Association (MSOTA) clinical member.

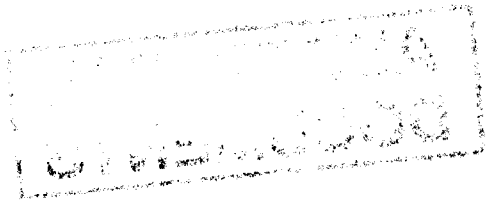
In the six years of this program we have:

- Had no hands on offenses;
- 2 clients get their GEDs, which for this disability population is a very unusual accomplishment. One person earned their high school diploma, another will graduate this spring;
- One client graduate off of probation;
- One person got a community based job, with another client very close to getting a job;
- 3 registered offenders found community housing outside of homes/apartments that ORI owns/operates. This has been only within the last month and has proved to be very difficult to find someone that would rent to a registered sex offender;
- Out of the nearly 600 clients in ORI's work services, one of our clients was co-employee of the year for the whole corporation;
- Our Woodshop work program has been stated by national consultant, Dr. Gerry Blasingame, to be a national model for a work program for people with sexual offending behavior; and,
- 3 of the individuals have been able to purchase their own vehicles.

Many of the individuals have come to us from the Montana Developmental Center (MDC), Missoula Pre-release Center or are court ordered in lieu of prison or institutionalization. The program has worked well, giving the individuals community based services while keeping the community safe. We have been very well supported by the Developmental Disabilities Program for both services funding and consultation by Dr. Blasingame. However, our program has been closed to taking new clients since last spring because we are not able to hire the staff. We need higher wages for staff so we can attract workers for this critically necessary program.

Thank you for your time and hopefully your support of higher wages for direct care staff.

Ken Brown



Good Morning, Chairman Ehli and Members of the Committee. My name is Priscilla Halcro and I am the CEO of Quality Life Concepts. QLC serves nine counties in Central Montana from Glacier County over through Blaine County and down to Cascade County. We have offices in Havre, Shelby, Browning, Conrad, and Great Falls. We currently serve approximately 450 children in our children's program annually in their family home. We serve 165 adults in one of 3 day programs, we have 14 group homes and several individuals living in their own apartments or with their families. Our staff travels approximately 415,000 miles per year throughout the nine counties to provide services.

We thank you for the 4% each year of the biennium for the previous two years. The majority of the dollars allocated with the 4% were given to our 245 employees in salaries and benefits each year of the biennium. QLC has tried to keep operations zero based, but that has become difficult with the increasing costs in operations.

For example: There are significant expenses for the maintenance of our homes with a large amount of maintenance needs caused by property destruction by the clients. A couple of weeks ago a client broke out the windows in his apartment and he and the other clients were displaced from their home until the windows can be replaced. This client will also not be moving back to the apartment because the two other roommates are afraid. The replacement for the windows was at our expense as we owned the facilities. If we don't own the building, it is the client's expense.

We are asking that you consider a 4% increase each year of the biennium for both Medicaid and non-Medicaid programs. The losses for the past three years at QLC are:

FY13: $203,904.46
FY14: $282,571.29
FY15 to Present: $228,579.91

We would also like for the rate system to be more responsive to changing needs. People in services age or get sick and there is no mechanism in place to receive additional dollars to meet those changing needs. For example: We have a lady in services that is 94 years old. She is allocated 6.1 hours of support during her 30 hour work week. She requires continual support during the 30 shared hours of work. There is no mechanism to increase her hours to allow her to stay home because she's not in crisis and yet she's not safe to stay at home alone.

We are very much in favor of Autism Services in State Plan Medicaid. I have seen the growth in children in our Autism Waiver. I observed one 4 year old boy in play group for socialization; he had little language and spent a large portion of the session and subsequent sessions on the floor under a chair. He is in regular classroom and is receiving no special education services. His dad tells us that he will always be quirky, but he loves school and is successful in his classroom.

I want to visit about Part C services for children birth to age three. This is a non-Medicaid program. I feel this program is not talked about much, but the difference it makes for young children is significant. On Monday of this week, I calculated out that 38% of children currently in our Infant Toddler program (Part C) have a diagnosed condition (something like Down Syndrome or a Neurological impairment) and 68% have one or more delays in development in such areas as speech/language, gross motor, or fine motor. We frequently forget to look at Part C as a preventative program, but for the most part it is as the majority of the 68% of children move on into their school environments with little to no special education services. They just needed a little bit of help in their early years.

So again, I thank you for the 4% for the last two years and I ask you to consider another 4% for each of the next two years. In addition, I ask that you consider Autism Services under State Plan Medicaid. Thank you!

Phil and Jean Schroeder
87 Meridian Lane
Vaughn MT 59487
406-467-2208

January 21, 2015

Mister Chairman and members of the committee, my name is Phil Schroeder and I live near Vaughn, Montana.

My wife and I have a 16 year old son with special needs. We were in the military and have received medical care in many different locations. After seeing numerous specialist throughout the United States he does not have a clear diagnosis. He is globally developmentally delayed of unknown origin. He receives speech, physically and occupational therapy on a weekly basis inside and outside of school. In school he is in a contained classroom. We continue to treat his "symptoms." The 0208 waiver through Quality Life Concepts in Great Falls helps us take care of some of those needs.

We receive great support from our family support specialist at Quality Life Concepts as well as our direct support personnel who works with our son on a weekly basis, also made available to us through our waiver. They help us learn to better deal with his negative behaviors and help us teach him skills within the community.

We need and utilize the RESPITE services. We do not have family supports in Montana.

Our son has poorly developed oral motor skills and is hard to understand, especially to the unfamiliar listener. Our son needs an alternative mode of communication, which the waiver provided for him through an iPad. The iPad allows him to communicate with people when out in the community as well as teachers, therapists and peers when needed. It allows him to be more independent, asking for directions, telling someone what he needs and when he needs help.

Our son is getting older and we need to plan for his future. We are concerned about finding appropriate housing and a job for our son so he too can be an active, contributing member of society. We are finding limited opportunities available to him. The wait lists for these services are incredibly long and the waiver dollars he currently has will not be enough to fund his services.

We need your help. We need people to believe that our son and others like him have value, that he can be a productive and contributing member of society. His housing and job will need a good staff who have the training and compassion to know how to work with and support him to be successful in everything he does.

We are one family. There are many in Montana just like us, facing similar challenges. The numbers of those needing services are growing each year, creating more of a strain on the availability of services.

Please allow the rate increase of 4% to Montana providers so they can continue to provide services our son needs as well as others like him.

Please provide funding needed to reduce the wait list for services for the many children and adults who **need** these services and allow Montana to implement the Autism Services that Medicaid will financially support.

Please seriously consider our request. Thank you for your time.

Sincerely,

Phil Schroeder

orth Central Independent Living Services, Inc.

1120 25th AVE NE
Black Eagle, MT 59414
Main Office 406-452-9834
Toll Free 800-823-6245
Fax 406-453-3940

January 16, 2015

Chair Ehli and Members of the Committee:

My name is Shyla Patera. I am an Independent Living Specialist at North Central Independent Living Services in Black Eagle, Montana. Since the passage and implementation of The Medicaid for Workers with Disabilities program in Montana, North Central Independent Living Services, Inc. (NCILS) has supported and applauded the State of Montana for the Medicaid for Workers with Disabilities programs. As a worker with disabilities, I have utilized this program to maintain my independence as an employee because Medicaid covers more hours for Personal Assistance Services than most insurances. I pay a cost share fee monthly to access Medicaid. This is a valued work incentive for Montanans with disabilities as it means Montanans who are working and need Personal Assistance Services or home health can access vital, needed, and life enhancing services.

