



Public Policy Committee

of the Child Abuse Prevention Network, Milwaukee County

What We Feel Is Important for Families in Wisconsin's Biennial Budget

The Child Abuse Prevention Network of Milwaukee County is committed to strengthening families so as to ensure that children will be raised in a safe and nurturing manner and will enter school ready to learn. We feel strongly that the State of Wisconsin should support strategies that are the best for the future of our children. Such strategies of necessity are preventive in nature.

The key issues facing our families involves 1) Continued poverty in many areas; 2) A lack of knowledge on skills required to raise children; 3) Lack of community resources to assist those in greatest need; 4) The need to link families with existing resources; 5) A failure to recognize that primary prevention requires a statewide commitment.

The Public Policy Committee of the Child Abuse Prevention Network of Milwaukee County believes that the State Legislature of Wisconsin and our governor should keep these basic principles in mind as they consider establishing the State's goals as reflected in the budget for the next biennium.

Among the issues facing Wisconsin families are the following:

- **Support for the "Welcome Home Baby"** initiative to strengthen families through voluntary community home support programs. It is proposed that \$10 million dollars be appropriated to increase capacity for existing community programs and to add new program where necessary to provide parents with access to information and assistance in developing skills to raise children.
- **Support for continued funding for Community Learning Centers** in our schools. There has been a good beginning made in helping to create family-friendly school settings, and this effort needs to be continued.
- **Sufficient funding needs to be made available to the Bureau of Milwaukee Child Welfare** and the "safety services" strategies need to be re-examined. The budget pre-supposes that there will be a drop in the numbers of children to be served through "safety services;" the current protocols used to determine participation in "safety services" need to be reviewed, since there is much need in the community to serve additional families whose stress levels provide potential concerns over the safety of their children.

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*Dedicated
to
Building
Successful
Families*



- **The level of child abuse and neglect** has been difficult to track, due partly to the change in system management from the County to the State in 1998. Sufficient study to conduct an independent survey of child abuse and neglect reports is critical.
- **Foster care payments need to be increased.** Wisconsin ranks at the bottom in monthly payments to foster parents in comparison with neighboring states; the Budget proposes a 1% increase in the first year and 2% in the second year, hardly enough to make up for the inflation faced by families.
- **Foster children who turn 18 are often left out in the cold;** in most cases, they no longer qualify for Title 19 medical care unless they are in school. The young people are left to fend for themselves at a most critical time in their lives.
- BadgerCare needs to continue to be properly funded, and possibly be expanded to permit the inclusion of families between 185% and 200% of the Federal Poverty Level. All efforts should be taken to resist efforts to reduce coverages if higher unemployment levels develop due to a possible recession.

The future of the State of Wisconsin depends upon our children. Our failure to appropriately care for them in the early years of their lives will cost future generations greatly in future years.

Compiled for Public Policy Committee of the Child Abuse Prevention Network of Milwaukee County, April 2001. For information, contact Ramon Wagner or Ken Germanson, Community Advocates, 449-4777.

Linden Grove

JOINT COMMITTEE ON FINANCE
Public hearing on 2001 Senate Bill 55 and Assembly Bill 144
Milwaukee, WI

My name is Bob Schaefer I am the President of LindenGrove a nonprofit provider of nursing home services in Waukesha County. I come before you today to address my extreme concern over the lack of adequate Medicaid funding for nursing homes. Nursing home providers such as LindenGrove which staffs at higher levels to ensure quality patient care are finding it impossible to make ends meet under the Medicaid reimbursement provided by the State of Wisconsin. Last fiscal year LindenGrove loss a ½ million dollars running 95% occupied. Even after making adjustments such as eliminating positions such as Marketing, Comptroller, and clerical staff the outlook is no better for this fiscal year. This is because our costs for providing care to Medicaid clients exceed our rates on average by \$36.00 per day. For the period beginning July 1, 2001 three of our four nursing facilities received Medicaid rate decreases. The fourth received an increase of less than 1% and the previous year received an 8% rate decrease.

How can we meet our elder's needs for assistance with feeding, bathing, toileting, and maintaining their safety if we are not adequately funded? How can we ask our direct caregivers to work for less than they can receive at a fast food restaurant? How can we be expected to accept Medicaid rate decreases when utilities, insurance, staff wages and benefits, and supply costs continue to rise?

