



Tommy G. Thompson
Governor

Joe Leean
Secretary



State of Wisconsin
Department of Health and Family Services

DIVISION OF HEALTH

1 WEST WILSON STREET
P.O. BOX 309
MADISON WI 53701-0309

October 29, 1998

Jean Rumachik
Director of Home Care Services
Society Assets, Inc.
5200 Washington Ave., Suite 225
Racine, WI. 53406

Dear Ms. Rumachik:

Thank you for your letter and comments on the audit recently conducted at your office. We understand that as a Personal Care provider, your agency is subject to numerous audits by a variety of regulatory agencies. Just as the focus of each audit may differ, so does the manner in which they are conducted. Therefore, we would like to take this opportunity to more fully explain our audit process.

The Bureau of Health Care Program Integrity (BHCPI) has a statutory responsibility to monitor the quality and appropriateness of services provided to Medicaid recipients. Included in this responsibility is the duty to ensure that all payments for services provided to Medicaid recipients are reasonable and appropriate and in compliance with Medicaid rules and regulations. As explained in the announcement letter and entrance conference, this was the purpose of the audit recently conducted at your office.

The audits conducted by BHCPI staff are not based on the ability to extrapolate findings to a whole universe, as may be the case with conducting a random sample of 10-15% of the records as indicated in your letter. Rather the auditors pick a representative sample or the whole universe for review. The auditors usually review hundreds of recipient services for all provider types. In the case of Society Assets over 200 files were requested for review from the three sites, Kenosha, Racine and Elkhorn.

At the entrance conference the auditors stated that they would endeavor to match Medicaid paid claims with the agency's medical records. The criteria used are cited in the Wisconsin Administrative Code, which defines the rules and regulations for Personal Care Agencies in Chapters HFS 105, HFS 106, and HFS 107. Additionally the auditors would use the definition of "medical necessity" which is located in the Wisconsin Administrative Code, Chapter HFS 101.03.

During the course of an audit, questions may arise relating to the medical record, services provided or financial concerns. The agency usually has identified a specific person to respond

Jean Rumachik
Society Assets, Inc.
October 28, 1998
Page 2

to questions. Often there are few questions asked because of previous auditor experience and/or systematically organized records.

Once the onsite review is completed, an exit conference is held. At the exit conference, the agency learns only general preliminary findings that have been identified. The rationale for this is two fold. First each auditor independently reviews the medical records and enters any findings. These findings must be combined when the auditors arrive back at the office to determine the extent of the audit findings. Secondly, all audit findings are reviewed again to assure that the computer entries were accurate. Following the review by audit staff, there is an administrative and management review.

The review of the audit report usually takes several weeks. Following the review process, the report will be sent to you along with a preliminary findings letter. The agency at this point has an opportunity to respond to the findings with additional information. The auditors review all materials the agency submits. If necessary, the auditors amend the audit findings and send out an amended preliminary findings letter.

Lastly, we agree with your statement concerning the need to have a quality assurance review as well as a focus on recipient satisfaction. Many areas in the Division of Health Care Financing and Department of Health and Family Services conduct quality assurance reviews and periodically make randomly selected home visits to recipients who are serviced by varied provider types. As was indicated, this was not the focus of the recent audit conducted at your office.

Thank you for your cooperation during the audit and for your recent comments. We hope that this answers the questions posed in your letter. If you have any further questions, please contact Marlaine Cruz at (608) 267-3382.

Sincerely,



Lori Thornton, Interim Deputy Director
Bureau of Health Care Program Integrity

Rock County, Wisconsin
County Board of Supervisors
51 South Main Street
Janesville, Wisconsin 53545
608/757-5510

State Senator Rodney Moen
Wisconsin State Capitol, Room 8S
P.O. Box 7882
Madison, WI 53707-7882

RE: Medical Assistance Personal Care Hearing on February 2, 2000

Dear Senator Moen:

Thank you for the opportunity to give written testimony regarding Medical Assistance Personal Care (MAPC) Services. This issue is of utmost importance to Wisconsin Counties who deliver services funded under MAPC. I wish to briefly share with you and your Committee our experience in Rock County as it relates to this issue.

Rock County, as well as numerous other counties were strongly encouraged by state staff to obtain MAPC certification in order to access state and federal revenues due to the continued deterioration of funding sources such as Community Aids and the Federal Waiver Programs CIP 1-A, CIP 1-B. The Rock County Developmental Disabilities Board became certified as a MAPC agency in the fall of 1993. The Department of Health and Family Services provided advice and guidance to our department during the certification process, but no assistance has been offered subsequent to our certification. The only written guidance we have ever received was the MEDICAID Alert Bulletin 93-023L issued by the Division of Health in 1993. Since that memo, there has been no other approved state manual issued.

We have been operating an MAPC program in excess of six years in strict conformance with the written guidance. The Department of Health and Family Services' staff frequently referred other counties to our Developmental Disabilities Board for guidance because we were operating a "model program." However, the state's perspective seems to have changed in early 1999.

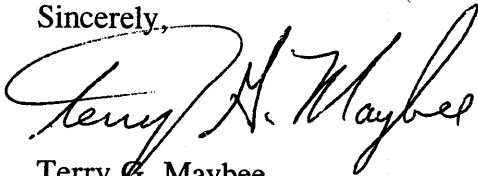
In February 1999 the State Division of Health Care Finance (HCFA) conducted an audit of the Developmental Disabilities Board. Their findings were fiscal in nature and were based on the inspector's subjective interpretation of the rules. Dale Thompson, Developmental Disabilities Director was advised at the time of the audit that a report of findings would be issued within six months. He is still waiting for the report of their findings.

The problem with the audits has been the inconsistent application of the standards over time and between counties. I have been told that the interpretations made by the HCFA auditors have varied from county to county. In Rock County, the interpretation of the written guidance has changed without prior notification to Rock County. The audit exceptions based upon the interpretations of the written guidance are now being applied retrospectively. Retroactive application without prior notice resulting in audit exceptions is blatantly unfair. We have no difficulty operating the program consistent with written state guidelines as long as any new interpretations are applied prospectively.

It is my understanding that DHFS is in the process of promulgating a Medical Assistance Personal Care Handbook. I have two requests concerning this document. First, that DHFS offers an adequate opportunity for review and solicitation of comments from the MAPC service providers. Second, that any standards developed in the handbook be applied prospectively.

In summary, the purpose, scope and basis of MAPC audits as presently conducted by HCFA merit a great deal of scrutiny. I am left with the impression that HCFA has taken an adversarial stance towards county departments that have in good faith implemented MAPC programs. I truly appreciate the opportunity to state my concerns to the members of the Legislature who have policy oversight over this issue. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Terry G. Maybee". The signature is written in black ink and is positioned above the typed name and title.

Terry G. Maybee
Rock County Board Chair

cc: Dale Thompson, Developmental Disabilities Director

MA PC Public Hearing Testimony

**Presented by Vernon County Department of Human Services
To the Senate Health Committee on
Wednesday, February 2, 2000**

The Vernon County Department of Human Services became certified to provide this service in 1988. At that time, we were provided with a copy of the Administrative Code and the information in order to apply for an MA provider number. We then contracted with Bethel Home & Services to provide this service to our consumers. We have never directly provided this service. Our agency started with only 5 consumers but this program has grown over the last 12 years. We currently have 89 consumers enrolled for personal care services. The number of consumers served over the last 12 years has varied depending on their needs.

The Vernon County Department of Human Services became a member of Wisconsin Personal Services Alternatives in approximately 1991 due to the fact that we received little or no guidance from the State Departments in regards to the implementation of the personal cares program. This allowed us the opportunity to have regular contacts with other agencies as well as the opportunity to have contacts with staff from Health Care Financing. Staff members from Health Care Financing spoke to this organization on a regular basis. They often gave us verbal guidance but they were unable to often give us written guidance if their verbal guidance conflicted with written guidelines.

In July of 1996, our personal cares program was audited by the Bureau of Quality Compliance . At that time they randomly screened approximately 20 consumer records. The auditors looked closely at the documentation relating to direct client care as well as billing procedures. Their final report indicated that there were no discrepancies found, and all questions were fully answered. The auditors were extremely complimentary of the Human Services and Personal/Supportive Care supervisory staff. They described the established system of providing personal care services and the corresponding billing procedures as being excellent. They also reviewed the travel policy developed by Bethel Home & Services and they stated that it would meet their auditing requirements. As a result, we felt very confident that our program was meeting all State requirements.

