

TO: Senate Health and Human Services Budget Division
FROM: Anne L. Henry, Minnesota Disability Law Center, 612-746-3754, 1-800-292-4150, alhenry@midmnlegal.org
RE: Personal Care Assistant Program Cuts in the Governor's Budget
DATE: February 10, 2009

Impact of Governor's Personal Care Assistant (PCA) Budget Proposals, p63-66

Background on PCA

Office of the Legislative Auditor (OLA) Report

Reasons for PCA Growth:

- Disability waivers cut over \$200M 2002-2007, PCA grew by \$247M.
- Changes in Mental Health System, Regional Treatment Centers (RTC) closures, Rule 36 facilities changed to short-term treatment. Significant growth in PCA use by those with diagnoses of mental illnesses for ongoing support services between 2002 – 2007.
- Increase in children diagnosed with autism (ASD) and other mental health conditions.
- Demographic changes and cost-of-living adjustments (COLAs).

As a safety net service, PCA services grow in response to state policy changes in mental health and disability services, cuts in services and demographic changes.

OLA recommendations involve oversight, fiscal integrity measures, protection improvements, training.

OLA did not recommend eliminating eligibility, cutting hours, disrupting family-provided PCA care for adults.

People Affected:

→ **2,500 people are cut off PCA services:**

- **2,100 cut off due to new eligibility criteria**, cuts \$18 M (\$36 with federal match)

New criteria requires either:

---cuing and constant supervision to begin and complete\

2 activities of daily living, ADLs (eating, bathing, toileting, etc.)

---hands-on or physical assistance for /

Examples of 2100 PCA recipients no longer eligible due to new qualifying criteria:

- Child with mental health diagnoses adopted after parental rights terminated due to abuse, hyperactive, sexually inappropriate, dangerous play with knives and fire, needs constant supervision for behavior and safety, can accomplish activities of daily living with prompting. Numerous similar examples of children with Fetal Alcohol Syndrome (FAS).
- Adult with developmental disabilities, no physical limitations, can accomplish activities of daily living with structure and prompting, but cannot live safely without family or 24 support services.
- Adult with mental illness, no physical limitations, needs assistance to get to medical appointments, obtain groceries, take medication, eat nutritious meals (to prevent exacerbation of diabetes) and maintain apartment. In the past, this person cycled through acute mental illness episodes with hospitalizations when without PCA services. Likely acute hospitalizations without daily support services.
- Senior with dementia but only minor balance and gait problems who can complete activities of daily living with prompts but needs assistance to take medication, get in and out of the tub, not wander, cook, get to medical appointments and maintain apartment.

- **350 – 400 people will have their PCA services terminated because they do not live with their Responsible Party (\$5.8M/\$11.6M with federal match).**

Examples: Adult woman with neuro-degenerative condition, intractable seizures, needs and receives 24-hour care. Lives with mother who is paid as one of five paid PCAs. Because she is paid as a PCA, the mother can't act as the Responsible Party. The mother is paid for about ½ the hours she actually provides care. Without PCA services, this woman will require medically intensive ICF/MR or highest level DD waiver with 24-hour awake staff. A close family friend acts as the Responsible Party for this PCA recipient.

---Another family with two adult children who are extremely medically involved, one on a ventilator who live in a very rural area. Both parents provide some PCA and the Responsible Party is an uncle who lives nearby. Without PCA services provided by the parents these two adults will be placed in much more expensive settings.

- **6,600 recipients, 40 percent, will experience a cut in hours of service, cuts \$12.6M state funds (\$25.2M in PCA services). Although 5,500 others would get an increase, the amount of the budget savings makes it clear that this is largely a reduction in service hours.**

Consequences of Losing PCA Services:

Alternative services and programs:

- Cost more per hour (behavioral aide in children's mental health, DD waiver, elderly waiver),
- Are not available across the state (behavioral aide services) or there is a long waiting list (DD waiver),
- Facilities which cost more and often can't provide the quality or amount of care.

Spending Cuts:

- **Over \$85 million in state and federal Medicaid PCA services cut in 18 months.**
- **Nearly 15 percent reduction from forecast for 2011 ongoing.**

PCA services have been Minnesota's safety net as major policy changes shifted from facilities and institutions to community services AND other more targeted and expensive services have been limited or cut since 2002. These PCA changes will:

--cause significant hardship for many Minnesotans with disabilities and their families trying to maintain their loved ones in the community,

--increase child welfare and adult protection cases for counties,

--reverse Minnesota's move away from institutional services by removing the community safety net for many,

--cost more for many and

--infringe on rights to live in the community under the *Olmstead* Decree.

ALH:nb