

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

10-Mar-1994 05:05pm

TO: (See Below)

FROM: Richard A. Popper
 Office of Mgmt and Budget, HIMD

SUBJECT: W&M DI-CDR Hearing

The W&M Social Security Subcommittee held a hearing this morning on Continuing Disability Reviews (CDR). Principle SSA Deputy Commissioner Larry Thompson testified on SSA's recent CDR mailer effort. This involves sending out questionnaires to DI recipients to profile whether the agency should perform a full review on the individual. The Subcommittee members were skeptical of the efficiency of mailers, due to possible recipient misrepresentation. Both SSA and GAO reported that initial results from pilots indicate that respondents generally answered truthfully.

Reps Pickle and Bunning both hammered on SSA for choosing to do initial claims before CDRs, and for using the DI investment for locality pay and not for CDRs. The members appeared to be under the impression that Congress intended some of the DI investment for CDRs. According to Pickle "You are thwarting the will of Congress." Lara and I know of no legislation or appropriation report language indicating that any of the investment should be used for CDRs. Pickle also pointed out how the DI rolls had grown by 20% in 3 years, and how less than 1% of recipients recovered to leave the rolls. Pickle noted that Congress would have to reallocate between the two trust funds soon, and that it wouldn't be prudent to do a permanent reallocation for a program that isn't being administered well.

Jacobs and Bunning have introduced H.R. 3935 that apparently creates a revolving account within the DI trust fund (off budget & not under the caps) for performing CDRs. Half of the savings from CDRs would be pumped back into processing CDRs. SSA reminded the Subcommittee of the HR 3400 proposal to dedicate funds within SSAMs admin. budget for CDR processing, but noted that the agency was interested in new ways to increase CDRs performed. CBO testified that they would score no savings from the revolving fund, since they generally do not score savings from increased administrative activities. This received obvious criticism from the subcommittee, however since CBO may also score no costs either, the measure could still be adopted. If enacted, it could put OMB in the business of apportioning CDRs.

Pickle, Bunning and Jacobs also asked for a position on Independent Agency, to which Thompson replied that making SSA independent at this time would be very disruptive given all the changes and problems that agency is handling. Pickle responded that HHS was getting in the way by "stopping the will of Congress."

Distribution:

TO: Isabel Sawhill
TO: Barbara S. Selfridge
TO: Bernard H. Martin
TO: Matthew L. Miller
TO: Keith J. Fontenot
TO: Lara L. Roholt
TO: Janet R. Forsgren
TO: Matthew J. Welbes

CC: Wendy C. New

May 24, 1994

**SCHEDULE FOR OMB SPRING
ENTITLEMENT/TAX EXPENDITURE REVIEWS**

<u>Review</u>	<u>Time</u>
Urban Issues	May 31, 1:00-3:00
Retirement: Federal Retirement & RRB	June 20, 10:30-12:30
Unemployment and training programs	June 27, 2:00-4:00
Food Stamps, SSI, and other low income programs	July 5, 1:00-3:00
Agriculture	July 7, 1:00-3:00
Retirement: Disability and rehabilitation programs	July 11, 2:00-4:00
Tax expenditures not covered elsewhere	July 18, 2:00-4:00
Government organization	July 25, 2:00-4:00
Retirement: Veterans	August 1, 2:00-4:00

707 North Broadway
Baltimore, Maryland 21205
Telephone (410) 550-9262
Facsimile (410) 550-9524
TTY (410) 550-9806

Roni Gross
Director
Public Relations

✓
2/94



Kennedy Krieger Institute

Dr Herr,

Dr Charles Silberstein asked me to send you a copy of Sarah's Graduation. Sarah was one of Dr Silberstein's patients who has made great strides in spite of cerebral palsy. It was a pleasure seeing you at our open house, and I look forward to having you visit the Institute again.
Roni

Kennedy Krieger Institute



EXECUTIVE OFFICE OF THE PRESIDENT

14-Jul-1994 04:10pm

TO: Jeremy D. Benami

FROM: Carol H. Rasco
Economic and Domestic Policy

CC: Stanley S. Herr
Rosalyn A. Miller
Patricia E. Romani

SUBJECT: RE: Disability

My sense is that it is probably a response to my message back to Belle when I read the invitation to the review while I was out of town. I think you should answer her that I would welcome a session and you should also send her a copy of my memo to Alice to bring Belle up to date in case she hasn't seen the memo. Get a clean copy of what was actually sent from Rosalyn. You can work with Pat Romani on the date for a session to do the review...I'd say we should allow at least an hour, may not take that long.

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

14-Jul-1994 01:28pm

TO: Jeremy D. Benami
FROM: Isabel Sawhill
 Office of Mgmt and Budget, HRVL

SUBJECT: disability

Tell Carol that we would be glad to do a briefing for her on the disability issues discussed at the review you attended. Staff would welcome this and I'd like her feedback. We need to decide where to go with all of this; NEC is interested in an OMB or WH led review process.

Anything interesting from the hearing this a.m.?

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

14-Jul-1994 04:02pm

TO: Carol H. Rasco
TO: Stanley S. Herr

FROM: Jeremy D. Benami
Domestic Policy Council

SUBJECT: Disability

Got the attached note from Belle. It may be a response to your note to Alice (?)

I think it makes more sense for you to meet with Alice to discuss the big picture than to get a briefing from Belle and her staff, but please let me know if you think differently and how you want me to respond to Belle.

Thanks.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

LEGISLATIVE DEVELOPMENTS

HEALTH CARE REFORM -- PROGRESS AND UNCERTAINTY

The Congress returned from the Memorial Day Recess, to signs of significant legislative progress on the health care reform front as well as conflicting signals of uncertainty. The Senate Committee on Labor and Human Resources became the first committee with major jurisdiction over President Clinton's health care reform plan to report a health care reform bill. The House Committee on Education and Labor is expected to also report a bill soon. The other three committees with major jurisdiction are proceeding very cautiously and may soon be seriously testing the time clock for legislative action.

Just prior to the recess, the President traveled to the Capitol for a series of discussions and pep talks with key Members of Congress. This appeared to have a short-term spirit-boosting effect that was rapidly dissipated when the Members returned home to their respective districts and encountered their constituents' uncertainty about what kinds of reform they favor. Senator Diane Feinstein (D-CA), in a re-election race that recently became much more competitive, had her name removed as a sponsor of the Clinton health care plan when she returned from the recess. Senator Max Baucus (D-MT), a member of the Committee on Finance, had to repeatedly tell his constituents at town meetings that he no longer favors the Clinton plan even though he was an original co-sponsor of the bill.