As you are aware the Governors budget calls for the use of intergovernmental transfers to fund a nursing home Medicaid rate increase. If approved by the Federal Government this will provide a brief reprieve for the State. I urge you to support Governor McCallum's proposed expansion of the intergovernmental transfer program (IGT) and the additional Medicaid funding for nursing homes that would be generated under the IGT. If the Federal Government does not approve the use of an intergovernmental transfer the State must come up with additional funding. This is a very grave time for LindenGrove and other nursing homes. If we do not receive adequate reimbursement we will no longer be able to provide higher staffing levels, which allows us to provide exceptional care for our patients. I understand this is a very difficult budget for the State legislature. All I ask is that we are reimbursed at a level that allows us to continue to provide quality care to our residents.

MILWAUKEE COUNTY BOARD OF SUPERVISORS POSITION PAPER

YOUTH AIDS

The Youth Aids program is the State's primary means of providing counties with direct assistance to fund juvenile delinquency services. Prior to the program's creation in 1981, the State paid all costs associated with the placement of youths in juvenile correctional institutions (JCI), while the counties funded all other juvenile delinquency programs, primarily with Community Aids and property tax levy. Because of a concern that this method of funding encouraged counties to place juveniles in institutions – even when less costly and restrictive options may have been more appropriate – the Youth Aids program was created. In 2000, counties were budgeted to receive \$82.2 million in Youth Aids, funded primarily with general purpose revenue.

According to the Legislative Audit Bureau (LAB), during the initial years of the program, Youth Aids funding was sufficient not only to cover all county costs associated with JCI placements, but also to significantly help counties in their efforts to provide other delinquency services, including community intervention. However, according to LAB, by 1992 Youth Aids funding covered only 64.7% of county juvenile delinquency expenditures, and by 1997 that percentage had dropped to 45.4%.

Milwaukee County has suffered not only from this statewide funding shortfall, but also from a funding formula that has not been modified since 1982 and that fails to reflect the County's true service needs. According to the LAB, Milwaukee County would have received \$13 million more than its actual allocation of \$31.1 million in 1998 had updated data regarding juvenile population, arrests and JCI placements been utilized in the Youth Aids distribution formula.

The attached table outlines budgeted revenues and expenditures for Milwaukee County's Delinquency Services programming from 1998 to 2001¹. The table shows that in 2000, the County's Delinquency Services budget totaled \$60.1 million, with State Youth Aids funding covering \$32.4 million (54%) of that amount. Close to \$29.5 million – which amounts to 91% of the County's Youth Aids allocation – was to be sent right back to the State as reimbursement for JCI charges. An additional \$9.9 million was budgeted for various mandated court and custody services, the operation of the County's 120-bed Juvenile Detention Center and administration. The remaining \$20.7 million was budgeted for a broad range of community-based services, including purchased services for the nationally acclaimed Wraparound Milwaukee program, temporary shelter, day treatment, foster care and AODA juvenile court services.

Milwaukee County clearly maintains a comprehensive delinquency services program that focuses on treatment, intervention and prevention as well as incarceration. It could be argued that many of the community-based services purchased by the County reduce program costs in the long run by reducing the need for costly institutionalization. Yet, whereas Youth Aids funding once was available to help the County fund a variety of community-based services, 91% of the

¹ The 1999 budget has been revised to account for a cut in Community Aids announced shortly after Budget enactment.

County's Youth Aids allocation in 2000 was to be returned to the State for JCI charges. *Meanwhile, the County spent nearly \$10 million in property tax levy on community services that are a necessary and cost-effective complement to institutionalization and that both the State and the County have a financial interest in supporting.*

The County's effort to put together a thoughtful and proactive Delinquency Services budget in 2001 again demonstrated the inadequacy of the existing Youth Aids program. Because of an increase in State-imposed rates for JCI's, the County was forced to budget an additional \$3 million in this area. In order to spare property taxpayers from this added expense and maintain \$3 million in Youth Aids for community based services, the budget assumes that the 2001-2003 State Budget will produce a \$3 million Youth Aids increase for the County in 2001. Should that fail to materialize, then the County likely would have to cut community services (which would ultimately increase JCI costs) or utilize property tax levy to fill the gap.