We, at NCILS, also ask that the Medically Needy Spend down be reformed in Montana to benefit Montanans with disabilities. This is much needed and often talked about among Montanans with disabilities who are eligible for SSDI because many have past work histories but are not working currently. To be eligible for full Medicaid you have to spend down to the SSI base rate. Often times, Montanans with disabilities find this cost prohibitive and they realize they may have to sacrifice housing, healthcare and more if they want to access full Medicaid coverage through the spend down program. NCILS asks the Montana legislature, DPHHS and Montana's congressional delegation to remedy any issues that hinder access by Montanans with disabilities to the Medically Needy Spend down program. The members of the Montana legislature have great opportunities to debate policy this session and we at NCILS hope that you will support Medicaid policies that will enhance the lives of Montanans with Disabilities.

Shyla Patera

Shyla Patera

North Central Independent Living Services

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Testimony to DPHHS Appropriations Subcommittee: January 22, 2015

Mister Chairman and members of the committee, my name is Pat Clark. I live in Helena and work for Opportunity Resources Incorporated as a case manager for adults with Intellectual/Developmental Disabilities. I am deeply concerned about 2 particular issues impacting individuals on my caseload.

One, is the inability for some to afford monthly Medicaid incurment payments, which must be made in order to maintain service funding.

Second is the issue of rate reimbursement to providers.

Here are 2 short examples of the first issue. An elderly woman on my caseload waited 6 years for services after moving to Montana. Last year she was finally selected but could not afford the $169/month incurment so she had to decline the offer and return to the bottom of the waitlist. A second woman on my caseload was recently selected for services and her incurment is $298/month. She has been working with Voc Rehab for over a year to try and find employment so she can qualify for the Workers With Disabilities group rate. Until that time it will be impossible for her to pay her incurment every month to maintain services. While the Workers With

Disabilities act has been a godsend for many people it does not help those who still cannot work or have significant barriers to finding work.

The second issue of rates reimbursement is closer at hand. There is a growing crisis regarding ability of providers to recruit, adequately train and retain qualified staff. Wages simply are not high enough. In Helena during the past year providers have had to stop taking new clientele because they cannot hire staff. People are simply able to find easier work for more money other places. Funding at a more reasonable level can alleviate this situation and allow those people waiting for services a chance at receiving the quality of services agencies are capable of providing. As the cost of living rises a 2% increase is not sufficient. Please consider a higher rate of reimbursement to help maintain a higher quality of services to individuals. More services will not benefit anyone coming off the waitlist unless there can be enough well trained workers to provide the services purchased.

"Trained + well supported" Anne G.

I appreciate all the important and hard work you have done over the years in support of individuals with disabilities and have high hopes you will continue making real progress.

Thank you very much for your time this morning.

Good Morning, Chairman Ehli and Members of the Committee. My name is Priscilla Halcro and I am the CEO of Quality Life Concepts. QLC serves nine counties in Central Montana from Glacier County over through Blaine County and down to Cascade County. We have offices in Havre, Shelby, Browning, Conrad, and Great Falls. We currently serve approximately 450 children in our children's program annually in their family home. We serve 165 adults in one of 3 day programs, we have 14 group homes and several individuals living in their own apartments or with their families. Our staff travels approximately 415,000 miles per year throughout the nine counties to provide services.

We thank you for the 4% each year of the biennium for the previous two years. The majority of the dollars allocated with the 4% were given to our 245 employees in salaries and benefits each year of the biennium. QLC has tried to keep operations zero based, but that has become difficult with the increasing costs in operations.

For example: There are significant expenses for the maintenance of our homes with a large amount of maintenance needs caused by property destruction by the clients. A couple of weeks ago a client broke out the windows in his apartment and he and the other clients were displaced from their home until the windows can be replaced. This client will also not be moving back to the apartment because the two other roommates are afraid. The replacement for the windows was at our expense as we owned the facilities. If we don't own the building, it is the client's expense.

We are asking that you consider a 4% increase each year of the biennium for both Medicaid and non-Medicaid programs. The losses for the past three years at QLC are:

FY13: $203,904.46
FY14: $282,571.29
FY15 to Present: $228,579.91

We would also like for the rate system to be more responsive to changing needs. People in services age or get sick and there is no mechanism in place to receive additional dollars to meet those changing needs. For example: We have a lady in services that is 94 years old. She is allocated 6.1 hours of support during her 30 hour work week. She requires continual support during the 30 shared hours of work. There is no mechanism to increase her hours to allow her to stay home because she's not in crisis and yet she's not safe to stay at home alone.

We are very much in favor of Autism Services in State Plan Medicaid. I have seen the growth in children in our Autism Waiver. I observed one 4 year old boy in play group for socialization; he had little language and spent a large portion of the session and subsequent sessions on the floor under a chair. He is in regular classroom and is receiving no special education services. His dad tells us that he will always be quirky, but he loves school and is successful in his classroom.

I want to visit about Part C services for children birth to age three. This is a non-Medicaid program. I feel this program is not talked about much, but the difference it makes for young children is significant. On Monday of this week, I calculated out that 38% of children currently in our Infant Toddler program (Part C) have a diagnosed condition (something like Down Syndrome or a Neurological impairment) and 68% have one or more delays in development in such areas as speech/language, gross motor, or fine motor. We frequently forget to look at Part C as a preventative program, but for the most part it is as the majority of the 68% of children move on into their school environments with little to no special education services. They just needed a little bit of help in their early years.

So again, I thank you for the 4% for the last two years and I ask you to consider another 4% for each of the next two years. In addition, I ask that you consider Autism Services under State Plan Medicaid. Thank you!

January 21, 2015

Alyson Ball
1103 S. Pinecrest Dr.
Bozeman, MT 59715
(406) 582-8566 or (406) 314-3527

Dear Legislators,

My name is Alyson Ball and I thank you for this opportunity to share with you my family's story. I am the President of the Bozeman Area Special Ed PTA and the proud mom of my almost 9 year old son, Ondrej. Ondrej has various complicated disabilities of both intellectual/developmental and medical types. These include cerebral palsy and mitochondrial disease. He has been feeding tube dependent his whole life and has a very unusual and risky type of seizure disorder. I am also disabled and was forced to stop working and go on SSDI at age 21. I have a variety of conditions including a very serious form of a rare connective tissue disease called Ehlers-Danlos syndrome. My condition at this point is very serious and is expected to be significantly life-shortening. My husband Kevin is in good health, although I can see the toll that the stress of our lives takes on him. He has worked for MSU for 17 years. He graduated from MSU 12 years ago in Mechanical Engineering Technology, but as there were no jobs available in that area at the time in Bozeman, he has continued to work for the food service department where he worked as a student. He is now the Assistant Manager of Miller Dining Hall.

My husband makes what should be a liveable wage and I receive a decent SSDI payment because, even though I was 21 when I became unable to work, I had been working full-time from a very young age as an emancipated minor. All three of us are insured through my husband's work and in addition I have secondary Medicare. However, I require 44 medications on a daily basis and the remaining medical expenses even after insurance can exceed $1000 a month. These expenses alone keep our family living on the brink of losing our home all the time. We have not had money for food in about a year and rely completely on assistance from the food bank and help from our church to avoid going hungry. We fall in to that unfortunate gray area where our income looks decent on paper so we do not qualify for any assistance programs like food stamps, energy assistance, or traditional Medicaid.