In January of 1999, our personal cares program was audited by the Bureau of Health Care Program *Integrity*. The five auditors spent four days at Bethel Home & Services reviewing case records, time sheets, personnel records, and various other documentation. They reviewed records for dates of services from January 1, 1996 through December 31, 1997. During this process they reviewed 117 cases. At the time of the exit interview, they informed us that we should receive a preliminary report within 2 to 3 months. On September 7, 1999, we received the preliminary findings of the audit that was completed in January. At this time we were informed that our agency was overpaid in the amount of \$789,468.03. It was interesting to note that the date on the documentation with the preliminary findings was March 9, 1999. We then informed the Division of Health Care Financing that we did not agree with their findings and we have been attempting to resolve this matter since.

In June of 1999, an ETN was offered by the Bureau of Health Care Program Integrity dealing with the personal cares program, especially for Counties. This was the first training that Vernon County had ever been invited to in dealing with the personal cares program. During this ETN, many questions were asked and those participating were informed that we would receive answers in writing to these questions shortly thereafter. To date, we have not received anything in writing from the Bureau in regards to the questions submitted before and asked during the ETN. During the ETN the question was asked about the status of the MA handbook for the personal cares program. We were informed that they did not know.

The Vernon County Department of Human Services is in the position that if we are required to submit \$789,468.03 to the State it will have a large impact on Vernon County and its residents. We would have to discontinue the program immediately because of the fiscal impact. Our concern would then be that the years 1998, 1999, and 2000 would also then be audited with similar results. This would mean that 89 consumers would no longer be able to access this service since we are the only provider in Vernon County. Older adults and people with disabilities will lose this service which has helped them to remain in the community where they want to be and where they belong. We currently have a waiting list for COP and COP-W/CIP II services. This waiting list is getting longer every day, so individuals who were only receiving personal care services would have to wait until their name came up on the waiting list. This could be 6 months or longer. What are they to do in the meantime? Most of these individuals would be unwilling to consider institutional care, so they would remain at home without services. It is definitely a crisis waiting to happen. It would also have a large financial impact on our contract agency, Bethel Home & Services. Not only would they be obligated to refund payments to Vernon County, they would no longer be able to continue this program without the

County's certification. They would be forced to lay off or reduce the hours worked for about 200 employees. This would also then have a large impact on the economy of Vernon County. We are a small rural County with a population of about 25,000 and this increase in the number of individuals unemployed would have a large impact.

Vernon County has to question the motivation behind these current actions and wonder how Family Care is going to work if the providers end up going out of business. Who is actually going to provide the care that our older adults and individuals with disabilities require?? The Counties will be very reluctant to trust the State in any future contracting.

Submitted by:

Jean Klousia

**Jean Klousia
Long Term Support Supervisor
Vernon County Department of Human Services**

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(608) 785-9872
- Environmental Health
(608) 785-9771
- Health Education
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- Laboratory
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- Nursing
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- Vector Control
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- WIC/Nutrition Services
(608) 785-9865
- TDD
(608) 785-9787
- FAX
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TESTIMONY TO SENATE COMMITTEE ON HEALTH,
UTILITIES, VETERANS AND MILITARY AFFAIRS

PERSONAL CARE

BY

LILA SEAGER, PRESIDENT, LA CROSSE COUNTY BOARD OF HEALTH

Senator Moen and members of the Committee on Health, Utilities, Veterans and Military Affairs, thank you for giving me the opportunity to testify in favor of legislation that would increase the reimbursement rate for personal care services.

In October, 1999, St. Francis Health Center and Gundersen Lutheran Hospital both stopped providing personal care services in La Crosse County. This situation resulted in the County of La Crosse having to utilize local tax dollars to supplement providing personal care services to 143 persons who were served by these two hospitals.

The La Crosse County Board recently passed this resolution, which I will pass along to you, that indicates support for Assembly 630, which would provide additional funding for personal care services. It also clarifies that the County of La Crosse cannot afford to subsidize this program in the long term. It indicates that if the amount of expenditures by La Crosse County exceeds those allocated in the budget for 2000, that persons needing personal care services will be put on a waiting list.

Please take action to provide sufficient financial support to cover the cost of personal care services.

LS:dk

Lila's Testimony.doc



"To improve the quality of life and health of all people in La Crosse County."

An Equal Opportunity Employer





RESOLUTION # 212/1-00

Huebsch

BOARD ACTION	
Adopted:	<input checked="" type="checkbox"/>
For:	<u> </u>
Against:	<u> </u>
Abst/Exc:	<u> </u>
Vote Req:	<u> </u>
Other Action:	<u> </u>

TO: HONORABLE MEMBERS OF THE LA CROSSE COUNTY BOARD OF SUPERVISORS

RE: SUPPORT OF WISCONSIN LEGISLATION TO INCREASE MEDICAID PERSONAL REIMBURSEMENT

WHEREAS, low Medicaid reimbursement for personal care services has jeopardized needed care for about 150 persons in La Crosse County; and,

WHEREAS, the County of La Crosse has taken action to cover this shortfall in 2000 up to a total of \$36,467 after which personal care clients will be put on a waiting list; and,

WHEREAS, Assembly Bill 630 has been introduced by Senators Brian Rude and Representatives Huebsch and Meyer to increase reimbursement to cover actual costs;

NOW, THEREFORE, BE IT RESOLVED that the La Crosse County Board does hereby authorize the County Board Chairperson to thank Senator Rude and Representatives Huebsch and Meyer for sponsoring AB 630, requesting Governor Thompson for his support and requesting the Wisconsin Counties Association to support AB 630 as a high priority in its legislative platform.

DATE: 1/11/00

DATE: 1/13/00

BOARD OF HEALTH

ADMINISTRATIVE/LEGISLATIVE COMMITTEE

Liz Seeger
Sally Oswald
Blair
W. G. J. J. J.
Marie P. P.
Roger Horvathman
Patti Anderson

Doug Meyer
Paul McLaughlin
Robert Machotka

Requested By: Doug Mormann
Date Requested: January 4, 2000
Drafted By: Gary Ingvalson

Approved	Not approved
CBC: <u>[Signature]</u>	<u> </u>
F/D: <u>[Signature]</u>	<u> </u>

APPROVED BY THE LA CROSSE COUNTY BOARD ON THIS 20 DAY OF Jan 2000

STATE OF WISCONSIN
COUNTY OF LA CROSSE

I, Sharon M. Lemke, County Clerk of La Crosse County do hereby certify that the attached document is a true and correct copy of the original resolution required by law to be in my custody and which was adopted by the County Board of Supervisors of La Crosse County at a meeting held on the:

Day of January 2000
Sharon M. Lemke
 Sharon M Lemke, La Crosse County Clerk



Vernon County Human Services

W-2 Agency



P.O. Box 823
Viroqua, Wisconsin 54665-0823

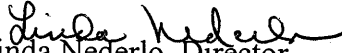
Phone 608-637-5210
Fax 608-637-5505

MAPC Public Hearing Testimony to the Senate Health Committee

February 2, 2000

Vernon County has provided personal care services since 1988. During these past 12 years there has **not** been clear direction from the State Department as to needed procedures largely due to the lack of a manual and insufficient training for the providers. The State Department encouraged counties, such as Vernon, to get into the business of personal care as a means of saving tax dollars for nursing home care and allowing individuals to have a choice of being in their own homes. What happened to this concept?

If the State Department of Health Care Finance had spent as much time and effort in providing the needed technical assistance as the Division of Workforce Development did for the administration of the W-2 program, agencies such as Vernon County would not be facing the personal care issues we, providers and consumers are facing today.


Linda Nederlo, Director
Vernon County Department of Human Services
Viroqua, WI 54665

LN:kmt

Testimony Personal Care

My name is Steve Verriden, I'm also a person with a disability living in the state of Wisconsin – but lately I'm beginning feel like a rock, the proverbial rock that is being worn away by water. I know this is a hearing about audits that the state is conducting on personal care agencies, but these audits are symptomatic of a larger illness within the state of Wisconsin – the wearing away of our ability to live in the community. The audits are just one more tool the Department of Health and Family Services is using to chip away at the rock that at one time was the future of people disabilities in Wisconsin. The Department has tried to eliminate, cap, financially strangle, and is now trying to audit the program to death. But it's not an agency or program that is sick and on the verge of dying; it is our ability to get to school, to work, and about our ability to meet needs as basic as cleanliness - and in a year it will be about our freedom because there will be no where left ago.

