

Testimony for the HHS Bipartisan Commission on Medicaid Reform  
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Good afternoon, my name is Rita Wiersma and I'm from Spring Valley, a small town in the southeast corner of Minnesota. I want to first thank you for the opportunity to talk about the need for Medicaid services from a family viewpoint.

Imagine a beautiful 22 year-old woman. Someone who loves life and has a wonderful laugh; someone who enjoys the outdoors and volunteering in her community; someone who goes to work everyday and enjoys her apartment but dreams of having her own place. Someone who on her 22<sup>nd</sup> birthday (this year) received a wedding proposal and ring from her boyfriend of two years. Who is this vibrant woman? It could be your daughter, your granddaughter, or your sister. It happens to be my daughter, Dana and she happens to have a disability.

Dana lives in a supported living service with a roommate. She has lived there for two years. She has staff available to her twenty-four hours a day, seven days a week, but not based on her need, based on the needs of the other people at her home. At 22, she shares a room with another 20 year-old woman because the provider can not financially support the home without 4-people and there are only 3-bedrooms. Dana is looking for a new home where she can have her own bedroom and privacy, but there are not any available at this time.

Dana is employed by Eagle Bluff, an environmental rope course and conference center and has a job coach to support her. She receives a competitive wage for her work. This past year, Eagle Bluff which is funded by government environmental dollars, had a major decrease to their funding. Now Dana's work is limited because Eagle Bluff needed to cut their budget. Her hours were cut and she began spending more time in a day training center because it was the only thing available to her. There, this very capable young woman sits and shreds paper.

Dana's services are not built around her, but based on a service model developed years ago. Certainly, we believe this model is better than an Intermediate Care Facility for Mental Retardation (ICF/MR) or more restrictive setting for Dana. Dana deserves to have the freedom of less service with continued funding if that meets her needs. Our local county and state are struggling with providing a different service model because Medicaid funding may not pay for lesser services and it lacks the ability to be creative in developing services.

This all aside, we are grateful for the funding Dana receives from Medicaid to enable her to have as independent of a life as possible. She is a contributing member of her community the same as you or I. How has Medicaid helped her do this?

- By providing a job coach and Day Training and Habilitation (DTH) services Dana is a taxpaying member of her community. She spends her earnings locally

- purchasing groceries, having her hair done, going to the movies, and buying many clothes as well as other items.
- By providing residential staff, Dana can live in her own home, enabling her to be independent. She is supported to learn how to care for her home and cook for herself. Dana volunteers at the local food shelf once a week to give back to her community. She teaches Sunday School to the preschool class and volunteers at Vacation Bible School
  - By providing transportation, Dana can attend church and community events supporting her to be a true member of her community.

Medicaid doesn't just make a difference to Dana; it has affected our entire family. If not for Medicaid, Dana would be living at home and would not be able to work. What could this mean?

- Either her father or I would have to quit our job and be home with her.
- With one income, our family no longer would be a middle income family, but a low income family struggling with five children.
- With limited income, it could mean no health insurance for our family and we could become dependent people, looking for services for ourselves.

There are many what ifs that may have happened if Dana would not have received services funded by Medicaid. Thankfully, we are not facing those today and hopefully we won't be in the future.

Medicaid and the services it provides is not just about the person with a disability and long-term care, it's about entire families. The prospective changes you will be making will have long reaching effects. Please do not make cuts to Medicaid but instead search for a different way to provide needed services.

Consider looking at:

- Service models based on individual's needs, possibly reducing costs for individuals who may benefit from services done a different way.
- Give counties and states the ability to be creative with developing services without the fear of cutting or losing dollars.

Thank you again for this opportunity to speak to you today. I hope that my perspective was helpful as you proceed forward. Please feel free to contact me at any time. I would be happy to answer any questions or give further feedback.

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