FUNCTIONAL IMPROVEMENT SERVICES FOR PUBLIC WELFARE RECIPIENTS IN CALIFORNIA

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On October 1, 1959, recipients of Aid to the Needy Disabled became eligible for functional improvement services in California. If the program is successful it may be extended to other welfare recipients of whom there are about 450,000 in this state.

The plan is a pilot project to determine whether it is possible to mobilize adequate resources on the local level to meet the needs of the totally disabled for functional improvement services. One of the basic assumptions is that modern concepts of rehabilitation have caught on sufficiently in the medical and ancillary professions to achieve the objectives of the program.

The purpose of the program is to provide a range of remedial services, including medical, psycho-social and other services needed to assist recipients to achieve the best possible adjustment and maximum functional improvement within the limits of their disabilites.

Plan of Operation

In California, as in most states, the welfare programs are administered by county welfare departments under the supervision of a State Department of Social Welfare. Because of requirements in the Federal Social Security Act, however, the determination of disability in Aid to the Needy Disabled is made by state medical review teams consisting of physicians and medical social workers instead of by counties. At the same time the applicant's disability is being evaluated a decision is made of *feasibility* for functional improvement services. The decision is based on medical, social and psychological factors.

If the case is considered feasible, the team authorizes *evaluation* services, which presently may not exceed $75 in the individual case. It is expected in most instances the evaluation will be performed by a medical specialist with the help of a physical or occupational therapist wherever indicated. Arrangements may be made with rehabilitation centers for these services.

Upon completion of the evaluation, the welfare department submits a rehabilitation plan including the cost of necessary services. A maximum of $300 may be allowed for treatment in a 12 month period for the individual case. It is expected that the emphasis in most instances will be on services that can be provided in the home since funds are insufficient to cover *treatment* services in rehabilitation centers.

Services

Five types of services are allowable under the functional improvement program:

1. Physician home or office visits, including necessary X-ray and laboratory services
2. Nursing services, if not available from existing community resources
3. Physical and occupational therapy services
4. Appliances and assistive devices (excluding dentures, hearing aids and glasses)
5. Household rehabilitation equipment such as bathroom rails, parallel bars, modified chairs and toilet seats, etc.

Fees for the above services are paid according to established fee schedules. A fee schedule is currently being developed for appliances and assistive devices.

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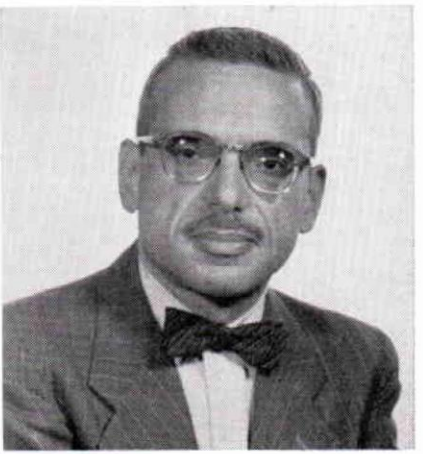
Mr. Lefson is a graduate social worker having received a Masters degree in social work from the New York School of Social Work, Columbia University. From 1948 through 1951 he was with the United Nations Refugee Relief Program in Europe. Since 1951 he has been with the California State Department of Social Welfare as Public Assistance Specialist, Rehabilitation and Employment Consultant, and presently as Chief of the Aid to the Totally Disabled Bureau.

Before entering the field of public welfare Mr. Lefson spent time in the teaching profession and other miscellaneous types of work.



Certain services have been excluded because of fund limitations. Mainly these cover routine medical care and drugs. It is assumed that these will be met through existing community resources and the cash grant. California has an extensive system of county hospitals which by law are required to provide medical care for indigents.

Types of Disabilities

The approximate distribution of disabilities among the 8,000 welfare recipients of Aid to the Needy Disabled in California is as follows:

Parkinson's Disease, Cerebral Palsy and Epilepsy	24%
Mental Retardation	15%
Hemiplegia	14%
Other Circulatory Diseases	10.5%
Arthritis, all forms	11.4%
Multiple Sclerosis	6%
Other	19.1%

It is anticipated that the groups most likely to benefit from FIP services will be the arthritics, the hemiplegics, those with multiple sclerosis, muscular dystrophy, spinal cord injuries, and some cardiacs.

Progress to Date

Tooling up for a program of this kind is a slow process. After four months of experience it can be said that many county welfare departments have made gratifying progress in establishing the necessary procedures and enlisting the services of essential personnel needed to make the program work. It is anticipated that within a year, a significant number of individuals will begin to receive functional improvement services.

Prosthetists and orthotists have an important role in this program. The countless ingenious devices which are now available or can be developed are among the most beneficial services in improving an individual's capacity for self-care. The prosthetist and orthotist, together with the physical therapist, the occupational therapist, the nurse and other essential technicians can be of real service to the physician and the disabled person in developing a suitable treatment plan geared to maximum functional improvement.

Those in California desiring further information may contact their local county welfare department. Those outside of the state may write to the author in care of the California State Department of Social Welfare, 722 Capitol Ave., Sacramento, California.