A chunk of this debate about the audits revolves around time sheets - my first job when I graduated from college was with the newly born Medical Assistance Personal Care Program. I helped to create the very first personal-care time sheet in Dane County with the help of a community nurse named Nancy Anderson. We basically created that time sheet with no guidelines from the Department of Health and Human Services. We looked at a home health agency time sheet and tried our best to give the state what it wanted. But I can tell you, as a person who had to enforce what I felt were some pretty silly rules, as an agency we went to great lengths to stay in compliance with what we believed the regulations to be.

As for audits themselves, I'm not an accountant. Until recently, I'd never heard of a desk audit, but I know the audits we'd had at Access never failed to send us scrambling. We were all squirreled away, thrashing through papers and walking on eggs whenever the auditors were in. The seriousness with which we treated these audits seems to have been a misplaced when I see what the state is doing now. Could those auditors have been all that wrong?? Were the state officials that had been providing guidance all these years completely wrong? Who's agenda is this? Where did these regulation interpretations come from, and why?

I understand doctor's orders are an issue here, I remember the constant wrestling matches to get doctors to even return these silly pieces of paper, paper that in and of itself never got one person out of bed. What would you tell a person, would you tell them "Sorry, you can't get up for school today - we think maybe the doctor didn't fill out your paperwork correctly – we'll be out to get you up as soon as the provider handbook comes out - maybe sometime within' the next five years."

What I ask of this Committee, and the legislators of this state, is to keep sight of the real issue - the future of people with disabilities. Don't allow the Department to destroy another piece of the community based infrastruce that once made WI a model for the rest of this country. Paperwork can be straightened out; a life painstakingly put together is not so easily straightened out once it's been destroyed.

Steve Verriden

1817 Spohn Ave.

Madison, WI

February 2, 2000

Testimony for the public hearing before the Wisconsin Senate Health, Utilities, Veterans and Military Affairs Committee.

Dear Senators:

My name is Nancy Anderson. I am a registered nurse with over 30 years experience in various community nursing positions and have been employed as a personal care coordinator at Community Living Alliance (CLA) and Access to Independence (ATI) since April 1989. Our organization became the first subcontractor for Medical Assistance Personal Care (MAPC) service from Dane County in 1989.

In discussions with advocates and employees of the Department of Health and Social Services (DHSS) involved in the MAPC legislation, I was told these were some of the reasons to begin MAPC services throughout Wisconsin:

1. To reduce reliance on state general purpose revenues (GPR) and county property taxes to provide services to people of all ages with disabilities and seniors by capturing the 60% federal payment for MAPC services.
2. To allow non-traditional health providers, i.e. county human service departments, independent living centers (ILC), and tribes to be providers of MAPC services which incorporates the traditional medical model of other MA services.
3. That there would be assistance and guidance to these non-traditional medical providers in how to assimilate and coordinate MAPC services with their current waived Medical

Assistance programs, i.e. Community Options Program (COP) and Community Integration Program (CIP).

4. The point of involving non-traditional providers was to provide coordinated service provision using the multiple federal funding available to Wisconsin and reduce the burden on Wisconsin taxpayers.
5. Everyone I spoke to clearly understood that counties, ILCs and others would use and blend multiple funding sources utilizing the same worker in the home.
6. These non-traditional health providers were assured they would receive the guidance and reliable advice needed to incorporate the standard medical model of training, documentation and accountability that traditional medical providers, i.e. hospitals, nursing homes and home health agencies had established with DHSS since the mid-sixties when MA was begun.

I believe the dilemma we now face with the personal care only agency audits is a direct result of the lack of consistent reliable advice due in part to the constant turnover of state personnel paid to administer this program as well as the lack of a consolidated body of written policies and procedures that can be incorporated and utilized in a clear and accurate way with the other multiple funding sources used by these providers,

The Home Health Handbook for their MAPC programs was published in 1992. Personal care only agencies who understand the medical model much less than Home Health Agencies

are still waiting for their consolidated handbook, which it has been promised in writing since 1992.

Another problem has been the lack of direct oversight of MAPC agencies. What is traditional for Home Health Agencies is to be surveyed shortly after application, any corrections needed are discussed and corrected before licensure. There has been no direct on-site consistent oversight of personal care agencies even though the requirement of annual reviews of personal providers has been part of the administrative code since 1988. Here is the Administrative Code language for HS105.17(4)

(4) ANNUAL REVIEW OF PERSONAL CARE PROVIDERS. The department's bureau of quality compliance shall conduct an annual on-site review of each personal care provider. Records to be reviewed include:

- (a) Written personnel policies;
- (b) Written job descriptions;
- (c) A written plan of operations indicating the entire process from making referrals through delivery of services and follow-up;
- (d) A written statement defining the scope of personal care services provided, including the populations being served, service needs and service priorities;
- (e) A written record of personal care workers' 40 hours of training;
- (f) Workers' time sheets;
- (g) Health care records of recipients;

(h) Contracts with workers and other agencies; and

(i) Records or supervisory visits.

Had these annual reviews been conducted with the traditional educational component associated with these reviews and had there been a handbook that was understandable and workable with multiple funding, I believe this hearing would have been prevented.

What these non-traditional agencies have received, instead of direct oversight and a handbook, is a 12-year history of verbal advice and direction, publication of Medical Assistance bulletins that were later verbally rescinded by DHSS employees but never rescinded in writing, constant assurances that “we will fix everything with the handbook”, “Do the best you can in a reasonable way under the law until we (DHSS) can address these issues,” “when we (DHSS) want to begin the annual reviews, we (DHSS) will create an audit tool, train all the MAPC only providers and then hold the MAPC only providers accountable after those trainings.” The list of verbal assurances dates back to 1988 that the Department would and will provide accurate, concise and reliable information to these non-traditional medical providers of MAPC services who service and blend funding sources in a totally different way from any other MA provider. This has never happened.

WPSA the statewide organization of MAPC-only providers was established in part to help guide and educate providers in MAPC. Through state approved advisory committees and quarterly meetings with DHSS personnel paid to administer MAPC, WPSA attempted to

provide a bridge between the department and MAPC only agencies. But WPSA was also unable to acquire the on-site reviews and handbook providers needed as well.

Since the arrival of the Department's financial auditors to MAPC-only providers, the relationship and assistance from DHFS has suffered. And since there is no one left working in the policy side of health care finance who has any history of what happened in 1993-95, the auditors are auditing bulletins and policies rescinded by former DHSS employees. There is no historical reference for these auditors that can collaborate what providers have been told, and their position has been the traditional medical response. "Unless it is in writing it doesn't count". Our negotiations with the audit group has not resulted in any written direction either.

In a meeting with Alan White, the head auditor, a H&FS department lawyer and WPSA, it was recommended that each MAPC-only agency submit their worker timesheets for the auditors approval, since documentation of timesheets seems to be a big problem with these audits. CLA submitted a timesheet to the DHFS auditors in summer 1999, received verbal preliminary approval of the timesheet, trained 450 employees of CLA on its use, and has never received written approval or comments from the auditors to this date.

On June 24, 1999 the DHFS financial auditors and EDS conducted a statewide audio ETN conference for county MAPC only providers. Providers were asked to submit any questions they had on MAPC policy & implementation to the ETN sponsors. Providers were verbally promised a complete list of all questions submitted and a written response from

DHFS to all questions. To date the providers have received neither the list of questions nor the department's response. This is another example which clearly illustrates the history of the verbal but unwritten guidance provided by DHFS since 1988.

What WPSA has been "told" about the impending MAPC-only handbook is that it doesn't change any current policy and that policy corrections will be made in the future. The fact is that policies in the last draft of the handbook are those currently under dispute with the auditors and again MAPC-only providers are being verbally told "we will fix it later". This cannot continue. This is no way to run a business.

At some point providers need to know what the rules are, how to apply them in an acceptable manner to all parties so they can get on with the provision of services mandated by law.

Nancy Anderson, R.N.
Personal Care Coordinator
Community Living Alliance
1310 Mendota Street
Madison, WI 53714-1039
(608) 242-8335 ext 128

**GREAT RIVERS
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----- *Serving people with disabilities living in Southwestern Wisconsin* -----

February 1, 2000

To: Senator Rodney Moen – Chairman of the Committee on Health, Utilities, Veterans and Military Affairs

CC: Representative Mark Meyer, Senator Brian Rude

From: Great Rivers Independent Living Services, Inc.

Re: Medical Assistance Personal Care Services

The following stories are being provided to the Committee to show the need for continued MA personal care services.