A similar situation occurred in 1998, when the State increased JCI charges by 16% but failed to offset the increase with additional Youth Aids funding. As a result, the County was forced to shift \$3.8 million out of community-based services and into JCI reimbursement while using property tax levy to backfill the community-based services account.

It is worth noting that the 2001 Delinquency Services budget includes a \$5.2 million reduction in property tax levy. This is attributable not only to the highly questionable Youth Aids increase, but also to the availability of more than \$4 million in Community Reinvestment funds that have been committed to the County from its private W-2 agencies. These Community Reinvestment funds are a short-term fix, as they are expected to decrease in 2002 and possibly disappear after that time, leaving the County in an extremely difficult position as it looks to the future.

Milwaukee County believes that the solution is not to fight for larger Youth Aids allocations from the State, but simply to eliminate the Youth Aids program. Instead of sending Youth Aids to counties so that those funds can be sent right back to the State for JCI costs, the State should simply assume the cost of all court-ordered, out-of-home placements. This would echo the recommendations of the Kettl Commission and recognize that court-ordered placements that emanate from a State court system should be funded by the State.

In addition, Milwaukee County believes the State should partner with counties to provide community-based delinquency services that will reduce the need for costly institutionalization and save State dollars in the long run. Under such a partnership, counties could administer community-based programs through performance-based contracts with the State, with the funding for those programs shared equally between counties and the State. In order to offset increased State costs for delinquency services programming, Milwaukee County would willingly give up Shared Revenue funding on a dollar-for-dollar basis for every dollar of property tax levy eliminated through the provision of State funding.