You can imagine that if we had to pay the medical expenses for Ondrej that are left after private insurance, we would be homeless and destitute. Our private insurance does not cover any of the expense of his feeding tube formula which is hundreds of dollars a month not to mention the literally countless co-pays for doctor appointments and the 5 hours of different therapies he gets every week. When I was approved for SSDI around my son's 2nd birthday, it put us over the income limit for the SSI he had been receiving and thus he lost his traditional Medicaid coverage. Our only option was to apply for a Physical Disability Medicaid Waiver for him. This was a terrifying prospect because I knew that the wait list for the waiver was many years long. Thankfully for us, the waiver slots are filled on a "crisis level" basis and because of my co-occurring disability and the fact that we were facing homelessness, Ondrej received a waiver slot after a very short wait. The waiver not only provides Ondrej with Medicaid but also pays for needed medical equipment, an aide who helps with Ondrej's care for about 10 hours a week, and types of therapy he needs that aren't covered by Medicaid alone. These things have allowed Ondrej to stay at home and with all of the early intervention he has received I am proud to say that he has reached a level of function that no one really thought he could. His principal has described him as "the poster child for the success of early intervention". However, we live in constant fear of him losing his waiver slot and every year we go through the extremely stressful

process of re-qualifying him. One year we were actually told that because his GI doctor had increased the amount of food he gets through his feeding tube and he had gained just enough weight to be above the 5th percentile, that he was less disabled and might not be re-authorized. Another odd thing that is used to pressure us is that if a child is qualified for both the Developmental Disability Waiver and the Physical Disability Waiver, they are only eligible for the DD Waiver because it trumps the PD Waiver in the case of dual eligibility. Every year we are told that Ondrej might be too DD to qualify for the PD waiver despite the fact that the DD Waiver has denied him as not severely DD enough for that program. I tell you these things to illustrate that even for the lucky families that have a waiver slot for their child, the pressure of there not being enough slots to go around is significant.

As one of the founding members of the Bozeman Area Special Ed PTA and an officer of it for the last 7 years, I am afforded a unique chance to meet and work with many families facing all kinds of situations because of disability in the family. I can tell you that I personally know families where the parents have had to divorce despite still being in love so that their special needs child can qualify for Medicaid. I also know families where a parent has had to quit a fulfilling, good-paying job and go to work at a low-income job so that they can qualify their child for Medicaid. There is something very wrong with a system where people have to break up their families or intentionally live in poverty and on government assistance so that their special needs child can have the care they need.

I know that you care deeply about the well-being of Montana families and that is why I wanted to share my story with you and ask you to please increase the funding for Medicaid waivers. They are the life-line for so many of us and I know that the money spent on our kids now will be returned many times more in the future with our kids being more functional as adults. From both a human dignity and financial perspective, it only makes sense to make sure that people with disabilities can reach their full potential. Thank you so much for your time and attention to this most vital issue. Feel free to contact me if you have any questions or I can be a help in any way.

Sincerely,

Alyson Ball

Public Testimony to the Joint Appropriations Sub-Committee On Health and Human Services

Mr. Chair and members of the Committee, my name is David Eaton and I'm the Executive Director of Counterpoint, Inc. in Livingston. Since 1976 we have provided an array of supportive services to adults with disabilities in Park County.

I am here today to explain why I support a 4% provider rate increase for each of the next two years. In testifying before you in the past I have cited, in detail, many statistics to make a case for a provider rate increase. I have cited cost increases to utilities, repair and maintenance, gas and oil, liability and worker's compensation insurance, etc., etc. These are all still valid issues of concern but this time I am going to keep it simple and refer to our funding history to make our case.

I have been Counterpoint's Director since 1996. Over the years we have seen rate increases of 1%, 2%, no increases and one year a 2% decrease. The net result of this has been service provider budget increases falling far behind the rate of inflation. As a result there were many years where we ran budget deficits. It has been a long, hard haul. However, during the last legislative session you folks did a very good thing! You approved a 4% increase for each year of the biennium. This was a wonderful and meaningful step in the right direction!

In our case we used the 4% increase, and a substantial decrease in our worker's compensation premium to give our staff two 6% wage increases and a 67% increase in our health benefit! Our entry level direct support staff wage jumped from $9.71 to $10.91 per hour. It had been many years since we could give our staff any type of meaningful compensation increase. The reaction of our 40 or so staff members has been enthusiastic and heart warming. I believe they felt appreciated and acknowledged for the very difficult and absolutely necessary work they do on behalf of people with disabilities. We currently have many good quality people working for us who are really helping us meet our mission which is to nurture personal growth and support meaningful lives for adults with disabilities.

I think we are heading in the right direction but we are not there yet. Our studies tell us that a provider rate increase of 4% this year and again next year will get us caught back up with the rate of inflation which we had fallen so far behind. At Counterpoint we would use the increases to once again address, along with other areas of need, our number one budget expense and priority: providing a livable wage and reasonable benefits to our staff. Providing decent compensation to our staff will help us attract and retain quality people who are then able to deliver quality service to our clients, people with disabilities.

I strongly urge the Committee to support a 4% provider rate increase for each of the next two years.

I want to thank the Committee in advance for the help we are requesting.

Respectfully submitted,

David Eaton
Executive Director
Counterpoint, Inc.
406 222-2472
exdir@counterpointinc.org

January 22nd, 2015

Health and Human Services
Appropriations Subcommittee
Room 102, State Capitol
Helena, Montana

RE: Developmental Disability Services

Dear Committee Members,

My name is Kat Patterson. I live in Bozeman with my family. I am the co-chair of the Montana Advocacy Coalition "People Not Numbers" and the proud mother of two children one of who is autistic. I, however, am not going to ask you to support funding for disability services because my autistic daughter needs them. I am asking you to support funding for these services because she no longer needs them. She was one of the lucky few who got a waiver slot three years ago when she needed it. The intense therapies and services she received during those 3 years brought her up to the developmental level of a typical child her age. Her autism will never go away and she will always have challenges, but now she is equipped to handle them more and more independently each day. We as a family now also know the most effective ways to support her.

All children with disabilities should have the opportunity to better themselves and improve their odds for the future. They have the potential to learn and become contributing members of society with the right support system and services. In most cases, these services shouldn't have to last the rest of their lives; just long enough to get them caught up to a sustainable point. It takes a developmentally disabled child much longer to learn most things because it takes many more repetitions and often unique techniques. The right disability services teach individuals with developmental disabilities important life and social skills that most people learn instinctively by observation while growing up. These skills are what can help them fit into our society norms and live a full and healthy life. This is why I would like you to think of the funding for these services as an investment and not a handout.

Let's say, for example, the state invests $50,000 a year for a few years so a disabled individual can learn appropriate social behaviors, how to take care of themselves and how to effectively manage their disability through therapies and programs administered by trained professionals. This could potentially save the state later on from having to spend over $40,000 a year to keep that individual (who was not able to learn appropriate social behavior the traditional way) incarcerated potentially for the rest of his or her life. In a better, but still far from ideal, situation it can save the state over $100,000 a year to keep a disabled individual in a special care facility for the rest of his or her life, because that individual did not get a chance to learn how to care him or herself.

Wouldn't it be better for everyone to give individuals with developmental disabilities the best possible chance to succeed and become contributing members of society?

Thank you for your time and please contact me with any questions.