AMBER

Amber is planning to attend UW-Stout in the fall of 2000, and is planning to major in Graphic Design. Her goal is to become a graphic artist. Amber has terrific creative and artistic potential. By all accounts, she is a superb artist. She creates original greeting cards and artwork on a request and/or commission basis. Amber is excited about the synergy of art and computers. She is optimistic about her future as a graphic artist. Amber is also a person with a significant disability. Therefore, it would be a tragedy if the lack of personal care services prevented her from realizing her dreams and her potential as an artist.

It is vital that she receives the appropriate personal support services now and in the future. Amber requires assistance with daily living activities such as eating, dressing, and bathing. Her mother currently provides these services to Amber at home. Amber has also relied on the services of an aide to provide these services to her while she attends high school. Amber is currently on the waiting list to receive services from Jackson County. It is vitally important that Amber should receive adequate, appropriate personal care services. Her ability to live independently and succeed at UW-Stout depends on these services.

A FAMILY

I have worked with a family that has twin teenage daughters with cerebral palsy. They also have a son without disabilities. Because there are often two personal care aides and/or home health aides in the home, it makes for a very busy household. I asked the mother how they do it. Personally I do not think I would want all those folks in my home. Her response was that the family could not survive without them. The aides that come in to their home provide a valuable service to the family. The aides provide many services including bathing and conducting exercise programs with the girls. The mother can make dinner while the father spends time with the son. Without these valuable services, this family would only be able to focus on meeting the needs of the girls, and not the rest of the family.

PAM

Pam is a 40-year-old woman who lives in the greater La Crosse area. She relies on Homecare services (both home health and PCW) daily. Three agencies are involved in her life on a daily basis. In the morning she receives assistance to get out of bed, go through stretching "range of motion" types exercise, and prepare for the day. She receives mid-day assistance for maintaining her apartment, and in the evenings, personal care workers assist her with the evening meal and getting in to bed.

Without these services, Pam would be unable to maintain an independent lifestyle, and would have to be living in fostercare, or a nursing home setting even though she has no present nursing care or treatment needs. She spends time alone at home, minimizing her use of services to the necessary times of day, and utilizes family as emergency backup to homecare services. Pam recognizes that she is fortunate to have a supportive family, she has seen others who no longer have or have never had such an available resource for those times when services fail to meet their needs.

GRANDMA

My grandmother is currently 85 years old and living in an elderly apartment setting. Two years ago, my grandmother fell out of her wheelchair at her previous apartment. When she fell out of her wheelchair, she injured one of her legs and she was forced to go to a nursing home temporarily to recover. During her stay at the nursing home, she decided on her own behalf that she would stay there permanently.

My grandmother has no memory or cognitive issues; she just needs some assistance due to physical limitations. After she had spent about four or five months in the nursing home, she decided that it was not an appropriate place for her to live anymore. She wanted to return to the community and to live independently again. She felt uncomfortable in the nursing home because people were wandering in/out of her room at night and she said that most people at the nursing home were not very aware of their surroundings or daily events.

My grandmother lobbied for herself to return to an apartment and the majority of her children were opposed to this idea. They did not feel that she was capable of taking care of herself and she should remain in the nursing home. My grandmother received medical permission to return to an apartment if she had some assistance from home health care staff.

She has been living independently in her own apartment again for over two years. She has a home health provider that comes in twice a week to assist her with daily living needs such as bathing, fixing her hair, cleaning, and changing her bed sheets. She is very healthy and happy with this type of arrangement because she is independent again. She can cook the food that she wants to eat, she can take a nap when she wants, she can work on her knitting until late at night, etc. She has her life back again - a life that has meaning and purpose to her. She was not happy in the nursing home and she really does not need to be in a nursing home. Because she has a wonderful lady who can assist her twice a week around the apartment, she can live the way that she chooses to live.

Why would we want to ever condemn someone to live in a place that saddens him or her and takes away their lively spirit? What would we want for ourselves if we were faced with physical challenges in the future? I know that I want the chance to live in my own home and have the freedom to do the things that I enjoy until I can no longer breathe. Maybe at some point I will need some assistance to remain at home? I hope that there are still personal care/home health services available when I need them.

PERSONAL CARE WORKER – POINT OF VIEW

To whom it may concern:

I work for an individual and friend who is a quadriplegic as a supportive and personal home care worker, and also as a home health aide. Three of these hours are personal care services, which include the nighttime routine and part of the overnight hour's seven days a week. We were informed in August that the personal care agency I work for would no longer provide these services unless they were contracted through the county. There was no warning and little information from the agency as to what would happen to these hours and how this person would get the services he needs every day.

It took several months for our local county board to approve funding through the end of 1999 and a few more months to approve funding through the year 2000. This person's life is hanging in limbo, as his future is uncertain depending on the availability of homecare.

I watch nervously as employee newsletters announce \$10,000-\$15,000 monthly deficits and wonder how they will continue to run this program. It frightens me to wonder what will happen to those individuals who only receive PCA funding to help them remain in their homes. I have been a provider for this individual for years. I am underpaid and receive very poor benefits. I am committed to this individual and would probably continue providing the same level of care without getting reimbursed for it, so he can maintain his quality of life. I would be working the same amount of hours with much less pay; which is not very much any way. Should this person or myself have to pay for your inability to see that people deserve a quality life?

The answer to this problem lies within the reimbursement rate home care agencies receive for providing this services to people in their homes. Nursing homes and other types of out of home settings cost much more money than providing home services.

I ask that you support an increase in personal home care funding so those agencies can continue to run these programs. This will allow individuals to continue to receive much needed services, and aides (those who have remained in this field) can receive a livable wage.

Thanks for your attention in this matter.

Julie Van Den Heuvel

LORIE

If I did not have a Personal Care Worker or if my personal care were to cease, it would dampen my world.

Every morning, a Personal Care Worker comes into my home and assists me with daily living activities such as bathing and dressing. If I did not have this assistance I would not be able to leave my home and participate in the community. Further, if I did not have a Personal Care Worker, I would not be able to go onto graduate school at all.

Basically, without Personal Care, my world would close back up again.

COMMUNITY

I know many individuals that would be impacted by a personal care crisis. Several individuals in the La Crosse community depend on personal care services each day in order to go to work, perform daily living skills, basically live independently.

One gentleman that I know of in particular thoroughly enjoys his daily routine and would not be able to continue this if he did not have a little assistance. He would not have the social opportunities that he currently has and would become very isolated. He is a human being, a very social individual, and his life would change dramatically if he did not continue to receive his come in support. This change would not be a positive change.

A personal care crisis would impact many people - providers, consumers, family members, employers, and many others. I don't believe that many people consider the ramifications that a personal care crisis has in a community. This service is and always will be needed. People's lives change. Today an individual may be totally independent. Tomorrow that same person may require some assistance due to an accident or debilitating illness that has surfaced. What would you want for yourself in this situation?

MARGE

Marge is a 59-year-old woman who lives in a small town in southern Wisconsin. Marge has been living with ALS for many years. Marge is a very spirited woman who is determined to maintain her independent lifestyle; despite shortages in home care workers. Marge requires assistance with all daily living skills including bathing, dressing eating and grooming. Marge also needs assistance with preparing meals and housekeeping.

Marge has always been responsible for recruiting her own personal care workers, who are then hired and paid by one of the two struggling home care agencies in her area. (Marge is lucky to have two home care agencies in her area, as many home care agencies around the state are closing their doors because of lack of funding.) Marge has been struggling to recruit providers in her area because there is a large factory that pays individuals a high starting wage and offers health insurance benefits. Because of this competition for employees Marge has to rely on her 87 year-old-mother for support when there is not a provider available. Marge has been force to utilize nursing home care for months at a time while searching for a home care provider. She spends her nights at the nursing home to get the care she needs. Marge would then have her mother transport her to the apartment she currently maintains and would spend her days there.

I feel that if the direct care providers were paid a decent, living wage, Marge would not have to piece together such an expensive option in order to maintain her independence. The increase in the reimbursement rate would allow agencies to pay personal care workers a decent wage, while offering the agencies the support they need to keep their doors open to provide the service.

DONNA AND IVAN

Donna and Ivan married and are senior citizens who reside in subsidized public housing. Both of these individuals have extensive health issues and disabilities. These issues have impaired their ability to provide for all their daily health care and maintain their small apartment independently. Home care allows them to remain in their apartment and continue to live together as man and wife. Without such care Donna (who is protectively placed by the court) may be required to reside in a more restrictive setting such as a group home, and Ivan who has more physical health care needs may have no options other than utilizing a nursing home.