Despite the uncertainties, the key remaining committees are moving forward in their individual attempts to put together the package that will gain the votes needed to pass the House and the Senate. The last three weeks in June could prove to be critical to the fate of health care reform in this Congress.

This UPDATE reports on recent developments related to health care reform, Social Security legislation, and the FY 95 Budget Resolution.

SENATE COMMITTEE IS FIRST TO ACT
ON HEALTH REFORM WITH HOUSE
COMMITTEE NOT FAR BEHIND

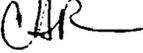
The Senate Committee on Labor and Human Resources became the first of the five committees with major jurisdiction over health care reform to complete its work and report a bill. Two House subcommittees have also reported bills, and the Committee on Education and Labor is expected to act soon. The other committees, where membership is considered more reflective of the House and Senate as a whole -- the Senate Committee on Finance, the House Committee on Ways and Means, and the House Committee on Energy and Commerce -- are at various stages of the process. It is these committees that will determine whether health care reform legislation is actually considered by the full House and Senate before summer's end.

THE WHITE HOUSE

WASHINGTON

July 6, 1994

MEMORANDUM FOR DPC PROGRAM STAFF

FROM: Carol H. Rasco 

SUBJECT: Planning Session on July 7, 1994
(WH Conference Center/ Jackson Room/ 9:30-12:30)

Attached is a one page form that I would like for you to complete prior to coming to the session at 9:30 a.m. tomorrow morning. We will use these very early in the session.

As I stated on the regular 9:30 a.m. conference call this a.m., I view tomorrow as an extended program staff session where we will have longer than 45 minutes and hopefully can all participate to the maximum time allowed. (I realize there will have to be exceptions with visits to the Hill, etc.)

Please try hard to be on time. We expect Alice Rivlin around 9:45 a.m. to discuss the FY 96 budget and the OMB reorganization and how we can best relate to them.

I want us to take a deep breath, look at what we are working on, how we are working on those issues, what is on the 6 month, one year horizon, and any process or changes we want to begin to implement. I see tomorrow as a beginning, not a final decision point. I hope to leave the session with a next meeting set, if something more is needed other than our next regularly scheduled Thursday session on July 14 from 12:00 to 1:00 p.m.

Please send me emails today if you have suggestions you want to have considered for tomorrow's session.

Thank you, see you at 9:30 a.m. tomorrow!

THE WHITE HOUSE
WASHINGTON

FAX COVER SHEET

OFFICE OF THE ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY
SECOND FLOOR, WEST WING
THE WHITE HOUSE
WASHINGTON, DC 20500
(202)456-2216 PHONE
(202)456-2878 FAX

TO: Jeremy Ben-Ari / Stan Herr

FAX #: 67028

FROM: CAROL H. RASCO

DATE: 7-14-94

NUMBER OF PAGES (including cover sheet): 2

COMMENTS: _____

If you have any problems with the fax transmission, please call
at (202)456-2216.

The document accompanying this facsimile transmittal sheet is intended only for the use of the individual or entity to whom it is addressed. This message contains information which may be privileged, confidential or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any disclosure, dissemination, copying or distribution, or the taking of any action in reliance on the contents of this communication is strictly prohibited.

Monday

THE WHITE HOUSE

WASHINGTON
July 13, 1994

MEMORANDUM FOR ALICE RIVLIN

FROM: Carol H. Rasco *CHR*
SUBJECT: Disability Policy

My staff has given me a report on the disability review they attended at OMB yesterday. We appreciate very much the invitation to be included in these reviews.

I am currently on travel and will not be back in the office until Thursday. It is my understanding there was consideration given at the meeting to forming an interagency task force to look at disability policy across the administration. Before such a group is named by OMB I would appreciate the opportunity to visit with you and/or other appropriate persons within OMB about the plans previously underway within the Domestic Policy Council to address this issue. We have begun informal discussions with various agencies, the administration appointees with disabilities (we have started bi-monthly meetings with this group), and persons like Tony Coelho who serve as appointees to major disability committees and commissions. Many of these various entities are working on policy initiatives, and we have discussions underway for a comprehensive review and policy development.

My schedule appears very tight through Friday afternoon when I go to Boston for the National Education Goals Panel meeting and a meeting of the Democratic Governors' Association on Saturday, but I would be happy to squeeze in a meeting with you on this topic if it must be done this week; otherwise I am of course willing to meet at a time convenient to both of us next week. Please have your staff call Pat Romani in my office if you wish to schedule a meeting.

Thank you.

cc: Jeremy Banami
Stan Herr
Pat Romani

EXECUTIVE OFFICE OF THE PRESIDENT

27-Jun-1994 05:23pm

TO: Carol H. Rasco
FROM: Jeremy D. Benami
Domestic Policy Council
CC: Stanley S. Herr
SUBJECT: SSI Reengineering

I spent an hour at SSA today getting a briefing on the status of the Reengineering effort.

The Reengineering team has received nearly 6,000 comments over the last two months in response to its proposal and is about to produce a final report to Commissioner Chater.

Several points emerged from the briefing:

(1) Schedule from here: The Commissioner will be ready to make her recommendations based on the report by approximately August 1. At that time, she will schedule a meeting with you and with Alice Rivlin to brief you on where they are heading.

(2) There are several points of contention with the outside world over the proposal that reflect a perception that the reengineering effort has exceeded its mandate to "fix the process." The SSA folks believe they have been clear since the beginning of the effort that there would be substantive impacts from the changes they were going to pursue: i.e., some people now found disabled would not be under the new system and vice versa. They say their only commitment was to be cost-neutral -- over all, no more and no less people will be on the rolls.

This position seems reasonable to me and I would be happy to go into more detail on this if you would like -- but I'm not sure you need it just now. If it looks like the political heat is going to start to rise, I will let you know.

(3) On the issue of the ADA and its interaction with re-engineering (the issue Stan raised with me this morning), SSA has tentatively (and not for public disclosure yet) decided to remove all reference to the ADA in its new process. This should make people happy and remove one of the more often cited objections to the report.

I'll be getting a copy of the final report from the team early

next week, and I'll review it and give you an update shortly after.