Kat Patterson
406-599-2723
Bozeman, MT
Montana Advocacy Coalition
"People Not Numbers"

Resources:
http://www.down-syndrome.org/information/motor/overview/?page=3
http://www.autismtraining.com.au
http://www.ncd.gov/publications/2012/DIToolkit/Costs/inDetail/
http://www.ncsl.org/research/health/autism-and-insurance-coverage-state-laws.aspx
http://www.cbsnews.com/news/the-cost-of-a-nation-of-incarceration/

January 22, 2015

My name is Shelly Dowdle. I live in Belgrade and have two sons with autism. I would like to share a little about my younger son, Jackson.

Jackson was diagnosed with autism spectrum disorder just before his 3rd birthday. The Children's Autism Waiver had just started and Jackson was put on the list to try and get a slot. He didn't. They placed him on the waiting list and we hoped he would get a slot when one opened up. Just before his 5th birthday we got a letter that he was being removed from the waiting list because he was too old for the waiver. His autism is still there, it didn't go away at age 5.

Jackson does not have Medicaid, so we can't get him the kind of services that he needs. We have private insurance, but we can't afford the copays for the number of therapies he needs. There are programs that could be helpful that our insurance does not cover at all. He qualifies for them, and if he had Medicaid, he would be in the program, but he does not have Medicaid, so he goes without. There are even more services that would help, but those are now only available through the Children's Autism Waiver.

Jackson has a lot of trouble with impulse control and can become overwhelmed and have meltdowns. He can become aggressive toward both adults and other kids. He wants to interact with peers, but he just can't seem to understand how to do it. Jackson does not understand danger and even if we remind him over and over, his idea of looking both ways to cross the street involves walking ½ way into the street and then looking. While you can understand his speech, he often has trouble getting out what he wants to say and then becomes frustrated and that can lead to a meltdown. He often misunderstands instructions and people will think he's acting up on purpose, when he really just doesn't understand what he is suppose to do. And he doesn't understand when or how to ask for clarification. We are lucky that our private insurance does cover autism treatment if you qualify, so he can get more than 30 days of therapy a year, but the expense is still beyond our means. We would be required to pay our regular copay along with 20% of the fee. Most families in Montana with special needs children cannot afford that. For one occupational therapy appointment, that would be about $50 or more. Right now he has OT once a week and it's not enough. He also needs speech therapy, but we can't afford the copays. Other therapies have been recommended by professionals that could help him immensely, but they are not possible for us financially.

A friend of ours has a daughter who was able to get a slot with the Children's Autism Waiver. She was also diagnosed with autism at

about the same age as Jackson. She had many of the same symptoms. With the waiver she was able to access the services she needed to improve. She still needs some help at times, but she is one of the success stories of the autism waiver. If these children can get the help they need early on, they can improve dramatically. Money spent in the beginning will save so much more in the long run by avoiding these kids growing up and ending up in prison or mental hospitals.

I'm terrified that this is going to happen to Jackson. Almost every day I worry that I will get a call from the school or that a police officer will show up at my door and tell me that Jackson wandered away or hurt another child. I keep thinking about what will happen in the future. That he will be one of those kids that is going to end up in jail or in an institution because he can't get the support he needs now, and getting support for an adult is MUCH harder. I'm trying to help him learn and develop and cope, but I am just making this up as I go along. I have severe depression and rheumatoid arthritis, so some days I just can't do a whole lot. Most days I have trouble physically restraining him if he's trying to run or hit his head against the wall, or hurt someone.

There are so many families struggling to get care for their children. They are desperate to help them. They want their children to grow up and be able to function in the real world as well as they possible can. Get a job, be happy, contribute to society. Just like every parent wants for their children. I want that for my sons. I don't see that happening without help.

My husband's income puts us over the income limit for Medicaid. I'm very grateful that we have private health insurance, but with all of the care my sons need and my medical disabilities, we just can't afford to pay out of pocket for these other services that could make a huge difference.

Sadly our story is not unique in Montana.

I know that right now you are looking at funding so that all children that receive Medicaid will be able to access services for autism. That might not help my son right now, but every parent deserves a chance to help their child. Being a parent can be exhausting. Being the parent to a child with special needs, you never get to take a breath, when your child has autism, you are always on high alert.

I just want my boys to have a chance. I just want other children and young adults in Montana to have a chance. Please, help them get that chance.

Thank you for taking the time to listen and I hope it has helped you to see into the world of a family who struggles every day with their

children with special needs.

Shelly K Dowdle

Shelly Dowdle
704 Church St
Belgrade MT
59714
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Mr. Chairman and members of the committee, my name is Traci Street and I live in Eureka. My son Roby, who will turn 5 in March, was diagnosed with Autism on Jan. 2, 2014. The autism spectrum affects people in many different ways; Roby is high functioning and verbal.

We received our diagnosis through the Child Development Center in Kalispell, who also serve Lincoln County. We are currently receiving four free visits with a behavior specialist from there, which has helped point us in the right direction—but we do not qualify for intensive home-based services, because we are on Healthy Montana Kids.

The services we have received thus far have helped us in several ways:

Roby has had sleep issues since he was18 months old. Sometimes he is up 3-4 nights a week for 3 or 4 hours at a time. It is an exhausting drain on me and my entire family. It hinders his school attendance and causes extreme behavior issues at home and school. Services we have received from the Child Development Center in Kalispell have helped us work towards a solution—and it has helped. As of now we are on week 2 of sleeping through the night!

He also refused to take a bath for months at a time because he is afraid of water on his face. And it's not just a fear; its more like a panic attack. We use First/Then—a basic principle of behavior therapy. "First a bath, then a reward". Using pictures of the bath and the reward helped tremendously because he doesn't always understand us verbally. Now a bath is no longer a fight. These are just small examples of what begavioral therapy and autism services can do for a child on the spectrum.

Roby attends preschool through a collaborative special education preschool arrangement between Northwest Montana Head Start in Kalispell and the Eureka Public School district. Both HS and the Eureka School District have been a tremendous resource. He receives speech therapy through the school district and goes to occupational therapy three times a week.

Research shows that early intervention is key to making gains and that 1 in

68 kids in the nation are now on the spectrum. With only 55 kids on the spectrum receiving services through the state Children's Autism Waiver program, there is a large population, like Roby, who are on Healthy Montana Kids and not receiving the services they need. Roby has been on the wait list for the waiver program for over a year. There were three slots drawn in the fall—and we were not one of them—so we continue to wait. Because of Roby's age and the low number of drawings available, we likely will not have another chance at this service. Since we don't have private health insurance, we do not qualify for the intensive services that have been shown to improve the lives of kids with autism.

I am here to ask you for help. What Roby needs is autism treatment services covered through the State Medicaid plan for kids. These services could help to increase Roby's social skills, improve his communication, assist with self-care, increase self-esteem and independence, and help him to understand and operate in the world in a manner that will make sense to him.

Thank You

Mr. Chairman and Members of the Committee:

a. My name is Andrea Fox. I am an attorney here in Helena with the Utick Law Firm.

b. I am also the Vice Chair of Helena Industries Board of Directors, which is a volunteer board

c. I serve on the board because Helena Industries is a wonderful organization doing great work for the community; and, closer to my heart, my sister is an inspiring and dynamic woman, who also happens to have developmental disabilities. Kim has worked at Helena Industries for 25 years, and is so proud of what she does at Helena Industries.