Vernon County Human Services

W-2 Agency



P.O. Box 823
Viroqua, Wisconsin 54665-0823

Phone 608-637-5210
Fax 608-637-5505

MA PC Public Hearing Testimony

*Presented by Vernon County Department of Human Services
To the Senate Health Committee on
Wednesday, February 2, 2000*

How unfortunate that the State feels the need to balance its budget on the backs of the impoverished elderly and vulnerable developmentally disadvantaged children. It is true that these populations don't have the assets to hire a lobbying firm to represent their interests in the legislature. Their value and worth to their communities still remains immeasurable and constant. What's it worth to keep an individual out of an institution and in a less restrictive environment or in their own home? Shall we ask "Jerry" and his family?

"Jerry" is an autistic 16-year-old who is also cognitively challenged. When it became necessary for safety reasons to place him outside of his home, he went to a group home rather than to the Chileda Institute in La Crosse thanks to the Personal Cares program. The cost of care at the group home was \$100.44/Day...\$36,660.60 for the year. The amount Personal Cares contributed was about an additional \$10,000. Had he been placed at Chileda, the cost for his care would have been \$93,456.00. Not only does this *not* make any economic sense...it highlights a complete lack of common sense.

We expect *more* from our elected officials and can hold them accountable in the ballot box. Certainly we should be able to hold the State's Bureaucracy to the same standards and accountability. Is it the right that Vernon County's elderly should suffer the loss of their independence because the State *failed* to give *clear and concise* guidelines? Vernon County received the first manual for Personal Cares on January 31, 2000!

Let's insist on returning personal integrity to the system that serves our elderly by demanding that the State be held to the same standards as its elected officials. It needs to listen to our consumers/constituents and be more responsive to their needs. Trying to "slip one by" the public like this reminds me of receiving an income tax rebate a couple of weeks ago only to discover that we lost the renters' and real estate tax credit for the State.

Sincerely,

Maribeth Solverson, Supervisor
Family and Children's Services



Vernon County Human Services

W-2 Agency



P.O. Box 823
Viroqua, Wisconsin 54665-0823

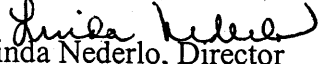
Phone 608-637-5210
Fax 608-637-5505

MAPC Public Hearing Testimony to the Senate Health Committee

February 2, 2000

Vernon County has provided personal care services since 1988. During these past 12 years there has not been clear direction from the State Department as to needed procedures largely due to the lack of a manual and insufficient training for the providers. The State Department encouraged counties, such as Vernon, to get into the business of personal care as a means of saving tax dollars for nursing home care and allowing individuals to have a choice of being in their own homes. What happened to this concept?

If the State Department of Health Care Finance had spent as much time and effort in providing the needed technical assistance as the Division of Workforce Development did for the administration of the W-2 program, agencies such as Vernon County would not be facing the personal care issues we, providers and consumers are facing today.


Linda Nederlo, Director
Vernon County Department of Human Services
Viroqua, WI 54665

LN:kmt

February 2, 2000

Dear Senate Health Committee Members,

It has come to my attention that funding for Personal Care Workers in Wisconsin is in danger of being lessened or discontinued altogether.

As a parent of a developmentally disabled 29-year-old daughter, Linda, who is currently receiving help from a Personal Care Worker, I want to tell you how valuable this assistance is to our daughter and to our family.

While she is often cheerful and smiling and is able to walk, nevertheless she is unable to talk, feed herself, dress herself or use the bathroom. Therefore, she can't tell us when something is wrong and depends on someone else for her every need.

Last summer we moved to Dane County from Pierce County and my highest priority was to pursue the availability of services for Linda. I heard about Community Living Alliance (CLA) and called them for help. They were extremely kind, helpful, and very patient with me as I searched for help for Linda. CLA told me I could help look for a care-giver for Linda in my community. This I did. I talked with eleven different persons; some came for interviews and many were interested in the job until I told them the pay was \$8.00 an hour. Since many of them were making \$11.00 to \$15.00 per hour in nursing homes, etc., they were not interested in my offer. The young lady who finally agreed to come (although she was making \$10.00 per hour at her former job) did so only because I told her, "Maybe they'll raise the rate." Now I fear this may not happen.

Currently, I am receiving personal care help for Linda five days a week, and this has been a life-saver for me. Now I have some time each day to live as a "normal" person with time to do something other than care for someone else.

Before we received personal care up in Pierce County and I was so very busy with Linda, my doctors would commend me for taking very good care of her. But then they would add, "But who's taking care of you?"

And this is the real situation. A lot of us who have special needs people in our homes do as well as we can to care for them, often at great sacrifice to ourselves and other family members. Personal care workers fill a very valuable need to our families. They provide assistance to the person who needs it and time and freedom to the family who often desperately needs a break from the situation. Personal care workers provide us with quality in our lives. Unless you have walked in our shoes, you can't know the urgency with which we all need help. We're not looking for anything other than a way to keep a balance in our lives.

Therefore, I would hope that your committee will see fit to not only continue funding, but increase the hourly wage as well.

Yours very truly,

Lois Pikoske
8811 Colby Rd.

Mt. Horeb, WI 53572



Testimony for the Senate Committee on Health, Utilities, Veterans
and Military Affairs
February 2, 2000

Thank you for giving me the opportunity to submit written testimony for the consideration of your committee. My name is Valerie Brown and I am a recipient of personal care services. I also work full-time as an Independent Living Services Coordinator.

I rely on personal care services daily to help me with such tasks as bathing, dressing, and meal preparation. These services enable me to live independently. If these services did not exist, I would not be able to live in my own home. I would not be able to work and be a taxpaying citizen. I would be forced to live in a nursing home. Five years ago I had to live in a nursing home for seven months because of a broken leg. That was one of the worst periods in my life. The quality of care I received at the nursing home was abysmal. Call lights would go unanswered for as long as an hour because the facility was so short-staffed. I had no control over my life; no choice as to who I lived with, when I ate my meals, what time I got up in the morning, etc. Nursing home care is also expensive. It would cost the state **more** to pay for my care in a nursing home than to provide personal care services to me in my home.

I currently receive personal care services from Elder Care of Dane County. Recently, however, I was informed that Elder Care would no longer be providing MA personal care services because the reimbursement rates are so low that they are losing money. This means that I now have to find a new agency that will accept me as a client. Currently, there are only two agencies in Dane County that still provide MA personal care services. Both of these agencies are facing audits from the Department of Health and Family Services. I am very concerned about the effect these audits will have on personal care provider agencies. These agencies are already struggling because of the very low reimbursement rates. The MA reimbursement rate for personal care services has only gone up 25 cents in the last 10 years; this doesn't even begin to keep up with the rate of inflation, not to mention provide a competitive wage to workers. If these agencies are fined hundreds of thousands of dollars (because the state failed to provide them with proper written policy guidelines), they will not be able to stay in business. And if these agencies are unable to stay in business, then that means there will be **no** personal care services to people in Dane County. What it means to me personally is that I will have to quit my job and go into a nursing home. From a humanitarian and economic standpoint, I do not see how that can be in the best interest of the state of Wisconsin.

Testimony Personal Care

My name is Steve Verriden, I'm also a person with a disability living in the state of Wisconsin – but lately I'm beginning feel like a rock, the proverbial rock that is being worn away by water. I know this is a hearing about audits that the state is conducting on personal care agencies, but these audits are symptomatic of a larger illness within the state of Wisconsin – the wearing away of our ability to live in the community. The audits are just one more tool the Department of Health and Family Services is using to chip away at the rock that at one time was the future of people disabilities in Wisconsin. The Department has tried to eliminate, cap, financially strangle, and is now trying to audit the program to death. But it's not an agency or program that is sick and on the verge of dying; it is our ability to get to school, to work, and about our ability to meet needs as basic as cleanliness - and in a year it will be about our freedom because there will be no where left ago.

A chunk of this debate about the audits revolves around time sheets - my first job when I graduated from college was with the newly born Medical Assistance Personal Care Program. I helped to create the very first personal-care time sheet in Dane County with the help of a community nurse named Nancy Anderson. We basically created that time sheet with no guidelines from the Department of Health and Human Services. We looked at a home health agency time sheet and tried our best to give the state what it wanted. But I can tell you, as a person who had to enforce what I felt were some pretty silly rules, as an agency we went to great lengths to stay in compliance with what we believed the regulations to be.