EXECUTIVE OFFICE OF THE PRESIDENT

27-Jun-1994 06:49pm

TO: Jeremy D. Benami
FROM: Carol H. Rasco
Economic and Domestic Policy
CC: Stanley S. Herr
SUBJECT: RE: SSI Reengineering

Sounds good, thanks for the update. I don't think I need anymore info right now unless as you put it the heat gets turned up significantly. Then, prior to the meeting Shirley has with Alice and me, I will need for you to brief me more in depth. Thanks.

Poll Finds Harsh Life For Disabled

Employment, Income Well Below Average

By Liz Spayd
Washington Post Staff Writer

A new national survey released yesterday paints a bleak portrait of people with disabilities, with two-thirds of those questioned unable to find jobs and most living in households with incomes substantially below the rest of the country.

The poll, conducted by Louis Harris & Associates, also found a high school dropout rate for disabled Americans that is twice the national average. Despite improvements, the survey found discrimination remains prevalent.

The poll is one of the most comprehensive looks at the lives of disabled people. It is being released at the same time as a federal report that found many of the nation's movie theaters, hotels and other public places still contain barriers that keep out those with disabilities.

Both the Harris poll and the report by the General Accounting Office suggest that—four years after passage of the Americans With Disabilities Act—much remains to be done to improve the lives of disabled people.

The most far-reaching legislation ever enacted to help people with disabilities, the act is intended to prevent discrimination against the disabled, both in the workplace and in public facilities.

Yet jobless levels for the disabled, for example, show virtually no improvement over those revealed in a Harris poll conducted eight years ago, the results of which were widely used by legislators drafting the act.

"Whatever the explanation, the absence of improvement in the employment of people with disabilities is obviously a finding which should trigger further discussion and action," said Humphrey Taylor, chief executive at Harris.

Commissioned by the National Organization on Disability, the poll surveyed 1,000 people who identified themselves or someone in their home as being disabled. The polling firm called 20,000 homes to find the people surveyed.

SURVEY FINDINGS

Here are some findings from a 1994 Louis Harris & Associates survey of people with disabilities.

- **Americans with disabilities** have much lower incomes. Forty percent live in households with incomes of \$15,000 or less, compared with 18 percent of Americans with no disabilities. Only 10 percent have household incomes of \$50,000, compared with 22 percent of people with no disabilities.
- **One-quarter** (25 percent) of Americans with disabilities did not graduate from high school, compared with 12 percent of other Americans.
- **Only about one-third** (31 percent) of Americans with disabilities ages 16 to 64 are working, although the great majority say they want to work.
- **Only 35 percent** are satisfied with their lives in general, compared with 55 percent of people without disabilities.
- **Only 47 percent** of people with disabilities believe that others treat them as equals—as opposed to feeling sorry for them or being embarrassed.
- **More than half** (58 percent) say they need help from someone else in work, school, housework or other activities.

Disability leaders characterized the results as a disappointing reminder that many impediments remain before people in wheelchairs, with hearing impairments or with other disabilities enter the work force.

Chief among the problems is that many disabled people are fearful of losing Medicaid and Social Security benefits that provide therapy, personal assistance or other help they need to get by, advocates say.

"Without health care, we are not going to see people with disabilities move into the job market in any massive way," said Rick Douglas, director of a panel helping monitor disability issues for the Clinton administration.

But there are other problems revealed in the survey.

One-fourth of disabled Americans do not have a high school education, twice the national average. And while the vast majority say they want to work, half don't think they would be able to even if "suitable jobs" were available.

As a result, many live on incomes well below the national average. Forty percent, for example, live in households with incomes of \$15,000 or less, twice the national rate. Only 10 percent have household incomes of \$50,000, compared with 22 percent for people with no disabilities.

The good news, researchers said, is that education levels among disabled people have improved: Since the first poll, the number of respondents who had no high school diploma has fallen from 40 percent to 25 percent.

People with disabilities also report an improved societal outlook. While half still say they experience discrimination, the majority said their treatment has gotten better in the last decade. They report better access to restaurants, stores and other public places; improved public attitudes; and better portrayal of people with disabilities in the media and advertising.

The GAO report, released Wednesday, also found signs that the country is becoming more accessible to the disabled, though many barriers remain. Inspections of nearly 300 businesses and government facilities in 11 cities showed that nearly half the places surveyed had not taken steps to make their buildings accessible.

But the number of facilities that have done something has increased from 29 percent to 55 percent, the study found. Owners and managers who said they had plans to remove barriers also increased, although the report concluded that many businesses and government agencies appear to be waiting until someone complains before taking action.

Only one establishment was found to be completely barrier-free.

Generally, the study found that disabled people are finding an easier time getting into buildings because of new ramps or wider doorways. But once inside, they encounter problems. Among the more common barriers are a lack of signs with raised print or Braille and inaccessible restrooms.

Divers

Brown De

By Jasc
Washington Po

In an effort to attract minority employees, Commerce Department Secretary Ronald H. Brown has named a new diversity guide.

"The record here is less than exemplary in promoting women and I'd like to change that," Brown said. "We do not have that looks like America doing everything I can to do it in that direction."

Brown detailed a multifaceted program with issues of racial diversity in the federal workplace.

The diversity initiatives include staff development programs, conflict resolution and an internal diversity survey. Brown said will be implemented fairly.

Although 19 percent of the department's 36,200 employees are black, blacks are the department's GS-15 staff and

The Co
in top

All jobs

Top jobs
Senior-level
employees paid
more than
GS-15, Step 10,
and Senior
Executive Service

SOURCE: Office of

4

- implementing requirements for improved screening for breast and cervical cancer and developing a national action plan on breast cancer;
- helping consumers choose a healthy diet through continued implementation of clear and uniform food labeling;
- expanding the role of primary care doctors and nurses in the health care system; and
- promoting the representation of women and minorities in health research and health professions.

Performance Indicators: Prevention will be a central focus of our Nation's health care system, ultimately leading to better health status of our citizens and lower sick care spending. The public will be more knowledgeable about the health consequences of high risk behaviors and better informed about the content of the food they eat. The number of primary care doctors and nurses will increase as will the number of women and minorities in health research and the health professions.

*HHS
Sec's Dept.*

Serving Older Americans and People with Disabilities

The Department will enhance services and programs for older Americans and people with disabilities. The Health Security Act will provide significantly expanded coverage for prescription drugs for the Medicare population and community-based long term care for the severely disabled. Other key objectives include:

- renewing public confidence in the Social Security system, both through excellence of service and through protecting the fiscal viability of the retirement and disability trust funds;
- implementing an initiative to provide personal earnings and benefit estimate statements to individuals contributing to the Social Security system;
- revamping the disability determination process to provide more timely decisions; and
- providing support for the 1995 White House Conference on Aging.