MILWAUKEE COUNTY DELINQUENCY SERVICES BUDGET, 1998 - 2001

Program and Funding Sources	1998 Budget	1999 Budget ¹	2000 Budget	2001 Budget
COMMUNITY BASED SERVICES				
Probation Supervision				
Property Tax Levy	\$ 3,481,611	\$ 2,380,958	\$ 2,787,423	\$ 3,088,348
State Youth Aids	\$ -	\$ -	\$ 245,000	\$ 245,000
State Community Aids	\$ 479,844	\$ 359,052	\$ 359,052	\$ 396,357
Other Revenues	\$ -	\$ 241,584	\$ 241,584	\$ 241,584
TOTAL	\$ 3,961,455	\$ 2,981,594	\$ 3,633,059	\$ 3,971,289
First Time Offender Services				
Property Tax Levy	\$ 202,464	\$ 211,628	\$ 340,586	\$ 346,712
State Youth Aids	\$ -	\$ -	\$ -	\$ -
State Community Aids	\$ -	\$ -	\$ -	\$ -
Other Revenues	\$ 1,536,599	\$ 1,536,599	\$ 1,477,979	\$ 1,477,979
TOTAL	\$ 1,739,063	\$ 1,748,227	\$ 1,818,565	\$ 1,824,691
Residential and Day Services				
Property Tax Levy	\$ 1,483,638	\$ 2,807,145	\$ 2,649,218	\$ 2,393,620
State Youth Aids	\$ -	\$ -	\$ -	\$ -
State Community Aids	\$ 3,611,193	\$ 3,172,141	\$ 3,238,539	\$ 2,150,585
Other Revenues	\$ 3,474,674	\$ 2,174,674	\$ 2,250,708	\$ 3,759,935
TOTAL	\$ 8,569,505	\$ 8,153,960	\$ 8,138,465	\$ 8,304,140
Wraparound Program & Foster Care				
Property Tax Levy	\$ 5,688,375	\$ 5,603,898	\$ 4,212,520	\$ 191,000
State Youth Aids	\$ 1,142,287	\$ 884,633	\$ 2,695,975	\$ 2,695,975
State Community Aids	\$ 293,991	\$ 1,061	\$ 259,367	\$ 3,825,281
Other Revenues	\$ 778,270	\$ 778,270	\$ -	\$ 2,160,918
TOTAL	\$ 7,902,923	\$ 7,267,862	\$ 7,167,862	\$ 8,873,174
Total Community Based Services				
Property Tax Levy	\$ 10,856,088	\$ 11,003,629	\$ 9,989,747	\$ 6,019,680
State Youth Aids	\$ 1,142,287	\$ 884,633	\$ 2,940,975	\$ 2,940,975
State Community Aids	\$ 4,385,028	\$ 3,532,254	\$ 3,856,958	\$ 6,372,223
Other Revenues	\$ 5,789,543	\$ 4,731,127	\$ 3,970,271	\$ 7,640,416
TOTAL	\$ 22,172,946	\$ 20,151,643	\$ 20,757,951	\$ 22,973,294
COURT & CUSTODY INTAKE & ADMINISTRATION				
Property Tax Levy	\$ 2,082,745	\$ 3,268,573	\$ 3,438,796	\$ 2,157,639
State Youth Aids	\$ -	\$ -	\$ -	\$ -
State Community Aids	\$ 3,800	\$ 3,800	\$ 3,800	\$ 1,150,677
Other Revenues	\$ 6,538	\$ 6,538	\$ 3,591	\$ 3,591
TOTAL	\$ 2,093,083	\$ 3,278,911	\$ 3,446,187	\$ 3,311,907
DETENTION CENTER & SANCTIONS PROGRAM				
Property Tax Levy	\$ 5,690,874	\$ 5,717,059	\$ 6,193,570	\$ 6,265,706
State Youth Aids	\$ -	\$ -	\$ -	\$ -
State Community Aids	\$ -	\$ -	\$ -	\$ -
Other Revenues	\$ 210,088	\$ 210,088	\$ 221,065	\$ 221,065
TOTAL	\$ 5,900,962	\$ 5,927,147	\$ 6,414,635	\$ 6,486,771
STATE JUVENILE INSTITUTIONAL CHARGES				
Property Tax Levy	\$ -	\$ -	\$ -	\$ -
State Youth Aids	\$ 29,981,721	\$ 31,288,632	\$ 29,477,379	\$ 32,487,020
State Community Aids	\$ -	\$ -	\$ -	\$ -
Other Revenues	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ 29,981,721	\$ 31,288,632	\$ 29,477,379	\$ 32,487,020
GRAND TOTAL DELINQUENCY SERVICES				
Property Tax Levy	\$ 18,629,707	\$ 19,989,261	\$ 19,622,113	\$ 14,443,025
State Youth Aids	\$ 31,124,008	\$ 32,173,265	\$ 32,418,354	\$ 35,427,995
State Community Aids	\$ 4,388,828	\$ 3,536,054	\$ 3,860,758	\$ 7,522,900
Other Revenues	\$ 6,006,169	\$ 4,947,753	\$ 4,194,927	\$ 7,865,072
TOTAL	\$ 60,148,712	\$ 60,646,333	\$ 60,096,152	\$ 65,258,992

¹ 1999 Budget reflects revised numbers based on Community Aids cuts announced shortly after Budget enactment.

PETITION to the WISCONSIN JOINT FINANCE COMMITTEE

RE: State implementation of the Breast and Cervical Cancer

Prevention and Treatment Act

Please retain the 70/30% matching funding in the budget in order for Wisconsin to be included in the new Treatment Program of the Federal Breast and Cervical Cancer Early Detection Program, funded by the Centers for Disease Control and Prevention. This funding will cover treatment services to low-income, uninsured women who have been diagnosed with breast or cervical cancer under the present CDC screening program.

Wisconsin women's lives depend on this!

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***Legislative Initiatives Regarding the Department of Health & Family Services (DHFS)
Medicaid Prior Authorization Process for Therapies for
Children with Special Health Care Needs***

I am Lynn Steffes- a Pediatric Physical Therapist for 21 years, a representative of the WPTA Pediatric Practice Committee, the Medicaid Committee and the Legislative Action Committee. Today I am here as the Project Coordinator for the SURVIVAL COALITION Medicaid Group. The Survival Coalition represents the efforts of over 25 advocacy organizations throughout Wisconsin. I would first like to extend my appreciation for the opportunity to testify in front of the Joint Finance Committee. Senator Burke and Representative Gard are highly regarded by Physical Therapists as advocates for quality health care for WI Citizens.

