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OPPORTUNITIES FOR IMPROVED AND EXPANDED SERVICES FOR THE DEAF

HENRY C. WARNER, JR.

Introduction

In August of 1967 the Department of Health, Education and Welfare Secretary, John Gardner, established Social and Rehabilitation Service to act as a coordinating unit for administrations within DHEW directing domestic programming. The objective was to develop a coordinated continuum of services to individuals and families, particularly to the poor, disabled and disadvantaged. Presently, the Social and Rehabilitation Service has six administrations under its direction. The Administration on Aging, Assistance Payments Administration, Community Services Administration, Youth Development and Delinquency Prevention Administration, Medical Services Administration, and Rehabilitation Services Administration. These administrations work cooperatively with their respective counterparts as units in State agencies to implement the legislative goals and objectives of government. The State agencies to a large measure provide services to the consumer, i.e., the disabled, poor, elderly, etc. The impact of the coordination of these agencies to serve deaf people has significant possibilities.

Public Welfare & Deaf People

Federally supported programs to aid citizens in services and-or financial assistance are provided in large measure by The Social Security Act Title IV A & B *Service Programs for Families and Children* and SS Act Titles I, X, XIV or XVI that provide for services to Aged, Blind or Disabled Persons. Title XIX of the Social Security

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Act is the Medicaid program, health care services to the public welfare recipient.

Frequently, public assistance programs procedures for application and establishment of eligibility developed severe obstacles for deaf individuals needing assistance. The potential grant recipient, who is also deaf, will most likely be the least able to cope with the communication problems in understanding the information and cooperation required of him to determine if he meets eligibility requirements for public assistance.

Residential graduates of schools for the deaf report a median achievement level in language skills of the 6th grade level by standard achievement sources. Characteristics of referrals of deaf clients received by projects such as, Jewish Vocational Service, Chicago, Illinois, and Project DEAF, Goodwill Industries of Columbus, Ohio, reflect much lower skills in communication, with accompanying problems of adjustment. This in itself implies severe problems in communicative skills that impair functioning in everyday life situations.

August 16, 1968, Miss Mary Switzer, SRS Administrator, in a letter to State Directors, discussed the difficulty many people experience in obtaining and utilizing the services of public agencies because of inaccessibility of the agency's offices, inadequate transportation, *inability to understand program requirements and language barriers*. Miss Switzer urged State and Local agencies to take steps to alleviate these problems. The following appear quite applicable to extending services to the hearing impaired:

"Employment of bilingual staff as interpreters, or payment of an interpreter's fee, as a service in all locations where language is a problem."

"..Preparation and dissemination of explanatory materials on program requirements, written in simple, comprehensible terms.."

"..Making program manuals available to anyone to see on request and providing copies of the manual to any responsible agency that agrees to keep it current, such as, legal services, organizations, welfare rights organizations and libraries.."

It would only be fair to say some progress on the above recommendations have been made, but much more needs to be done.

The philosophical base of rehabilitation, to assist one in reaching his highest potential for achievement, certainly has application for public assistance recipients whether they are hearing impaired and-or otherwise handicapped.

It would appear appropriate that during the time of application for assistance that the individual or family receive a diagnostic study consisting of a comprehensive evaluation of pertinent medical, psychological, vocational, educational, cultural, social and environmental factors in the case. The diagnostic study should provide the basis for:

1. establishing the socio-economic factors interfering with self-support,
2. appraising the current health status of the individual or family,
3. determining how and to what extent those conditions identified as handicapping independence can be removed, corrected, or minimized,
4. selecting a level of independence at the highest state within the individual or family's capacities or limitations.

From the above information gathered, short and long term goals can then be established to measure progress of the family or individual and the effectiveness of services rendered.

For example: Deaf people have been placed on public assistance, in institutions such as, nursing homes, mental hospitals, etc. unnecessarily. With some supportive rehabilitative services, interpreters and other professional assistance, it has been demonstrated that some of these individuals are capable of independent living and self-support.

Financially, rehabilitation is good business, even in circumstances where where gainful employment is not the objective. Institutionalization of those who have rehabilitative potential costs the State and Federal governments at least \$8.00 per day per person. If the average individual stay in a nursing home setting is two years, the minimum cost will be \$3,760. Average cost per rehabilitation for FY 1969 was \$1,888.