Performance Indicators: Older Americans and people with disabilities will be served better by HHS programs. The public will have greater confidence in the soundness of the Social Security system. People who contact Social Security offices will receive prompt and courteous service. By the beginning of 1996,

PARKLAWN BUILDING FACSIMILE TRANSMISSION RECORD

TO: (Name, Organization, City and State)	FROM: (Name, Organization, and Phone Number) 
SEE Attached LIST	Merle McPherson HRSA/mCHB/SCSHW 443-2350
Facsimile Phone Number	Dept of Health and Human Services Rockville, Maryland Parklawn Building - Room 3B-07

TELEPHONE (301) 443-2706 IMMEDIATELY IF RE-TRANSMISSION IS NECESSARY

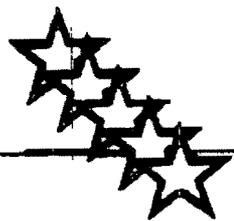
Parklawn Building Facsimile Numbers

All Automatic -

- (301) 443-1719 (DEX 6700)
- (301) 443-6468 (DEX 450)
- (301) 443-1726 (DEX 740)

6
Number of Pages
(Not including cover page)

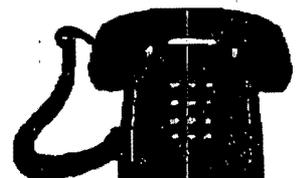
Date:	OPR: L
-------	--------



Carol O'Leary
Authorized Signature of Originator

Special Instructions to Parklawn Services Center:

Mail back copies to room: _____



**FICC Subcommittee on Integration and Continuity of Services
Subcommittee Membership**

- ✓ Carol Berman (TA staff)
FAX 703/528-8848
Phone 703/528-4300
- ✓ Kim Boller (representing Sumner Yaffe, James Kavanagh)
FAX 301/402-2085
Phone: 301/496-5097
- ✓ Patricia Daniels
FAX 703/305-2549
Phone: 703/305-2554
- ✓ Gary DeCarolis
FAX 801/ 443-0541
Phone: 801/443-1333
- ✓ Tom Hehir
FAX 202/205 9070
Phone: 202/205-5507
- ✓ Stan Herr
FAX 202/ 456-7028
Phone 202/456-2372
- ✓ Howard Foard
FAX 410/965-9063
Phone: 410/965-2440
- ✓ Patty Kassold
FAX: 703/696-6344
Phone 703/696-4555
- ✓ Ken McGill
FAX 410/ 965-8503
Phone 410/ 965-3888
- ✓ William McLaughlin
FAX 202/205-8997
Phone: 202/205-8134
- ✓ Bobbie Stettner-Eaton
FAX 202/205-8971
Phone 202/205-8828

✓ Frank Sullivan (replaced Mary Jansen)
FAX 301/443-0486
Phone: 301/443-4111

✓ Deborah Ziegler
FAX 302/398-8983
Phone: 302/398-8945

✓ Other Attendees at Subcommittee Meetings
Roseanne Rafferty (NIDDR) (representing McLaughlin)
FAX 202/205-8515
Phone 202/205-5867

✓ Barbara Wagner (CMHS)
FAX 301/443-7590
Phone 301

✓ Rusty Toler, Jr. (SSA)
FAX 410/ 966-2660
Phone 410/ 965-4019

Former Members/Withdrawn

Duane French

FAX 907/248-0682

Phone: 907/248-4772

(now chairing Legislation Committee)

Nancy Freusch

FAX 202/285-8971

Phone: 202/205-9087

(attended only first meeting, Connie said she had decided not to participate at April Meeting)

Memorandum for: FICC Subcommittee on Integration and Continuity of Services

Re: ASPE Federal Register Announcement

Date: June 23, 1994

Included with this transmittal is the Federal Register Announcement from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) that was mentioned at our FICC Subcommittee Meeting on June 16. Robin Stone is the contact person at ASPE. Notes from the meeting will be forwarded next week for those of you who were unable to attend.



**Merle McPherson, M.D.
Subcommittee Chairperson**

36734

Federal Register / Vol. 59, No. 86 / Thursday, May 19, 1994 / Notices

Non-Nuclear Ship Repair

GSA does not procure non-nuclear ship repairs.

Dated: May 11, 1994.

Arthur E. Reakovich,
Acquisition Associate Administrator for
Acquisition Policy.

(FR Doc. 94-12379 Filed 5-18-94; 8:45 am)
BILLING CODE 4810-01-01

**Procedure and Liaison Branch,
Stocking Change of a Standard Form
Agency: Federal Supply Service, GSA.
ACTION: Notice**

SUMMARY: This notice announces the General Services Administration's intent to change the stocking requirement of SF 1186, Transmittal for Transportation Schedules and Related Basic Documents because of low user demand. This form is now authorized for local reproduction by all Federal agencies required to bear their transportation accidents to GSA for audit. Upon request, these agencies will be provided a camera copy of SF 1186 by the General Services Administration (GSA); Attn: Barbara Williams, (202) 501-0561.

FOR FURTHER INFORMATION CONTACT:
Mr. John Sandfort, Chief, Procedures and Liaison Branch, Office of Transportation Audits, (202) 219-3104.
DATE: May 18, 1994.

Dated: May 12, 1994.

Joseph J. Costanzo,
Director, Office of Transportation Audits
(FR Doc. 94-12330 Filed 5-18-94; 8:45 am)
BILLING CODE 4810-00-01

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the Secretary****Children's Disability Research Issues**

AGENCY: Office of the Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Request for applications to conduct children's disability policy research issues.

SUMMARY: The Department wishes to conduct research to provide a clearer understanding of the policy issues pertaining to children's disability. This project looks at children with disabilities in a cross-cutting way. Policy issues revolve around a comprehensive set of services, including health care, education, and income supports. Little information on children

with disabilities exists at the national level and even less is known about the use, cost, and impact of services for these children. This project is intended to foster new policy research by encouraging the use of smaller data sets from states, local areas, or facilities in order to address our policy concerns. We estimate that the scope and level of effort will require from 12 to 17 months to accomplish. A total of \$600,000 is available for awards in the \$50,000 to \$100,000 range. (See part V.E.4.)