2. Statement about Helena Industries

a. Helena Industries is a private, non-profit organization that was established in 1970. Over our 44-year history, our mission has been to serve the vocational and case management needs of individuals with developmental and other disabilities. **In a year's time, we serve approximately 950 individuals with disabilities.** That is over 10 times the number of people in Montana's House of Representatives.

b. But, what **Helena Industries really does is to provide opportunity, choice, and dignity to those with developmental disabilities**. We live in a society in which work and employment are highly valued. I am sure you can think of someone, perhaps even you, who is defined by their job. When we first meet a person, one of the first questions usually asked is "What do you do?" Helena Industries is proud to say that, over the last four decades, we have provided literally thousands of people with developmental disabilities with answers to these questions that they can be proud of. My sister grins from ear to ear when she states how long she has worked in the Helena Industries mail room. She almost seems to grow a little taller when she speaks of this accomplishment.

c. Services provided by Helena Industries are needed by the individuals with disabilities who we serve and are valued by the state of Montana. **In Montana, we watch out for our own**, especially the disabled.

3. Now, down to the nitty gritty: Money.

a. Two years ago, we reported to the subcommittee that HI was losing large amounts of money due to the inadequate rate system that reimburses it for services.

b. **We lost $193,136.00 in fiscal year 2012, and more than that in the two years prior. We still have not caught back up.**

c. We have worked steadily and made painful cuts in our attempts to stay afloat. We have

cut employee benefits, reduced staff, not provided pay raises, used our reserve funds, deferred $300,000 in maintenance and equipment replacement costs, and made substantial efforts to generate revenue. As an example, we opened the Helena Industries Thrift Store awhile back, and it has been a huge success. In fact, all of the clothing I am wearing today, and all the clothing I wear to Court is always from Helena Industries Thrift Store.

4. **We have done all we can to help ourselves, and we can't cut any more without disadvantaging the people with developmental disabilities who we serve.**

a. **We greatly appreciate the 2% rate increases** each year of the biennium that are proposed in the Governor's budget. This is a step on the right direction.

b. **However, we need a 4% rate increase, at the bare minimum, each year of the biennium to keep providing exemplary services for people with developmental disabilities**. And, we need your help to make that happen.

5. It is important to not only keep places like Helena Industries around for people with developmental disabilities now, but it is important for the future. My husband and I had our first child this past September. When I was pregnant with my son, I kept thinking what I'd want for him if he happened to be born with any kind of developmental disability. I knew I'd want him to be able to work at a place like Helena Industries someday, so he could have the pride, satisfaction, and dignity of work. While he ended up being born without any kind of developmental disabilities, the feeling is the same – places like Helena Industries need to stay afloat for future generations. **And I strongly believe each generation should have it better than the last, so we need to not only keep Helena Industries afloat, we need to make it better. And we need a substantial rate increase to do that.**

6. Thank you so much for your time today, and throughout the session. Also, I would like to extend a thank you from the Board of Directors: We thank the Montana Legislature for historically helping individuals with developmental disabilities.

Testimony given by:

Andrea J. Utick Fox
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Steve and Cathy Thaut
1212 Grubstake Circle
Billings, MT 59105

January 18, 2015

Committee Members:

Mister Chairman and members of the committee, our names are Steve and Cathy Thaut. We live in Billings and have a developmentally delayed, speech impaired son who is 34 years old and lives with us.

When Jason graduated from high school at the age of 21 back in 2001 he was placed on a waiting list with Voc Rehab for services and with Job Connection for supported employment. It took over a year for him to start receiving services.

We have been working with Job Connection since that time. They have worked with Jason and placed him in different jobs over the years in order to find one that was a good fit for his skills and abilities. Because of cutbacks in his hours at the place he had been employed for the last seven years, it was necessary to look for a new job for him. Vern, at Job Connection, went the extra mile to find Jason a new position. Since starting the new job last September he is happy to go to work every day and at the end of his shift he always has a smile on his face and says he had a fun day. He loves being with his co-workers and getting a paycheck, and because he is working he is now a more productive member of society. This new job is a great fit for him and has the possibility of working into a life-long career.

Without the services provided by Job Connection… searching throughout the community to find a placement for him, helping train him for the job, continually following up with both the employer and Jason to make sure he does the job to the satisfaction of the employer…Jason would be sitting at home with little to do. As working parents we are not able to do all that Job Connection does to help Jason and others like him be gainfully employed.

Jason will continue to need supported employment in the future. The services that Job Connection (and other organizations like it) provides are desperately needed in order to help all the "Jason's" be contributing members of society. Job Connection has been a God send for Jason and for us. We urge you to provide the necessary funding so that these programs can continue to exist and help all that need them.

Sincerely,

Steve Thaut

Cathy Thaut

Cathy Thaut

Chairman Ehli, members of the committee, my name is Diane Reidelbach and I am the Director of Job Connection, Inc., a state contractor that provides employment supports and living supports in individual settings in the Billings community. Our focus started on finding jobs in the community for the folks that we serve. This has been a wonderful year for placing persons in jobs in our community because our unemployment has been very low. We have been able to get our folks better jobs with higher wages. I brought with me a letter from Jason's parents. He is thrilled with his new job and his new employers. They are an independent auto body business who employed 2 of our clients.

The success stories are wonderful but the reality of what we do is very different. We also have about 70 clients in the service called Supported Living. We did carry less than 50 clients in this service until May of 2013. That's when a provider in Billings decided to close their doors to serving folks in this service. I would like to give you a quick course in the business of supported living. The hourly rate is around $22 per hour. We pay our supported living staff a minimum of $10.50 per hour. The benefits and cost of unemployment, work comp, etc. amount to $5.36 per hour. The portion of admin salaries (I have a program manager for SL, my bookkeeper, receptionist, business manager and myself are allocated based on the income of the service) is around $4.50 per hour. The cost of transportation is approx $2 per hour. The cost share for brick and mortar is about $.50 per hour. If my math is right, this comes to $22.86 per hour.

I know that this service loses money and I heard early this week that another provider is not going to offer payee services to their clients in supported living. I have had three requests for clients who would like to port to us just this week. I will not be able to assume these clients or these loses much longer.

So what do we do for these folks – The following is our generic "action" for our clients in this service.

"'Client' with JCI's help will work on any items in the assessment when needed which may include financial, medical, transportation, running my household and living independently, shopping, social and relationship issues, problem solving, or completing paperwork as necessary, and will see 'client' up to _ hours per month. AP"

We are told by our state staff that we either do too much and the actions should be more specific, do too little and need to do more or ask us to do things that are not in the description of the service. We do assessments, complete most of the information on the PSP, complete the healthcare checklist, write action plans for the actions, write GER's when warranted and even when not warranted. We are the SS payee, we make sure their Medicaid eligibility is current, we help them with LLEAP and food stamps.

And then of course we become teachers to help them do all of the above. But of course I have left out bed bug eradicators, court advocators, house repairer, vehicle repairer, taxi when they miss the bus, the person that advocates and translates at the doctor, the …

I hope you get that this job is not easy, it is stressful, it takes a huge amount of emotional and intellectual intelligence.

Most "normal" people would just go work at McDonalds…

Please look at raising these rates.

Diane Reidelbach

2070 Overland Ave Suite 101

Billings, MT 59102

406-245-6323

dreidelbach@jobconnection.org

Mister Chairman and members of the committee, my name is Rachael Dunkel (DUNKEL) and I live in Bozeman Montana. First let me apologize for not being present for this meeting as work obligations have prevented me from traveling on this day.

As a mother of a recently diagnosed child, my family and I have been receiving services from Family Outreach which have proved invaluable. Rose Young and the Family Outreach team in Bozeman, have provided our family with support and assisted us in established resources for our young daughter Juniper.