As many of you may know, the Legislative Audit Bureau is engaged in an audit of the Prior Authorization process as requested by the Survival Coalition and the many families & providers they represent. That audit was initiated in the fall of 2000. An Audit of the Department's Provider Audit process is imminent. With the consistent communications between the LAB and our organization, I am confident that the problems will be diagnosed & resolutions will be forwarded. We all know that it is incumbent on both the State Legislature & the Governor's office to insure that the Audit findings result in real solutions that translate into improved access to medically necessary services for children & families in Wisconsin's Medicaid Program. In order to be poised for a proactive response, the Coalition has sought to recommend positive changes in the process and have shared these recommendations with both the Audit Bureau and key legislators.

There is also language attached to the Governor's budget under DHFS "frauds & abuse" provisions that further enables the Department to Audit providers and seek substantial recoupments without a provider's right to fair hearing discovery in appealing their decisions. This can occur even in cases where fraud & abuse cannot be determined. The additional provisions included would further empower DHFS to harass providers. Please consider the removal of these items.

Please consider the following Legislative Initiatives to enhance the Medicaid Card Services:

Problem: The current definition of "Medical Necessity" is subject to ongoing reinterpretation with DHFS in administering Medicaid Card services. A definition that is contemporary and includes a clear understanding of the ongoing needs of children & adults with life-long disabilities is available and should be considered for Medicaid recipients in WI.

Administrative Rules that clearly define "Medical Necessity" should be established with careful consideration of children with long term health and rehabilitative needs.

Problem: Currently the aggressive prior authorization process in place in the WI Medicaid program is based on a management model appropriate for managing short term acute rehabilitative services. Ongoing prior authorization on an 8-12 week basis for the long-term *habilitative* needs of children & adults with disabilities is costly for providers and the state. It results in needless repetitive paperwork, delays in services and stress on families within the system.

A separate process should be established that enables the long term rehabilitative and care management of children & adults with special health care needs to be approved annually for an appropriate level of ongoing service. Perhaps a correlating this process with the potential Pediatric Long-Term Care waiver program would offer a better long-term care management solution. Limiting the aggressive Prior Authorization process to managing episodic needs for service such as defined in a traditional medical utilization review model.

Problem: Families and providers wishing to consider and prepare appeals for modified or denied PA's have little information stated in the original denial/modification upon which to base their decision. They must currently initiate an actual formal appeal to receive a written explanation regarding the basis for denial/modification.

DHFS should be required to provide more specific information regarding the reason for modification/denial of PA's immediately upon modification/denial.

Problem: Families & providers navigating the Prior Authorization process and issues surrounding both community and school-based services are hindered by the complexity of the system. With increasing challenges and time required to administer services for Medicaid recipients, providers are less willing to offer the additional time and resources needed to prepare for and participate in the formal appeals process. Without Provider participation, most families find it intimidating and difficult to present their child's case to the hearing officer.

An independent ombuds program should be established to assist families in navigating this process for the PA process including issues of access to therapies, DME, home & personal care.

Problem: Substantial cost increases in administering services to WI Medicaid recipients have been noted by providers over the past 5 years. This increase has been the result of the costly prior authorization process and its ongoing demand for volumes of repetitive paperwork. It has resulted in a disincentive to provide needed services to children & adults with disabilities in WI. On the other hand, WI school districts involved in billing the WI Medicaid Program for school-based services are surveyed regularly and experience rate increases and administrative compensation

related to the cost of providing Medicaid services and performing outreach activities. A similar study of community-based providers would enable the Department to capture information about the rapidly growing costs of providing services and accessing Medicaid reimbursement for this population.

A mandatory cost study should be conducted every 3-5 years with community-based Medicaid Providers to capture the related costs to the delivery of service including the costly Prior Authorization process.

Problem: Currently the WI Medicaid program demonstrates a preference for school-based services for children with special needs, despite the clearly defined role of school-based services in their of meeting the "educational" needs of children. This preference may be fueled by the fact that the School-Based Services benefit in WI currently funnels 40% of Federal revenues received into the state general fund.