DATES: The closing date for submitting an application is July 19, 1994.

ADDRESS: Send applications to: Grants Officer, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, 200 Independence Avenue, SW., room 405F, Hubert H. Humphrey Building, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Grants Officer at above address, (202) 901-9931.

SUPPLEMENTARY INFORMATION:**Part I. Background**

Approximately 4.5 million or one in fifteen children under the age of 18 have a disability. The sizable number of children with disabilities is a result of many factors, including rising life expectancies during the entire century, advances in neonatal care and medical technology, and improvements in treatment for chronic diseases, many of which were previously fatal. Children with disabilities are living longer, typically well into adulthood.

Over the past two decades, children with a wide range of disabilities, chronic conditions and illnesses have increasingly become part of regular family and community life. A patchwork of public programs have been enacted to provide families with a range of supports to keep their young members with disabilities at home (rather than in hospitals, institutions or other residential settings), send them to local schools with non-disabled peers, and foster their participation in typical community services and programs.

Administration of these public programs is spread among different Federal Departments and different agencies within those Departments. Most public programs are found in either the Department of Health and Human Services (DHHS) or in the Department of Education (DEd). DHHS public programs providing such support include: Supplemental Security Income (SSI), which provides income support for children who are blind or disabled; Medicaid, especially through the Early and Periodic Screening, Diagnosis and

Treatment (EPSDT) benefit, and also certain Medicaid state plan services such as rehabilitation and therapies, home and community based waivers, and "TERPA 136" or other eligibility options that serve children whose families have incomes over the poverty level; and the Title V Maternal and Child Health Block Grants, which enable states to plan, promote, coordinate, and evaluate health care for mothers and children and provide health services to those individuals who do not have access to adequate health care. The major DEd program is the Individuals with Disabilities Education Act (IDEA), originally authorized in 1975 as the Education of All Handicapped Children's Act, which mandated that public schools provide a "free appropriate education in the least restrictive environment" for all eligible children with disabilities. IDEA also provides early intervention and preschool programs for children who have a disability, or are at risk of developing one.

More children with disabilities are participating in these public programs, due to both epidemiological factors (higher survival rates) and by more generous programmatic definitions of disability. Advocates for children with disabilities have won significant court decisions resulting in broader definitions of disability and more generous benefits. A case in point is the 1990 Supreme Court decision *Zobley v. Sullivan*, which broadened the definition of disability for the SSI program.

Growing program rolls and increasing costs give rise to a number of policy issues. The lack of data on disability among children, as well as on their service use and costs, complicates analysis of policy options. For example:

- There is widespread concern within the disability community and among families of children with disabilities that coverage is inadequate for long term rehabilitation, skilled nursing, and home care services under virtually all health care reform proposals. Yet little information exists on the potential demand for and cost-effectiveness of such services for children with disabilities.

- The number of children receiving SSI doubled from nearly 300 thousand in 1989 to over 775 thousand in 1993. The 1990 *Zobley v. Sullivan* Supreme Court decision, which invalidated the use of a medical "listing only" approach and replaced it with individualized functional assessments, contributed to some, but not all growth in SSI. There is considerable concern

about the size of the potential pool of children who may qualify for SSI benefits in the future and how much SSI expenditures are likely to grow as a result.

Private health insurance increasingly attempt to control costs by offering managed care plans. Families of children with disabilities and their advocates argue that managed care plans are inadequate for caring, chronic health-related problems associated with disability and chronic illness.

Both Federal agencies and Medicaid agencies have responsibility to provide services for children with disabilities. An Federal agency because increasingly strapped for funds to meet the call for special requirements of Federal special education law, they have incentive to bill Medicaid for health related services; Federal Medicaid cost sharing to such extent than Federal special education funding. The implications of such billing practices on the lives of children and on Federal and state budgets need to be examined.

In light of these trends and policy issues, the primary goal of the proposed research is to develop a clear understanding of children's disability. Available data on persons with disabilities, particularly that based in national data sets, provide preliminary results. It is anticipated that this understanding will give policy makers information on which to base product delivery, regulatory, and funding decisions pertinent to current programs as well as regarding health care and welfare reform.

Potential users of the research include Federal and State officials involved in disability, health care, income security, and educational policy, program development, program administration, and financing officials; children with disabilities. Additionally, research findings may be used by hospital and facility administrators, social administrators, service providers, home health agencies, rehabilitation agencies, and the insurance industry.

Part II—Required Research Issues Areas

Research conducted under grant awarded through this announcement will address the area of knowledge regarding children with disabilities in the following issue areas: (A) Definitions and measurement (B) demographic and socioeconomic characteristics (C) services, expenditures, and effectiveness; (D) private cost of care; (E) financing of services and supports; and (F) system organization. However, these questions are included merely as illustrations. Applicants may propose other questions

related to the issue areas. These issues areas may be combined and other areas may be proposed if they are clearly demonstrated to be relevant to policies regarding children with disabilities.

We encourage secondary data analysis. Given the dearth of national data, the applicant is encouraged to collect information from states, school systems, clinical-level data, or other available data sets, which could estimate the national analytic variables. Other methodologies may be appropriate.

The following questions list the kinds of quantitative information under each of the above issue areas.

A. Definitions and Measurement

There is no consensus on how disability among children should be defined and measured for purposes of describing prevalence in the population or for establishing eligibility for disability-related benefits and services. For example, parents might address those questions: What are the research and programmatic implications of alternative disability definitions and measures (including functional disabilities, such as those used for school) for different policy purposes? How should such measures treat the different developmental stages of children from infancy through adolescence? What is the intended impact of using alternative definitions of disability on program participation under such children programs (e.g., SSI, health-related programs (e.g., Medicaid), education programs (e.g., Part H and H), or other Federal disability programs?

B. Demographic and Socio-Economic Characteristics

National survey data have yielded little information on the prevalence of disability among children, particularly in a way signal a need for benefits or services. Within this issue area, the following types of questions are pertinent: What trends characterize disability in children at various developmental stages? In disability in children likely to increase or decrease over the next 10 years, 20 years and beyond? To what extent are socioeconomic, racial, or ethnic factors predictors of disability and are the impact of disability on the child and his or her family?

How does disability status change during the course of childhood? What are the main causes of change? Does disability status change when children become adults? What are potential implications for program eligibility and services?