As for audits themselves, I'm not an accountant. Until recently, I'd never heard of a desk audit, but I know the audits we'd had at Access never failed to send us scrambling. We were all squirreled away, thrashing through papers and walking on eggs whenever the auditors were in. The seriousness with which we treated these audits seems to have been a misplaced when I see what the state is doing now. Could those auditors have been all that wrong?? Were the state officials that had been providing guidance all these years completely wrong? Who's agenda is this? Where did these regulation interpretations come from, and why?

I understand doctor's orders are an issue here, I remember the constant wrestling matches to get doctors to even return these silly pieces of paper, paper that in and of itself never got one person out of bed. What would you tell a person, would you tell them "Sorry, you can't get up for school today - we think maybe the doctor didn't fill out your paperwork correctly – we'll be out to get you up as soon as the provider handbook comes out - maybe sometime within' the next five years."

What I ask of this Committee, and the legislators of this state, is to keep sight of the real issue - the future of people with disabilities. Don't allow the Department to destroy another piece of the community based infrastruce that once made WI a model for the rest of this country. Paperwork can be straightened out; a life painstakingly put together is not so easily straightened out once it's been destroyed.

Steve Verriden

1817 Spohn Ave.

Madison, WI

Sen. Ymaen



**Crawford County
Human Services Department**

Sara J. Ryan
Director

111 West Dunn Street
Prairie du Chien, Wisconsin 53821

Phone: (608) 326-0248
Fax: (608) 326-4395

February 1, 2000

Senator Brian Rude
Room 108 South
State Capital
P.O. Box 7882
Madison, WI 53707-7882

Senator Brian Rude:

RE: PERSONAL CARES PUBLIC HEARING, WEDNESDAY, FEBRUARY 2, 2000

Dear Senator Rude:

The Personal Cares Program for Crawford County has been very significant in keeping individuals in the community rather than institutional care. In fact in December 1999, over 5,705 hours of Personal Cares were provided to 79 different individuals. For an example, 23 of our consumers are elderly, 14 are physically disabled, 2 are chronically mentally ill, and 40 are developmentally disabled. Without the Personal Cares Program most of these individuals would be in institutional care and would not have the less restricted care that is so needed for all individuals.

Crawford County sights the following problems with the Personal Cares Program.

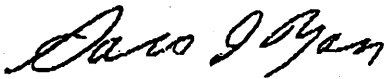
1. There has never been a manual to cover the entire program. We received memos here and there giving us guidelines for the program but there has never been a firm policy manual with the program. This year they finally came out with a large draft manual, but it has still not had final approval, therefore, it is very confusing as to which guidelines to follow. If you call for guidance, you get different answers to the same question.
2. The reimbursement for the Personal Cares has been insufficient since the beginning of the program. The cost of providing the care and for the administrative costs involved in coordinating the care, billing for the care, and all the other paperwork that is needed is not covering the costs. Personal Care Workers are receiving sub-standard wages for a very responsible job. In fact it is extremely difficult to find qualified Personal Care Workers because of the sub-standard wages having to be paid by our contractors.

February 1, 2000

3. The audits that have been done in the counties are not helpful, but are looking for any way to recoup money for the State of Wisconsin. We did this program to help the State de-institutionalize the population and now we are being penalized for doing what they wanted us to do. Our community aids have not increased significantly to ever cover the cost of the care that is required to provide for our Developmentally Disabled and frail Elderly population.

I am sorry but the State cannot have it both ways. If they are going to penalize counties for administering a program that they have had very little direction in, then Crawford County is not going to be able to continue to be the administrative agency for the Personal Cares.

Sincerely,



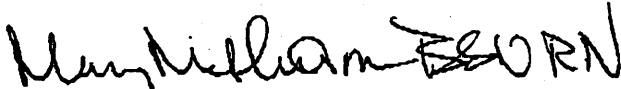
Sara J. Ryan, Director

CRAWFORD COUNTY HUMAN SERVICES DEPARTMENT



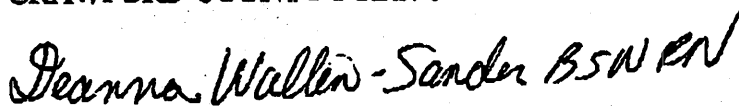
Gloria Wall, Director

CRAWFORD COUNTY PUBLIC HEALTH



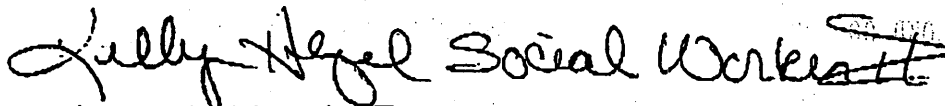
Mary Mathison, BSN RN

CRAWFORD COUNTY PUBLIC HEALTH



Deanna Wallin-Sander, BSN RN

CRAWFORD COUNTY PUBLIC HEALTH



Kelly Hefel, Social Worker II

CRAWFORD COUNTY HUMAN SERVICES DEPARTMENT



Greg Klemm, Social Worker II

CRAWFORD COUNTY HUMAN SERVICES DEPARTMENT

Caring For Generations

Sen. Moen
Monroe County Department of Human Services

Community Services Center, A-19 • 14301 County Highway B • Sparta, WI 54656-4509

(608) 269-8600 • (608) 372-8600

FAX: (608) 269-8935

Hearing Impaired (TDD)

(608) 269-8607 • (608) 372-8607



February 1, 2000

Ms. Laurie Dies
PO Box 7882
Madison, WI 53707-7882

RE: Personal Care Public Hearing

Dear Ms. Dies:

Personal care services for our elderly and disabled individuals have been an essential component to enabling them to live as independently as possible in their least restrictive settings. Recently, private agencies have made decisions to discontinue PCA services because MA reimbursement does not encourage employees to stay due to the current competitive job market.

As PCA services are reduced due to lack of qualified providers, more individuals are placed into nursing homes. This is at a cost much greater than having services provided within a patient's home.

The proposed increase in rates would attract and retain employees. Personal care services would continue and patient's quality of life would continue as well. The increase to \$15.50 is still insufficient, but certainly is recognition that MA reimbursement needs to change.

Sincerely,

Susan Rettler
Susan Rettler, MS
Clinical Administrator

kjr

The mission of the Monroe County Department of Human Services is to serve people, with an emphasis on Monroe County residents, by empowering participant responsibility and choice toward safe and independent lifestyles through the delivery of services in response to assessed needs.

It intends to achieve this mission through providing public awareness, resource and referral information, economic support, and direct provision of services in a fiscally responsible manner.

Sen. Moen

WISCONSIN CAREGIVERS ASSOCIATION OF CRAWFORD COUNTY
106 S. Beaumont Road
Prairie du Chien, WI 53821

DATE: January 29, 2000

TO: Senator Brian D. Rude

FROM: Wisconsin CareGivers Association of Crawford County

RE: Personal Care Public Hearing-Wednesday, February 2nd

The following are areas of interest regarding the Personal Care Crisis:

1. Policies and laws we can live with, however when the procedures and rules change (sometimes daily) concerning these policies and laws frustration, dissension, and fear tend to rule.

We respectfully ask the State of Wisconsin to develop the procedures and rules regarding Personal Care Dollars before implementing Policy and Law. There is nothing more defeating and discouraging than following a leader who is running in circles.

2. Fair Living Wage: Many of us Caregivers of Crawford County are unable to afford health insurance, afford to take off work when we are sick or afford a financial crisis such as an automobile tire going flat. Many of us our putting in well above the average 40 hour work week just to keep our heads above water in the financial world. We certainly have ample opportunities within our area to work elsewhere with a health insurance package and better pay but fortunately for all we are dedicated and strive to keep our vulnerable citizens healthy and in an environment conducive to their individual needs.

We respectfully ask the State of Wisconsin to give our employers fair compensation for the work we perform so they may in turn offer us their employees a competitive benefit package.

A few of our area caregivers will be attending the public hearing on February 2nd, to share their personal observations and challenges within the Personal Care system. We thank you for the opportunity to express ourselves, Senator Rude, and look forward to the day when Personal Care in Wisconsin is no longer a crisis.

Sen. Moen

January 31, 2000

State Senator Brian Rude
115 5th Avenue S.
Suite 414
La Crosse, Wisconsin 54601

Dear Senator Rude,

I thank you for the notification and opportunity to write to the committee that is considering options for home health care in Wisconsin. Please share any portion of my letter that you feel will help the members vote to increase home health care funding.