If the State Dept. of Welfare contracts for the purchase of rehabilitation services from the State VR agency, it may achieve an 80-20 Federal matching ratio if the Vocational Rehabilitation appropriation has not been fully utilized. If it has, it may utilize funds

under Title IV of the Social Security Act to obtain a 75-25 match.

For most states it is a favorable basis of extending and improving services to disabled welfare recipients instead of using the Title XIX funding at an approximately 50-50 ratio. Furthermore, rehabilitation services are extended on a plan basis of goal achievement.

Even when the more favorable match is not appropriate, say for aged or other handicapping circumstances, the movement to independence with or without supportive services appears far more humane and less costly.

A considerable gap in child welfare services to the deaf persons exists within our service continuum today. Day care, adoption, family counseling, foster care and homemaker services are services to be provided under State agency jurisdiction. To be sure, many services that we are discussing are available in isolated instances, but are not available to deaf persons or others on a systematic basis nationwide. Few communities today have counseling services appropriate for deaf parents and their hearing children.

Medicaid can be a substantial resource for extending services to deaf people. In many states, Title XIX of the Social Security Act provides reimbursement for medical and related services, such as interpreter services to assist physicians in diagnostic treatment or other remedial care. This should be readily available to deaf persons on public assistance and in states having comprehensive services to the medically needy.

IMPLEMENTATION OF THE LEGISLATION

State Title XIX agencies can purchase services from any qualified vendor, physician, health clinics, hospitals, rehabilitation centers, etc., on the following basis:

1. per patient - service fee
2. per clinic visit (in approved clinics)
3. contracted services on geographic-population basis of prepayment-reimbursement

The first method, the patient secures from the vendor those services rendered by or prescribed by a physician, on a service-fee basis. The present method to deliver health care services, in most instances, lacks a program plan of care for the individual, and has been difficult to maintain fiscal controls on the system.

The second method of securing patient services would provide

health care services on a standard fee per clinic visit. This provides a greater latitude of services to the patient in a clinic setting and provides greater fiscal control of Title XIX expenditures.

The third and most interesting opportunity for extended medical services to recipient groups is essentially a purchase of services by contractual agreement. The grantee supplies health care services to a specific population in a defined geographical area. The contract would define the services to be rendered, during a specific period of time-similar to an insurance policy.

The last option, contracted services on a geographic-population basis of pre-payment-reimbursement is an exciting concept for rehabilitation facilities to contemplate. The pre-payment of services by the State agency would simplify fiscal operations substantially and allow for program direction of health care in addition to lending greater accuracy in projected expenditures under Title XIX.

Title IV, which authorizes the purchase of services for families and children, offers an almost infinite number of opportunities to contract for supportive social services to provide services to eligible recipients, if the State Plan permits this and the State agency desires to do so, (Ref. SRS PR-30-2).

For example: Should the state agency (welfare agency) desire to provide interpreter services to all deaf applicants of public assistance or in specific instances, assistance to the recipient, it could contract an organization such as the Registry of Interpreters for the Deaf, to provide this service.

State Departments of Welfare may wish to establish a Bureau of Services for the Deaf. A Legislative base for this is found in the Social Security Act under optional Provisions and Services. Federal Register Vol. 35 No. 80-Part II Sub Part C 222.60. There are a number of ways to accomplish the extension of services to people. However, in order to stimulate interests by all parties it is essential that the cooperative effort be of mutual benefit to both the provider as well as the consumer of the services.

DEMONSTRATION OF NEW PROGRAM APPROACHES

There are circumstances where there is doubt in the validity or necessity of extension of services to certain populations and-or geographical areas. Also, there is need to try new approaches of

service delivery and to evaluate our efforts.

Legislation provides the opportunities to do this. The Social Security Act, Section 1110 and Section 1115 and the Vocational Rehabilitation Act, as amended, Sections 3 and 4 are the funding sources to provide such activities.

Frequently, the failure of programs to continue services that are needed in the community after the grant period has ended is due to the lack of an adequately established agreement between the parties and a financial base on which to accomplish the program effort. The effective use of Demonstration and Research grants should establish a method of implementation when it has shown validity for improving and extending services.

In summary, much can be accomplished in expanding social and rehabilitative services to deaf people, and in particular, those on public assistance if we are willing to reach out on a mutually planned coordinated basis to utilize present legislation to its fullest potential.