C. Service Use, Expenditures, and Effectiveness

A principal policy concern of government at all levels is the effective and efficient allocation of resources to maintain the quality of life and potential of children with disabilities. Little information is available however on what services children with disabilities need or use, how much they cost, and on their effectiveness. For example: What patterns of acute care, residential, rehabilitative, and supportive services use and expenditures characterize children with disabilities at different stages of their development? How do services use and expenditures vary by disability and type of disability, level of functioning, socioeconomic status, family structure, insurance coverage, services availability, and program participation?

What evidence is available for evaluating short- or long-term cost effectiveness of health, educational, and supportive services for children with disabilities? What is the evidence regarding the cost-effectiveness of service interventions (health related, educational, and supportive services) as outcomes for children with disabilities? How does this vary according to the type of child's development, by condition, level of functioning, socioeconomic status, by disability?

D. Private Costs of Care

A major policy concern is the level of out-of-pocket costs incurred by families to raise children with disabilities as compared to children without disabilities. Some evidence suggests that costs are very costly for children with identical diagnoses depending on families' living situations, the severity of the disability, and whether a child is institutionalized or receiving care at home.

The following types of questions are illustrative: What are the extra out-of-pocket costs associated with raising children with disabilities relative to the costs of care for children without disabilities, i.e., child care, respite care, transportation, supplementary educational services, physical accommodations and assistive technology, special needs equipment, home care, therapeutic services, general supplementary services, medical and pharmaceutical expenses, and the opportunity costs of reduced parental labor force participation? Are there other private costs?

How do estimated costs vary by the following characteristics: type of disability, severity of disability, family income, age, gender, race;

28228

Federal Register / Vol. 59, No. 98 / Thursday, May 19, 1994 / Notices

H. Federal Domestic Assistance Catalog

Centers for Disease Control and Prevention

This program is not listed in the Catalog of Federal Domestic Assistance.

(42CFR-111)

1. State Single Form of Contract (30, 12372)

PH 002-2445

PHS has determined that this program is not subject to Executive Order 12577, "Intergovernmental Review of Federal Programs", nor to implementation requirements of US CFR part 109. Applicants are not required to seek intergovernmental review of their applications within the meaning of E.O. 12972.

Announcement of Cooperative Agreement for the Development of a National Public Health Information Infrastructure to the National Public Health Information Coalition

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of funds for fiscal year (FY) 1994 for a cooperative agreement with the National Public Health Information Coalition (NPHIC) to facilitate the exchange and sharing of information, methods, and techniques for the collection and improvement of public health programs to combat the cooperation and coordination of other national, public, private, and voluntary agencies in promoting public health programs to improve community health and coordination among public health officials and to provide a forum for continuing education opportunities for public health professionals, the private, or organizations with and through the same goals. Approximately \$125,000 will be available in FY 1994 to support this project for a 12-month period with a project period of up to 3 years. Funding amounts may vary and are subject to change. Contributions received within the project period will be made on the basis of voluntary programs and availability of funds.

The purpose of this cooperative agreement is to:

- (1) Define and improve public health practices;
- (2) Identify methods to improve the quality and process of communication among national, CDC, and other Public Health Service agencies;
- (3) Effect the coordination and coordination of other national, public, private, and voluntary agencies in promoting public health programs; and
- (4) Provide a forum for continuing education opportunities in public health communications.

CDC will:

- (1) Provide technical assistance and consultation in the area of program development and implementation;
- (2) Assist in the support of an annual conference for State, regional, and national exchange of public health information;
- (3) Assist NPHIC in the collection and performance of proposed project activities.

(4) Participate in defining the scope of training needs at the local, State, and territorial levels, and review proposed training materials to address these needs; and

(5) Assist in the development of training materials.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national initiative to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Educational and Community-Based Programs. (For ordering a copy of "Healthy People 2000," see the section below to obtain additional information.)

Authority

This program is authorized under Section 3704 (42 U.S.C. 3000-04) of the Public Health Service Act, as amended.

State-Financed Workplaces

The Public Health Service strongly encourages all great employers to provide a smoke-free workplace and promote the use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Eligible Applicants

Assistance will be provided only to the National Public Health Information Coalition (NPHIC). No other applications are solicited. The Program Announcement and application kit have been sent to the NPHIC.

The NPHIC is the main appropriate and qualified agency to provide the services provided under this cooperative agreement because:

A NPHIC is an existing network of the top public information officials within State health departments, providing a national network for exchange of health communication and unique opportunities to tell the stories of prevention.

Through its continuing board of member information officers, NPHIC has the experience and training available to identify methods to improve health communication using local health departments, other independent partners, and Federal agencies to amplify basic public health messages.

NPHIC has the established relationship with State health departments and agencies necessary to carry out the purposes of this cooperative agreement.

The information exchange among NPHIC members makes the coalition

1. Components of a Complete Application

A complete application consists of the following items in this order:

1. Application for Federal Assistance (Standard Form 124);
2. Budget Information—Non-Construction Program (Standard Form 424A);
3. Agreement—Non-Construction Program (Standard Form 424B);
4. Table of Contents;
5. Budget Justification for Section B Budget Categories;
6. Proof of Non-Federal Status, if appropriate;
7. Copy of the applicant's Approved Federal Cost Plan Agreement, if applicable;
8. Project Narrative Statement;
9. Any appendices or attachments;
10. Certification Regarding Drug-Free Workplace;
11. Certifications Regarding Substantial Suspension, or other Nonresponsibility Matters;
12. Certification and, if necessary, Disclosure Regarding Lobbying;
13. Supplement to Section T—Key Personnel;
14. Application for Federal Assistance Certificate.

Start: May 18, 1994.
David T. [Name]
Assistant Secretary for Planning and Evaluation.
HHS Box 04-12123 P102 5-10-04; 245 2nd
Floor 2025 181-2445

a proposed budget using the categories listed on this form.

Part IV. Receipt and Processing of Applications

A. Deadline for Submitting of Applications

The closing date for submission of applications is July 18, 1994. Applications must be postmarked or hand-delivered to the application receipt point no later than 9 p.m. on the closing date. Applications which do not meet the deadline are disqualified and will not be considered further. DHHS will send a letter to this office to each late applicant.

An application will be considered successful if it is either (1) Received at, or hand-delivered to, the mailing address on or before the due date, or (2) postmarked before midnight of the deadline date and received in time to be considered during the competitive review process.