I work as a home health aide here in La Crosse. All of us involved in this business, caregivers and patients, are wondering if our agency will be able to continue to give care to our long and short term clients. Everybody involved truly wants to provide quality care, but lack of funding, poor wages and lack of respect for the job we do threaten to kill our existence. If home care does not continue, I fear many of our patients will not continue either.

Supporting home health care through adequate funding will help some of the most vulnerable people in our society. Home health workers care for disabled children and their families, people who have suffered a devastating disease or accident, the elderly and their families, plus people who are injured or who have had surgery and just need a little help in the short term to get along. It is indeed a valuable and worthwhile service.

Another group of people that needs help is home health workers themselves. I know you probably do not want to hear this, but many caregivers are single and divorced mothers. Many are going to school and working to pay the bills. Let us help them by giving them a pay raise, job security and the respect they deserve for doing a portion of God's work here on earth.

Sincerely,

Kathy Terpstra



WISCONSIN LEGISLATURE

P.O. Box 7882 • Madison, WI 53707-7882

March 7, 2000

Joe Lekan, Secretary
Department of Health and Family Services
Room 650, One West Wilson Street
Madison, WI 53702

Dear Secretary Lekan:

This letter is in response to your request for suggestions regarding the establishment of a Blue Ribbon Task Force to consider problems related to personal care.

As you are aware, there are two major issues confronting the personal care industry today. The first issue relates to reimbursement for services and has been the subject of legislative consideration during the budget and at the present time. The second important issue relates to audits of the personal care only providers by your Department. In combination, these two issues have resulted in the elimination of many personal care providers and concern by providers and recipients about the loss of personal care as a viable service under the Medical Assistance program.

In light of these concerns, we believe that your Blue Ribbon Task Force should address the following issues:

1. Identify why the use of personal care services in Wisconsin is on the rise and whether the reimbursement level for these services is adequate to assure the availability of service providers.
2. Identify whether there is in fact a problem with Medical Assistance fraud in the delivery of personal care services.
3. Determine whether there is an adequate audit tool available to the Division of Healthcare Financing auditors to be used with personal care only agencies; and if not, provide direction in the development of such a tool.
4. Review the mechanisms currently used by the Department to communicate with and educate personal care only providers. In that regard, assure that on an annual basis, personal care providers are reviewed rather than simply audited for purposes of financial recoupment.
5. Review the handbook which has recently been promulgated to determine whether it in fact addresses the needs of personal care only agencies. Recommend changes so that the handbook can be an effective tool for use by these providers.

-MORE-

Secretary Leraan
March 7, 2000
Page 2

6. Determine whether the current personal care audits have been fair in their assessment of whether Medical Assistance has properly paid for services actually provided to the recipients. In that regard the Task Force should review whether the emphasis has been on a confirmation that services were properly provided or whether the emphasis has been on whether the agency was able to show proper paper compliance with detailed requirement irrespective of the question of service delivery.

We hope that the suggestions will provide scope fore your proposed Task Force. Please feel free contact us if you have further questions or issues you wish to share.

Sincerely,



RODNEY C. MOEN
State Senator



BRIAN D. RUDE
State Senator

RCM:BDR/lzd

From: Sinikka McCabe
To: Leean, Joe
Date: 2/23/00 8:56AM
Subject: LTC Worker Task Force

You requested information regarding the Long Term Care Worker Task Force. BOALTC formed the task force in the summer of 1999 to examine ways to carry out the intent of the Governor's proclamation of the Year of the Long Term Care Worker (May 1999-May 2000).

The Board gathered together members with a vital interest in the subject, including workers, service providers, advocates, government, and academia. The stated purpose has been simply stated as, "To raise the public's awareness of the contributions made by long-term care workers and to examine problems confronting the long-term care system with recruitment and retention of a quality labor force." To this end, the task force has developed a media awareness and recognition program to be implemented at the county level in collaboration with the aging network. The task force has planned and will stage a 'summit' conference April 3 & 4 to showcase new management approaches that successfully lead to much higher staff retention rates, and ultimately greater job satisfaction for the front-line worker. It is BOALTC's intention to end the task force at that point or encourage members to find another sponsor. I am attaching the list of task force members.

The committee has a good representation of members, including a Family Care county. So this group could be the "Blue Ribbon Commission," especially since it was organized as the result of the Governor's proclamation of the Year of the Long Term Care Worker. I have not discussed the BRC issue with George.

Please let me know if I can assist further.

CC: Bartels, Peggy; Wilhelm, Charles

List was not included w/ email

MEMBERS OF
TASK FORCE ON YEAR OF LTC WORKER

Margaret Tollaksen
2840 S. Root River Pky.
West Allis, WI 53227

Gina Dennik Champion, Exec. Dir.
Wisconsin Nurses Association
6117 Monona Drive
Madison, WI 53716

LaVerne Jaros, Director
Kenosha Cty Center on Aging & LTC
5407 8th Ave.
Kenosha, WI 53140

Russell King, Executive Director
Wisconsin Homecare Organization
5610 Medical Circle
Madison, WI 53719

Claudia Stine, Dir. LTC Ombudsman Services
214 N. Hamilton Street
Madison, WI 53703-2118

Vicki Sali, Regional Ombudsman
Board on Aging & Long Term Care
819 N. 6th St., Room 520
Milwaukee, WI 53203

Julie Button, Regional Ombudsman
Board on Aging & Long Term Care
812 S. Fisk St., 2nd Floor
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608/267-6749 (fax)

March 1, 2000

MW

To: Wisconsin Senators
From: Dale Block, Chair *Dale Block*
State Independent Living Center
Re: Personal Care Service Audits

The State Independent Living Center (SILC), a governor appointed cross- disability council, requests an immediate halt to any further audits of personal care services until DHFS provides a handbook and training for providers of personal care services. When a handbook is distributed, the SILC requests that the DHFS give clear directives as to the requirements for Medical Assistance claims. According to several providers, they were not instructed how to document services provided correctly and were unable to get consistent directives from department staff.

The SILC further recommends that:

- The Handbook provides clear expectations of personal care service providers and how those services must be documented to receive Medical Assistance
- Audits cease until handbook expectations can be implemented.
- DHFS examine its audit policy on service providers to determine whether services paid by the Medical Assistance program were provided or whether they simply find errors in recording information. Many providers are being asked to pay back the cost of services that they appear to have provided but did not document correctly. This is forcing agencies to close their doors.
- DHFS change how it supervises and reimburses eligible personal care service providers.

Also, please schedule a public hearing on this soon. The shortage of personal care services is a crisis throughout Wisconsin. We can wait no longer.

*the independent living
philosophy*

The philosophy of independent living is to promote consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society.

*to learn more about
the SILC*

Call the State Independent Living Council toll-free in Wisconsin at 1-888-WIS-SILC (1-888-947-7452) or call 1-608-261-8397 (voice) 1-608-261-8396 (TTY)



*empowerment
and independence
for persons
with disabilities*



State Independent Living Council

P.O. Box 7851 • Madison, WI 53707-7851

the state independent living council (SILC) believes:

It is the right of all persons with disabilities to have the freedom and the opportunity to control their own lives, manage their own affairs and live as they choose within the community, and to pursue educational, career and other personal goals which help them in their efforts to become active, contributing members of the community.

the SILC is:

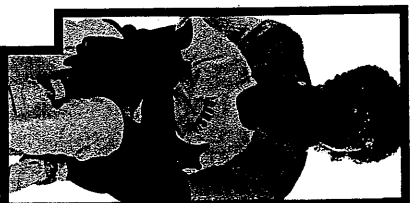
Grounded in law. Created by the federal Rehabilitation Act Amendments of 1992 and confirmed by executive order of the Governor in 1993, the State Independent Living Council is composed of 14 Governor-appointed individual members from around the state.

Diverse. These members represent people of all ages with a broad range of disabilities.

Consumer-controlled. The law sets forth that the majority of our members are individuals with disabilities who are not employees of any state agency or independent living center.

the SILC:

- Promotes independent living for persons with disabilities throughout Wisconsin.
- Develops, implements, monitors, and evaluates a three-year State Plan for Independent Living Services, in conjunction with the Division of Vocational Rehabilitation.
- Supports the development and expansion of the Network of Independent Living Centers.
- Supports training opportunities for individuals with disabilities, family members and providers of independent living services.
- Assists in developing and expanding independent living services, particularly in parts of the state where needs are the greatest.
- Helps communities become more aware of the value of independent living, both to the community and to persons with disabilities.