I am writing today for asked for continued support of programs such as those provided by Family Outreach and also to have you consider additional funding to meet the mental health needs of families raising and caring for children with disabilities.

Briefly I would like to share with you a little about my family and how I came to understanding the need for mental health services. My husband and I had been living in Bozeman for six year prior to deciding to have our first child. Two years ago at age 32 and 39, my husband and I went through a normal pregnancy, which indicated no health concerns for your sweet daughter Juniper. When she was born at 5lbs doctors expressed no concerns and believed she was just a small child. At 6 months Juniper experienced her first seizure and by 8 months her seizures increased to 5 per day. After continued doctor visits and persistence on our part, a geneticist informed us that Juniper had a rare chromosomal duplication, which to this day is only known as Xp11.22. They went on to inform us that what is known about this chromosomal abnormality is that is results moderate to severe "mental retardation" and although she will likely walk and talk at some age, her hypotonia will impact her progress for years to come.

As a young mother with her first child, this news was distressing to say the least. I struggled with the fear that my child would have life long struggle, may never experiences the joys of riding a bike, attend main stream school, or get married and have children of her own one day. My own depression set in quickly and option reduction became my main focus. Honestly, suicide was the first option that came to mind. For the few weeks following the diagnosis I considered the most effective ways to end my life. As a student of mental health and addiction studies, I knew that these thoughts were irrational. My intention was not to leave my struggling child without a mother but I felt hopeless. So, I sought out intensive mental health therapy and for the first few weeks, met multiple times to begin the journey back to health. Financially the journey was difficulty but I understood that it was in the best interest for my child, my family, and the state to get the services that would help me adjust and gain stability. In order to meet these needs, I sought out financial support to no avail. That is why I come to you today, while Family Outreach has provided all within their power, there are limited services to support parent/family members of children with disabilities receive mental health support. Daily, families of children with disabilities are faced with the grieving process, the traumas of watching their children struggle, and at times, the fear that their children will die before their eyes. I ask that the state provide for these families by offering financial support to meet mental health needs and I would go so far as to suggest that programs like Family Outreach be provided the financial support to hire a mental health

MT Legislative Testimony

~~Esteemed members of our Montana Legislature,~~ Mister Chairman & members of the Committee,

My Name is Denise Hunter and I Live in Missoula, MT on behalf of my son Dalton

I am here today testifying for the extension of Autism services in Medicaid appropriations. Our beloved state of Montana required Autism services to be covered in 2009, ahead of many other states. However, there is still a lack in services that are covered. Those services can only be obtained with the Autism Waiver given if one is lucky enough to be drawn in a lottery for it and only for a time period of three years.

Let me put you in our family's shoes. On October 15, 2010, my husband and I excitedly welcomed our son Dalton Hunter into this world. He was born at 6lbs 0oz and 19" long and had to come via emergency C-section due to the umbilical cord being wrapped around his neck twice. Other than that, he was perfectly healthy.

As time progressed, we watched Dalton grow. We didn't think we would make it through the first 6 months as he was colicky, but we did. He was hitting every milestone physically. Crawling, walking, all in time with the "normal" standards. We noticed that he was a very serious baby which resulted in his nickname "little man". He was always surrounded by love as my in-laws were our daycare while both my husband and I worked to provide the best life we could for him.

At his two year checkup, he still was not talking a lot. Being concerned, I brought this up to our pediatrician. Since he was meeting all the standards in other areas, he was not overly concerned and thought that it might be because he was not around children his age. He said we would monitor it and when his speech had not progressed at his 3 year checkup, we were referred to Full Circle Counseling for Autism testing. Nine months later on July 14, 2014, Dalton was diagnosed high functioning on the Autism Spectrum. To many parents this would have been tragic. To us, it gave the reason for the delayed speech and behavioral issues we were having. It also meant we could get him the help he needed, or so we thought.

Dalton was on Healthy Montana Kids for medical insurance. There was some services available but not everything he needed. He was very limited in support specialist hours and we could not have case management. We had to get it approved for speech therapy and had no option for occupational therapy. My husband and I started checking with our insurance. Although it would be expensive to add him, we were more than willing if we could get him everything he needed. Both of us worked for employers that had employees in multiple states. Therefore they only had to follow Federal EIRSA guidelines which has no provision for Autism services and neither of our insurances covered Autism services. In fact, my insurance would only cover speech therapy after an injury. What were we supposed to do?

The speech therapist Dalton was seeing suggested that we apply for social security disability. This would then automatically put him on Medicaid. So we started the process by the middle of July and were given an appointment for the paperwork at the end of August. When we arrived for the appointment, we were told the office was short staffed and had to reschedule until the end of October. The other thing we were informed of was that there were income guidelines and most likely we would be above those.

Now what are we supposed to do? HMK had limited services, our private insurances didn't cover services, we made too much for Medicaid, and now we would make too much for Social Security. Early intervention is key to make a successful child but our hands were tied. Our only prayer was to get the Autism Waiver, drawn in lottery form with 88 kids currently on the waiting list.

Wanting to do the best we could for Dalton, my husband and I discussed at length, and finally decided that I would leave my job. I would have celebrated my 7 year anniversary in 3 months of when I resigned and had spent those years developing my career and was nearing a promotion. When I gave my notice, my immediate supervisor actually cried and within an hour, my manager and HR were calling to see if there was any way I could stay on including decreased hours. I had already run the numbers and knew that I could not work for us to meet the Social Security guidelines. They advised me that if we were to receive the waiver, they would have a position waiting for me. I was devastated to leave my job but knew it was what we had to do for Dalton.

It has been hard to adjust to being a stay at home mom. From the time I was 14 years old I have held down a job with many times having 2 full time jobs. I had always been proud to earn the things I wanted and provide for myself and my family. Now I've been forced to become a product of the system. We live solely on my husband's income. The income drop did what it was intended and got Dalton on Medicaid. To live, we had to apply for other assistance including WIC, SNAP and LIEAP. Albeit embarrassing to me to have to be a part of the system I never had to be and had actually always paid into via taxes, if it's what we need to do for Dalton, then it's what we need to do.

Ultimately we would like to see the federal government require insurance to cover services but until then, we would like to see our beloved, progressive state of Montana expand the services it provides. Eventually each child on the spectrum will become an asset to our beautiful state. Let's invest in our state's future. Please remember Dalton as you make your decision. Each child deserves a chance. Each child is "Different, not less".

Thank you.

Mister Chairman, and members of the committee, my name is Abby Harris, and I am from Forsyth, in Rosebud County. DEAP, Miles City

I am here to support the expansion of Autism Funding. I would like to begin by thanking you for the funds that have already been appropriated for Autism services. As a result of these funds, I am here with a success story. Our 6 year old Daughter Ella was diagnosed with Autism shortly before her 3rd birthday. The year following her diagnosis is almost a blur. Keeping a child with autism out of harms way was a full time task. Ella had no fear of moving cars, no fear of water, no concept of the danger of freezing temperatures, or walking out of our house in the middle of the night. On top of these daunting safety fears, we were desperate to find effective and affordable therapy for our daughter.

In the summer of 2012 Ella was accepted into the Children's Autism Waiver program. Ella was provided with certified autism trainers, and began receiving several hours of intense therapy on a daily basis. Our family was given a support specialist. An expert to accompany us to school IEP meetings, help arrange doctors appointments and connect us with other specialized services necessary for our daughters growth. This support took an immense weight off our shoulders .....allowing us to be just mom and dad to our children once again. Within weeks, we saw amazing progress in Ella. This beautiful little girl was coming out of HER world, wanting to join OURS. After two and a half years of therapy, simple tasks that were once unimaginable are now daily routine. Ella is toilet trained, can follow basic directions and is able to be in a

kindergarten classroom for much of the day. As Ella's communication skills develop, she can now convey the majority of her needs and her extreme intelligence is becoming evident as we realize her gift for memorization and instant recognition of both words and pictures. One of the most exciting developments for us, is that Ella is beginning to speak! In October, she said the words "I love you" to her dad for the first time.