Hand-delivered applications will be accepted Monday through Friday, excluding Federal holidays during the working hours of 9 a.m. to 5 p.m. in the lobby of the Hubert H. Humphrey building located at 200 Independence Avenue SW., in Washington, DC. No later will be accepted. When hand-delivering an application, call 800-3783 from the lobby for pick up. A staff person will be available to receive applications.

When mailing applications, applicants are strongly advised to obtain a legibly dated receipt from a commercial carrier (such as UPS, Federal Express, etc.) or from the U.S. Postal Service as proof of mailing by the deadline date. If there is a question as to when an application was mailed, applicants will be asked to provide proof of mailing by the deadline date. When proof is not provided, an application will not be considered for funding. Private enclosed postmarks are not acceptable as proof of timely mailing.

DHHS reserves the right to extend the deadline for all proposals due to acts of God, such as floods, hurricanes, or earthquakes; or if there is a widespread disruption of the mail; or if DHHS declares a deadline extension to be in the best interest of the government. However, DHHS will not waive or extend the deadline for any applicant unless the deadline is waived or extended for all applicants.

B. Initial Screening

Applications will be initially screened for compliance with the Uniformed and Completed Requirements. If judged in

compliance, the application then will be reviewed by government personnel, augmented by outside experts where appropriate. Three (3) copies of each application are required. Applicants are encouraged to send an additional three (3) copies of their applications to ease processing, but applicants will not be penalized if these extra copies are not included. There is a limit of 20 single-spaced typed pages, exclusive of forms, resumes, and budget and assurance materials such as videotapes and brochures should not be included and will not be reviewed.

C. Review Process and Evaluation Criteria

Applications will be evaluated by a panel of reviewers according to the criteria set forth below. Consequently, applicants should take care to ensure that all criteria are fully addressed in the application. The relative weights are shown in parentheses.

1. Goals, Objectives, and Potential Impact of the Project (40 points)

The potential impact of the objectives and how the anticipated results of the proposed project will advance selected research and policy development in the area of children's disability.

2. Methodology and Design (35 points)

The appropriateness, soundness, and cost-effectiveness of the methodology, including research design, statistical techniques, analytical techniques, innovative and creative utilization of existing data sets, and other procedures.

3. Experience and Qualifications of Personnel (25 points)

The qualifications and experience of the project personnel for conducting the proposed research and indication of innovative approaches and creative potential.

Part V. Other Notices and Requirements

A. Legislative Authority

The authority for this grant is contained in section 1120 of the Social Security Act (42 U.S.C. 1310).

B. Applications Regulations

- 1. "Grant Programs Administered by the Office of the Assistant Secretary for Planning and Evaluation" (45 CFR part 69).
2. "Administration of Grants" (45 CFR part 74).

C. Eligible Applicants

Any university, agency of state or local government, or other agency whether organized as a for-profit or as

a not-for-profit corporation. However, for-profit organizations are advised that no grant funds may be paid as profit to any recipient of a grant or subgrant. Profit in any amount in excess of allowable direct or indirect costs of the grant.

D. Effective Date and Duration

1. The grants awarded pursuant to this announcement are expected to be made on or about September 1, 1994.

2. Projects will be from 12 to 37 months in duration.

E. Statement of Funds Availability Award

1. A total of \$300,000 in FY 1994 funds has been set aside for grants to be awarded as a result of this announcement. Organizations submitting applications may propose a project at the dollar level they consider appropriate.

2. The Government may make awards in the \$50,000 to \$100,000 range. Organizations may submit either one or more questions in the Issues Area(s) they have selected for research within a single application.

3. Nothing in this application should be construed as committing the Assistant Secretary to dividing available funds among all qualified applicants or to make any award. The selection of the final awards will be determined by the Assistant Secretary on the basis of the availability of funds and on the establishment of grant applications which best address the Issues Area.

4. The Assistant Secretary also reserves the right to make additional awards over the \$500,000 indicated in 1. above starting October 1, 1994 using Fiscal Year 1995 funds. These awards will also be in the \$50,000 to \$100,000 range and are obligated to total \$400,000.

F. Reports

The grantee must submit annual progress reports and a final report. The specific format and content for these reports will be provided by the project officer.

G. Application Instructions and Forms

Copies of applications should be requested from and submitted to: Grants Officer, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, room 109-F, 200 Independence Avenue, SW., Washington, DC 20201; phone (202) 401-3951. No later will be accepted. Questions concerning the preceding information should be submitted to the Grants Officer at the same address.

Institutionalization vs. non-institutionalization: SSI/non-SSI participation; coverage by Medicaid, private health insurance, or no insurance. What are the cost differences for children with disabilities on SSI, children with disabilities not on SSI, and children without disabilities?

What are estimated total per capita costs including both private and public expenditures?

E. Financing of Services and Supports

Over the past 20 years there have been significant changes in the breadth and scope of public financing for services to children with disabilities and their families. Although to a lesser extent, a private sector health insurance role has also evolved. Insufficient attention has been focused on the impact of those changes, either from the perspective of their impact on the lives of children with disabilities and their families, or with respect to the development of a comprehensive and coordinated policy regarding disabled children. For example:

Private Health Insurance

What services are covered by private insurance plans? What are the limitations of private insurance coverage for special services such as physical, occupational, speech/language/hearing, and respiratory therapies, psychotherapies, other services, and durable or disposable goods? What are identifiable trends in private and public coverage and expenditures for rehabilitative services? How do insurers apply the criterion of "medical necessity" to the use of rehabilitative and therapy services by children with disabilities? What are alternative criteria?

What approaches are used for risk adjustment for children with disabilities? How effective are they?

Medicaid/Title V

What services are covered under which service authorities? Exactly what services are provided and billed under EPSDT? What are trends in EPSDT expenditures? What has been the impact of the TEFRA-134 ("Katie Beckett") state plan eligibility option in states that have elected to use it; how do states control utilization and costs? What children receive special services through 1018(c) waivers; how do coverage and costs vary across states? What services do Title V agencies fund; what are inter-state variations in coverage and cost?

Educational Services

What special services do school systems currently provide for children with disabilities (including services for the transition from school to work), where are these services provided, and how do services vary by age and type of disability? What are trends in total expenditures?

What are trends in children receiving education services who are also eligible for SSI or Medicaid? How and to what extent are school systems billing Medicaid for IDEA services to children with disabilities, and under which authorities? What is the relationship between special education services, including parts B and H, and Medicaid? What trends can be anticipated in this relationship?