Wisconsin

SURVIVAL COALITION

600 Williamson Street, P.O. Box 7851, Madison, Wisconsin 53707-7851


(608) 266-7826 ■ FAX (608) 267-3906 ■ TTY (608) 266-6660
MEMO

DATE: February 10, 2000

TO: Chairman Moen, Members of the Senate Health Committee
Members, Wisconsin State Senate
Members, Wisconsin State Assembly

FROM: Survival Coalition, Lynn Breedlove and Michael Blumenfeld, Co-Chairs

RE: Personal Care Audits



The Survival Coalition, a group of advocacy organizations for people with disabilities, very much appreciates the Senate Health Committee's holding a hearing on the issues surrounding the personal care audits and rates. This memo will concentrate on the audits.

At the hearing it was abundantly clear that there is an overzealous approach to the audits by DHFS and an attempt to limit personal care. It was most disheartening to hear DHFS staff say the audit requirements were clear while everyone else described a very confusing set of requirements and the impossible task of getting DHFS clarification and training on the requirements. In fact testimony suggested contradictory instructions from DHFS. It appears that at these types of hearings DHFS states one thing and everyone states just the opposite.

It also appears DHFS is most aggressive in its audit practices especially with small agencies getting paid very little for their work. At the hearing DHFS representatives interjected the word "fraud", but there is no fraud alleged with these audits.

Given all of this, the Survival Coalition has the following suggestions that hopefully will lead to more personal care agencies remaining in the service system:

Ask the Legislative Audit Bureau to do a complete review and assessment of the policies, approaches and procedures of the DHFS personal care audits to determine if the policies were clear and if the personal care agencies should have been expected to understand the requirements that they have been audited against. It is absolutely necessary that independent auditors be permitted to do a complete assessment by reviewing source documents and interviewing all appropriate individuals. Until the Audit Bureau's review is completed, the personal care audits by DHFS should be suspended.

Better yet is for DHFS to agree to suspend the personal care audits altogether, forward the newly developed personal care handbook to the appropriate Legislative Committee for review, public input and a determination that it is reasonable and is not Administrative Code developed without following proper procedures. After this is accomplished, DHFS should train all personal care agencies on the required procedures using the handbook. Future audits would then be based on the handbook requirements and procedures. This would eliminate the need for the Audit Bureau review, save time and money and begin to show support for the personal care program.

Finally, the Survival Coalition would like to see DHFS be ask to help solve the problems with personal care through its leadership in supporting AB 630 and asking the Assembly Health Committee Chair to hold a hearing and bring AB 630 to the floor of the Assembly for a vote. DHFS also should be ask to show leadership in helping to solve the crisis of over 90 personal care agencies going out of business and of the lack of personal care workers.

Gerry Born of The Arc-Wisconsin is the contact for the Survival Coalition on the personal care issue. Please contact him at 251-9272 with any questions or if the Survival Coalition can be of assistance in resolving the problems the low rates and the DHFS audits have created concerning this very critical service for people with disabilities and their families.

Thank you for your concern for this matter and your assistance in solving this critical problem.

cc Governor Thompson
Secretary Leean
Attorney Burt Wagner
Gerry Born
Survival Coalition

LINCOLN COUNTY DEPARTMENT OF SOCIAL SERVICES



Lincoln County Health & Human Services Center

607 North Sales Street, PO Box 547 – Merrill, WI 54452

David J. Chapleau, Director

Telephone: (715) 536-6200 Hearing Impaired: (715) 539-1341

FAX: (715) 536-2753 E-Mail: Socialservices@co.lincoln.wi.us

January 31, 2000

Senator Rodney Moen, Chair
Health, Utilities, Veterans & Military Affairs Committee

**RE: Hearing on Title XIX Personal Care Services
February 2, 2000**

Dear Senator Moen:

The Lincoln County Department of Social Services made the decision in December 1999 to begin managing the Title XIX Personal Care Program when the former provider chose to discontinue its certification. The department made this choice because there were no other providers in the area interested in providing Personal Care Services. Many of the recipients receiving this service are COP-Waiver cases. The costs associated with picking up this service under our existing Long Term Care Programs were prohibitive, as funding for those programs is very limited and could not absorb these extra costs. In many situations for the current recipients to continue to remain at home, the services need to be continued.

In light of the many severe audit findings some providers have faced, it is a major concern to us to be in compliance with the regulations of this program. Lincoln County is finding it very difficult to locate someone who will provide any training on compliance issues and audit concerns. EDS has been helpful on procedural questions but admits they are not trained to advise on the technicalities of audit compliance. Because of this experience, I suggest that the providers and Health Care Financing would benefit from the availability of outreach trainers to Personal Care agencies to avoid the impact of audit recoupment.

There is an obvious need for the audit process to find and recoup fraudulent activity. But for many agencies trying to manage the program effectively, there is a real vacuum in determining what is an acceptable procedure and what is not, without the burden of an audit finding.

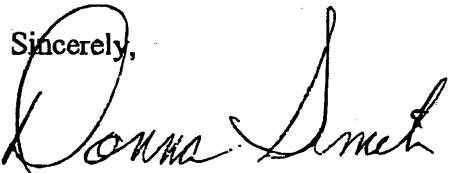
We hope that a balance can be found between the ability to provide adequate training and the audit process.

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In reading the publications, I have discovered that Health Care Financing approaches the care for this program similarly as they would institutional and medical services. Many Human and Social Services agencies now are interested in managing the Personal Care Program for the benefit of their clients. I wonder if the Personal Care Programs would more appropriately meet the needs of Wisconsin citizens if administered by the Division of Supportive Living, which has a history of managing community based services. This would also assist in centralizing community based services in one division, rather than the current process of patching together services from two state divisions using procedures which are not necessarily compatible.

I am sorry I personally was not able to attend this hearing, but appreciate your attention to this matter. I do hope some action will come from what you hear today to benefit those vulnerable and dependent citizens of Wisconsin in order for them to continue to receive the care and service they need.

Sincerely,



Donna Simek
Adult Services Supervisor

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COPPER FAMILY TREATMENT SERVICES, INC.

243 East Lakeview Dr.
La Farge, WI 54639

Phone (608) 625-2453
Fax (608) 625-2446

February 01, 2000

To whom it may concern,

Copper Family Treatment Services, Inc. has provided quality services for severely, cognitively, mentally, and physically challenged children and adults since 1976.

Most of the people we serve are one step from an institutional setting. The cost of care in institutions is approximately \$400 - \$600 per day per person. Our care rates are approximately 25% of the institution cost including personal care. We have defrayed the cost to all the counties who wish to utilize the personal care approved funding to serve our residents. This has helped to ensure the health, safety, and welfare and rights of each resident. Our goal is to help the residents live as independently as possible, realize their potential, have a quality life, and be a valued member of their community.

The direct care personal care staff spend a tremendous amount of time documenting time in - time out minutes to ensure the accuracy of billing. The amount of time, complexity of documentation, low pay, and poor hours has discouraged some personal care providers from wanting to provide services even as much as they care about others. These same employees can work at a fast food restaurant with less responsibility, no education, less training, choose their hours and earn more money. They truly have to love people to work in personal care.

We have worked closely with Vernon County Department of Human Services and Bethel Home and Services, Inc. for many years. They have always tried diligently to meet the personal care program criteria that they felt was being requested of them. We feel that the personal care audits that have been conducted are very unfair. I believe that most people are honest and want to operate programs according to the mandates established. However, the state and federal guidelines for many programs are vague and left for interpretation of whoever is monitoring at the moment. When we request information from individuals supposedly hired to administer programs, conflicting direction is sometimes given. How are we to know what the state and/or federal government wants when they aren't sure either what the code intends?

To ever rectify this major lack of communication and direction we must:

- * Have clean cut directives and codes that are not left for interpretation.
- * Federal and state staff must interpret the codes consistently with auditors and other administrators.
- * Keep all recording simple, but thorough to ensure compliance.
- * Develop a rule handbook with input from all levels of service area.
- * Find positive ways to deliver the services to meet the needs of those eligible for services.
- * Raise the personal care rate to attract and keep good employees.

Please consider this information to help us do our best to help others do their best. Our democratic form of government continues to be the best on earth, and was established "of the people, by the people, and for the people." Let's ensure that our actions in delivering personal care services is of the people, by the people and truly for the people.

God bless you,



Mr. and Mrs. Donald Copper
Owners/Directors
Copper Family Treatment Services, Inc.

T E A M
Together Everyone Achieves More