Because of Autism funding and services, the moments of joy and celebration in our story now outnumber the moments of fear and desperation. But tragically, these Services are not available to all of the Autistic youth in Montana.

I tell my daughters story today, to impart on you the dire need for this funding expansion. Early intervention for children with Autism is key in preparing them for their future. These funds will be an investment for the state of Montana, that will yield immense savings in long term care expenses. An investment that will change lives and carve the futures for so many individuals with Autism. The skills and tools taught in youth will carry them far beyond childhood, with the hopes of minimal care, or even complete independence in their adult life.

Thank you, again for the life changing programs already implemented throughout the state, and thank you for giving me the opportunity to share my testimony today.

Testimony for the Developmental Disabilities Program Public Hearing

1/22/15

Chairman Ehli

Members of the Committee

For the record, my name is Ken Brown. I am Director of Specialized Services for Opportunity Resources, Inc. (ORI) in Missoula. This year will be the 60th Anniversary celebration of ORI providing supports to people with disabilities.

I work with 25 clients who in addition to their disability have sexual problem/offending behaviors. 13 of those individuals are registered offenders; the others were not able to aid in their own defense and were generally institutionalized at the Montana Developmental Center (MDC). We provide 24 hour supports/supervision/treatment through work, residential housing, and counseling treatment through a Montana Sex Offender Treatment Association (MSOTA) clinical member.

In the six years of this program we have:

- Had no hands on offenses;
- 2 clients get their GEDs, which for this disability population is a very unusual accomplishment. One person earned their high school diploma, another will graduate this spring;
- One client graduate off of probation;
- One person got a community based job, with another client very close to getting a job;
- 3 registered offenders found community housing outside of homes/apartments that ORI owns/operates. This has been only within the last month and has proved to be very difficult to find someone that would rent to a registered sex offender;
- Out of the nearly 600 clients in ORI's work services, one of our clients was co-employee of the year for the whole corporation;
- Our Woodshop work program has been stated by national consultant, Dr. Gerry Blasingame, to be a national model for a work program for people with sexual offending behavior; and,
- 3 of the individuals have been able to purchase their own vehicles.

Many of the individuals have come to us from the Montana Developmental Center (MDC), Missoula Pre-release Center or are court ordered in lieu of prison or institutionalization. The program has worked well, giving the individuals community based services while keeping the community safe. We have been very well supported by the Developmental Disabilities Program for both services funding and consultation by Dr. Blasingame. However, our program has been closed to taking new clients since last spring because we are not able to hire the staff. We need higher wages for staff so we can attract workers for this critically necessary program.

Thank you for your time and hopefully your support of higher wages for direct care staff.

Ken Brown

Amy Ottman

Our son was just a little over a year old when we first began to worry about his development. He wasn't meeting milestones and had odd, repetitive behaviors that I, with my brief history working in the mental health field, associated as ASD. We joked one day as we watched him lining up his cars instead of driving them in a usual way that we would be concerned when he started lining them up by color. That day came. Fast. Only he wasn't just lining them up by color, but also size and type. This is how he played with all of his toys, and shoes, food, everything.

We sat on a waiting list for speech therapy until he was 2. Started occupational therapy shortly after as well as services with family outreach and every recommendation thrown at us from weighted vests to trampolines and vitamin supplements. Just to name a few. He started preschool at Ray Bjork Learning Center on his third birthday. It was still months before he called me mommy, for the first time. Victory!

Will just turned 4 and functions only slightly higher than his 2 year old sister, yet too adaptive to qualify for the autism waiver. Therapies come out to about $300 a month after insurance, so every time a bill comes we have the "should we stop" discussion. He is not the same boy he was when we began this journey, so early intervention has proven itself over and over. But we have a long way to go. On a system that is failing us. We need your help.

Thank you for hearing me today and for everything you do.

Mr. Chairman and members of the committee.

My name is Stuart Brownlow and I live in Helena

I have worked for Safeway for 22 years.

I am a courtesy cleck.

I like my job but if I did not have my job coach I would not be working.

My job coach helps me when changes are made.

He helps me when there is a change in managers.

My job coach helps me sign up for time off so I can go to Special Olympics

And take a vacation.

My friends and I need to have your help to keep us working.

Thank you

We are grateful that **Rachel's funding made it possible for my husband and I to continue to work our full time jobs.** I know a mom who gave up her career to stay at home and take care of her disabled child. Recently, I've heard of parents who leave their disabled adult child at home alone because they don't have funding for a day program to provide care while the parents work. Sadly, these situations are becoming more common.

Even though Rachel is our youngest, we won't have to worry about being empty nesters any time soon. When we signed Rachel up for the Community Services, we were warned that this wait list can take a **miniumum of 6 – 8 YEARS** before she will receive any additional funding to cover her placement in a group home.

So right now, Rachel continues to live at home, and she is one of 680 on a wait list composed of both children and adults in the state of Montana. Many parents bear the primary care of their disabled adult child until their own health becomes an issue. Financially, these same parents have less opportunity to save for their own retirement and financial security.

By the presence of the extensive wait list, it's obvious that there is a great deal of need in this population which is not being served. The 2007 legislature tackled this issue last. **I encourage you to see if there is a way to get funding to individuals in a more timely manner.** I know there are many tough issues the committee will be wrestling with.

Most importantly, **please remember you are the elected advocates for this population who can not speak out clearly for themselves.** The disabled population and their families are depending on this committee to consider their needs, address them in the way you feel is most appropriate, and educate your peers.

Finally, let me express my thanks for all this committee has done in the past and what actions it takes that will impact the futures of Montana's disabled citizens.

Thank you.

Testimony from January 22, 2015

Annette Baird
223 Anderson Blvd.
Helena, MT 59601

Phone: 406-442-6198
Email: Bairdclan@Outlook.com

(Big breath. Move microphone in front of me)

Dear Mr. Chairman and Members of the Committee:

My name is Annette Baird (B-A-I-R-D).

I live in Helena, Montana.

Rachel is my 19 year old autistic daughter. Rachel graduated from high school in June of 2014 and at that time, transitioned into the world of adult services.

non verbal

In addition to being a mom of a disabled individual, I am a caregiver, a taxi driver, a teacher, **but most importantly an advocate for my daughter**. I also serve as the Board President of Family Outreach. Family Outreach has served Rachel for the past 17 years.

I consider my family to be very fortunate. We have been education, worked with talented staff, and Rachel has received assistance through Part C, the General Fund, but most importantly the Medicaid Waiver. Because Rachel received a Medicaid Waiver slot as a child in crises, she had a cost plan in place that carried over when she became a legal adult.

In spite keeping up on current issues through my Board involvement, I was surprised to learn that when Rachel graduated, her cost plan was frozen—no adjustments were made. Parents like us must figure out how to do without the 35 hours/week that schools educated and kept their child safe. **And if there is NOT a cost plan already in place, you won't be getting one unless your child has a crises.**

Mister Chairman and members of the committee, my name is Sheila Thompson and I live in Missoula.