Program Interactions

How do these programs/coverages interact, co-exist, or affect each other? What other public (state or substate) programs assist children with disabilities and their families including cash or voucher benefits?

Cash Assistance Versus Service Benefits

Children with disabilities and their families receive assistance in very different ways: Through cash assistance like AFDC and SSI and service benefits like Medicaid and IDEA. How do these methods differentially affect families? What are the trade-offs of providing cash in lieu of services or vice versa?

F. System Organization

Multiple funding sources and types of services create problems with accessing services as well as with managing their delivery and cost. Little is known about how families with children who are disabled deal with service systems and how states and localities have attempted to organize, integrate, and manage disparate services.

How do children with disabilities and their families access services? How does entry via one system (e.g. school, Medicaid, acute medical care) predict access to services in other systems?

How cost-effective are various approaches to case management used by children with disabilities (or subgroups) and their families, including families doing their own case management?

What approaches have been proposed or tried to integrate acute and long-term care for children with disabilities? What features must be present in an integrated approach?

What are the impacts of varying approaches to managed care and of state Medicaid reform efforts and other state health reform initiatives on children with disabilities? What other systems

have been put together by states, localities, or private sector entities to serve children with disabilities in a comprehensive manner? What are their outcomes and costs?

Part III. Organization of Applications—Outline of Narrative Description

All applications must contain the required Federal forms and a narrative description of proposed project. All pages of the narrative should be numbered consecutively. Applications should be limited to 30 single-spaced typed pages, exclusive of forms, resumes, and budget. Each applicant must present their responses to one or more questions in the Issue Area(s) which they have selected for research. (See part II (A) through (F) and indicate how they fulfill the following requirements).

Applications should be assembled as follows:

A. Abstract

Provide a one-page summary of the proposed project.

B. Goals, Objectives, and Potential Usefulness of the Project

Include an overview which describes the need for the proposed project; indicates the background and significance of the issue area(s) to be researched including a critique of related studies; the specific questions to be investigated; and describes how the proposed project will advance scientific knowledge and policy development in the area of children's disability.

C. Methodology and Design

Provide a description and justification of how the proposed research project will be implemented, including methodologies, approach to be taken, data sources to be used, and proposed research and analytic plans. Identify any theoretical or empirical basis for the methodology and approach proposed.

D. Experience of Personnel/ Organizational Capacity

Briefly describe the applicant's organizational capabilities and experience in conducting pertinent research projects. Identify the key staff who are expected to carry out the research project and provide a curriculum vitae for each person. Provide a discussion of how key staff will contribute to the success of the project.

E. Budget

Submit a request for Federal funds using Standard Form 424A and provide

E X E C U T I V E O F F I C E O F T H E P R E S I D E N T

12-Jul-1994 11:47pm

TO: Rosalyn A. Miller

FROM: Carol H. Rasco
 Economic and Domestic Policy

CC: Jeremy D. Benami
CC: Stanley S. Herr

SUBJECT: memo to edit, print on letterhead, deliver on Wednesday

ROZ: Check Tony Coelho spelling.

TO: Alice Rivlin

SUBJ: Disability Policy

My staff has given me a report on the disability review they attended at OMB yesterday. We appreciate very much the invitation to be included in these reviews.

I am currently on travel and will not be back in the office until Thursday. It is my understanding there was consideration given at the meeting to forming an interagency task force to look at disability policy across the administration. Before such a group is named by OMB I would appreciate the opportunity to visit with you and/or other appropriate persons within OMB about the plans previously underway within the Domestic Policy Council to address this issue. We have begun informal discussions with various agencies, the administration appointees with disabilities (we have started bi-monthly meetings with this group), and persons like Tony Coelho who serve as appointees to major disability committees and commissions. Many of these various entities are working on policy initiatives, and we have discussions underway for a comprehensive review and policy development.

My schedule appears very tight through Friday afternoon when I go to Boston for the National Education Goals Panel meeting and a meeting of the Democratic Governors' Association on Saturday, but I would be happy to squeeze in a meeting with you on this topic if it must be done this week; otherwise I am of course willing to meet at a time convenient to both of us next week. Please have your staff call Pat Romani in my office if you wish to schedule a

meeting.

Thank you.

cc: Jeremy Benami
Stan Herr
Pat Romani

EXECUTIVE OFFICE OF THE PRESIDENT

12-Jul-1994 05:56pm

TO: Carol H. Rasco

FROM: Jeremy D. Benami
Domestic Policy Council

CC: Stanley S. Herr
Kathryn J. Way

SUBJECT: Disability Entitlement Review

Sorry to crowd your e-mail with yet another message!

Yesterday Stan and I attended OMB's entitlement review of disability programs. Belle had sent you an e-mail about this meeting, which was one of their series of Spring(?) entitlement reviews for the Director. The materials (of which Roz kept one copy) are quite interesting and fairly self-explanatory.

The materials and the discussion raised some fairly important policy questions regarding the short and long term direction of our country's disability policy. As you know, there are short term pressures to cut benefits for such groups as drug addicts and alcoholics and immigrants - as well as pressure on the children's front. Longer term, the questions are broader: what should be the goal of our policies -- income maintenance vs. transition to self sufficiency; how to coordinate better between the income programs at SSA and the rehab/education programs, mostly at the Dept of Education.

OMB has suggested the creation of an interagency task force under their leadership to look at these issues. This seems critically important, with the children's SSI issue on the top of the agenda because of the likely creation of a commission to look at those issues in the SSA bill.

However, I would strongly urge that this is the sort of issue that DPC should take the lead on. It is a major policy issue, cutting across agencies, with a serious need for policy leadership. OMB brings to this - as to other issues - the budgeteer perspective and their concern is primarily to find ways to limit the growth of this burgeoning sector of the entitlement budget. I think we bring a concern for the people for whose benefit the programs are intended that is very important to the debate.

The way this was left with Alice Rivlin was that she would think about whether to call such an interagency group together. I would

suggest that you give her a call to discuss how to proceed in this area.

Stan and I are both available to discuss this in more detail if you so desire. Let me know what you think.

P.S. Similar long-term issues clearly exist in the area of Social Security and retirement planning. How this administration's short, medium and long term policies in all these areas should be formulated is something we may want to consider as a follow up to the DPC retreat. Issues relating to the elderly cut across agencies just as the disabilities issues do - and could benefit from an interagency policy group.