I am the Director of Residential Services for Opportunity Resources. I am here on behalf of the people in our service who receive both residential and vocational services. Our residential supports range from 24 hours a day 7 days a week to a weekly check-in to make sure the person's home is clean, they have groceries, and laundry is not piling up. We make sure they attend the periodic doctor's appointment, take their medications and visit their family and friends. The people in our services depend on us to hire staff who will provide the supports they depend on every day. It is a very busy, satisfying job with a great deal of responsibility.

This past year has been very challenging for our agency and most agencies across the state. At one time, we had 28 open positions which makes it very challenging to cover all our shifts. We covers shifts by having staff work overtime - we average $7,000 to $8,000 in overtime every pay period. We believe that if we can increase our staff wages to a more livable wage – we will be able to hire the staff we need. Our staff are no longer just college students – we have staff who want to make a career at Opportunity Resources. But, because our wages are too low, some of our staff may qualify for food stamps, Medicaid and housing vouchers because they cannot support their family on their wages.

I am asking that you give the providers at least a 4% staff wage increase. A 4% increase for our staff will raise their wages to $10.24 an hour or 39 cent increase per hour. We appreciate the 2% increase that is already in the governor's budget – that will give our staff 20 cents per hour increase; $416 per year – before taxes. = $21,299.00/yr before taxes

But, back to the people we work with each day – who depend on their staff to help them live the life they dream about, to be active in the community as they want, and to learn to cook, clean their homes and learn new hobbies – **THEY** are depending on you to do the right thing and give the providers an increase that will make a difference in their staff's wages. Then we can recruit the staff needed to make sure that Pat and Lee who have lived as roommates for many years continue to safely live in their home together as they age. Cindy will continue to receive the weekly pop-in she needs to make sure her home is clean and safe. And, the folks that are on the waiting list who will get funding **WILL** be able to utilize that funding because we are able to hire staff to work with them. Please make sure our clients have the staff they need and receive the pay they deserve. I know you have a tough job – many Montanans across the state are depending on you – we are depending on you.

Thank you for listening and thank you in advance for making the best recommendation for the governor's budget!

mister chairman and member's
of the committee, my name is shawn
Heinert and I Live in Great Fall's montana
I Live in an assisted Living Home where we
Learn How to cook meal'S for each other
Independently that are healthy with meat.
vegetable, fruit and pasta. we Learn skill's
Like How to Deep clean a Bathroom so that I
have marketable skill's, so that I can have A
normal JOB In the community. I have
my own Living space that I have to make
SURE it is clean and picked up so I can
Learn skill's to Live independently. I want to be
able to Live in my own apartment and
Have staff check on me more often so
that I succeed. I have been with glc
For TWO year's and it has made a Big
Differance for me. With the support From
glc I am able to Live without getting into
TROUBLE. in the Past I Lived By myself and was
In TROUBLE A Lot. I Feel so much Better
about myself and I don't want to go Back
to my old way's.
the staff at glc support me But
Because of the Lack of vehicle's it is hard
to get out and do the activite's that I
want to do. with newer vehicle's we could do
more altivitie's. one of the hard thing's on
us, is that Because the wage's are so Low For the
Staff that work in our home's they don't

~~Stay. we start to feel comfortable with them and then they find job's that pay better and leave. It would be great if the staff would not have to leave to get more money. there was recently water damage to my room and I had to stay in a motel. when I got back to my room, I was upset to see the make shift~~

Stay. we start to feel comfortable with them and then they find new JOB'S that pay more and then leave. I would Be great if the staf would not have to get more money. ~~there was recently water Damage's to my room, and I had to stay in a motel. when I got Back to my room, I was upset to see the make shift repair'S I would like my room the way it was Before the damage's! my ceiling fell in and the light fixture was damaged I now have a Board on my ceiling and my light fixture doesn't work, am I dreaming to want a new ceiling and light fixture that work's?~~

thank you for your Time!

NOTES

When I came out ~~out~~ of BOWld I was put on a C.t.p. that I had to follow it so that I can be succeed. with the plane on my community treatment plane.

2015
1972
(43)

Chairman Ell

Lorrie Merrill
Big Sandy, MT

Thank You
No Selvice in South Africa

Waiting list
- Eight years last seriously addressed 2007
- "It can take anywhere from a few months to a couple of years or more...
- 18 years on the waiting list before being removed
- approximately 680 on the waiting list
- What is the impact to ~~our~~ our society
  - Lost skills; ~~lost~~ financial investment
  - ~~Fa~~ Family crises
  - as a society we loose their contribution to our lives
  - most important individuals lose their own sense of Value

South American Farmer - Hopelessnes

My son, Nicky, has autism. He is 18 years old. He was diagnosed at age 7. At that time, we had no resources to give him the care he needed. We began a desperate search for interventions to help him but were told, at every turn, that nothing was available to us since we did not qualify for Medicaid. My husband's salary as the pastor of a small church, and my part-time salary as a sign language interpreter made us too "wealthy" to qualify for government help. When Nicky was 10, Montana raised the qualifying income level for its Childrens' Health Insurance Program. For the first time, we were able to take Nicky to be treated by a pediatric specialist. She prescribed therapies for him and we were so grateful! However, when we looked for autism-specific treatment, we were always told "we could offer you so much help <u>if you only had Medicaid</u>."

Life with Nicky has always been an adventure. He is a great kid. He loves people; he just doesn't know how to interact with them. He loves all things related to movies, actors a theater. He talks about these things all

the time because his autism causes him to fixate on this one topic to the exclusion of the more pressing details of life. He can learn, but he must be taught in creative ways with lots of repetition and practice. He has always been overwhelmed by certain odors, sounds and sights. Trips to big-box stores and crowded places often result in meltdowns that aren't a pretty sight. When Nicky entered puberty, life became even more overwhelming to him. He grew in size and became more difficult to handle.

Nick is now 18. His story is long and filled with heart-ache. His teen years have included the trauma of handcuffs and criminal charges in school. He has had multiple trips to the ER because of aggressive behaviors. He has been hospitalized multiple times at Shodair, Benefis in Great Falls and Acadia in Butte. He has damaged and destroyed property at school and at home. My husband and I have been physically attacked.

We are concerned that Nick will have a public meltdown or a sexually inappropriate behavior that will land him in prison. This is

not an uncommon tragedy in the lives of adults on the autism spectrum. I have a friend whose son currently is serving a prison sentence because of these autistic behaviors. The other concern that keeps me awake at night is this: who will care for Nicky when his dad and I are no longer able?

Last March, Nick began to receive funds from the 0208 Developmental Disability Waiver. For ten months, he has had services from the most amazing professionals! He is encouraged. He is praised. He is taught. He is guided. He has gone 4 months without an explosive behavior. He is learning to handle his emotions. He is, daily, working toward his dream of living with friends in an assisted living situation. He looks forward to getting a job taking movie tickets at Carmike theaters someday.

Last year, at this time, I was a mother in despair. Now, because my son has help, I am filled with hope. I am passionate, however, that other families don't have to go through the hellish times my family has suffered through. If Nicky had gotten help when he was diagnosed

at seven, he wouldn't have gotten to the dreadful state he has been in for the past few years. Early intervention, for kids with autism, is vital. Nicky is living proof of that fact. Of course, interventions cost money, but doesn't it make sense that less Montana dollars would be ~~spent on~~ required to educating and treating autistic children than warehousing and hospitalizing them?

I am only one voice, but I belong to a network of special needs parents who are crying out for help for our precious children. Please hear us!

Thanks for listening.

Joyce Moore
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406-788-8248