In addition, there is no related legislation to the school-based service benefit that describes that revenues received by a district should be used to enhance special education or related services. Therefore, when a school district provides and bills for school-based therapy services, the state makes money on these services whether or not the student's medical needs for therapy are met. There have been few if any increases or changes in the level of therapy services available in school districts related to the increased revenues. Yet there have been increasing denials related to "duplication of services" issues for medically based community services. This results in a net decrease in the services available to children in our state despite the obvious increase in federal dollars.

There should be a substantial reduction in the amount of Federal Medicaid dollars flowing to the WI General Fund for School-Based Services. The current system creates improper incentives for service to be delivered through the schools in lieu of community-based services despite the significant differences in delivery models.

Problem: Providers have experienced Medicaid audits and recoupments based on unclear, unpublished guidelines for documentation and delivery of Medicaid Services. Since ongoing provider education & standards are often unclear, the Bureau of Health Care Integrity should consider for recoupment only those billed services that are provided in clear violation of written policy in force at the time of the services in question. Infractions that cannot be so substantiated with specific provider publications should be given an "educational audit" and follow up. The Federal Health Care Finance Administration has recently stated their support for educational audits in cases where true fraud and abuse could not be substantiated.

Regulations should be established insuring that Provider Audits have an educational option when non-criminal intent is noted for minor violations in regulations. Regulations should be established that limit DHFS' ability to implement tighter standards for audit than what are clearly published and provided to Medicaid Providers of Service.

*4/20/01 Respectfully Submitted by Lynn Steffes, PT
Survival Coalition, Medicaid Project Leader (414) 587-0374*

TESTIMONY OF ANNE L. DE LEO, MEMBER
W-2 MONITORING TASK FORCE

I am speaking on behalf of the W-2 Monitoring Task Force of the Milwaukee County Board of Supervisors. The Task Force is a 20-member panel charged with monitoring the operations of the W-2 program in Milwaukee County.

We would like to draw your attention to six crucial W-2 issues in the Budget Bill. We are concerned first with the overall cost of administration of the program, especially in Milwaukee County, which has almost 80% of the statewide W-2 population. The W-2 program in Milwaukee County is administered by five different agencies located in 12 separate offices. When W-2 began in 1997, the Milwaukee County caseload was more than 23,000 families; now it totals 8500. Now is the time to adjust the Milwaukee County program in response to the decreased caseload. And, this needs to be done before the state signs new contracts.

For those committee members who are less familiar with how W-2 operates in Milwaukee County, let me explain what goes on here. The county is divided into six regions, by census tract. An individual who wants to apply for W-2 must go to the W-2 agency which serves her address, but that agency is not always the closest to her home. The W-2 agency offices are not centrally located, and clients often travel miles to the correct office. For example, clients living in Lapham Park and Hillside, two public housing developments, live walking distance from Y Works, but must travel more than six miles to MAXIMUS in West Allis to apply for W-2. When the client moves—a frequent occurrence among low-income renters—even a short move will require a case transfer to a new W-2 office with a new worker, new assigned activities and a disruption

in services.

Consolidation of W-2 agencies in Milwaukee County was recommended in the recently released Legislative Audit Bureau W-2 audit, and we urge you to immediately adopt this recommendation in this Budget.

Child care administration is the second issue which we want to talk about today. As you know, the success or failure of W-2 turns on whether subsidized child care is available to working parents. Without reliable child care, parents cannot hold down long-term full-time employment. This Budget must be adequate to meet the child care demands of newly working parents. Currently the Milwaukee County Department of Human Services determines eligibility for subsidized child care. Applications for child care are handled by the same Milwaukee County worker who determines eligibility for food stamps and medical assistance using the same information on income, assets and household composition. The proposed W-2 contracts would upset this system and give child care administration to the W-2 agencies, even though 73% of all child care cases in Milwaukee County have no W-2 involvement. This requires a statutory change in Chapter 49 for which we expect a budget amendment. We urge you to oppose any such budget amendment.

If this proposal is adopted, low-income parents in Milwaukee County would have two different workers, one for child care and another for food stamps and medical assistance. This means they would have separate applications and eligibility review meetings, possibly at two different offices, and they would need to take more time away from work. There is no obvious reason for making this change but the impact on the

client community is obvious—fewer working parents will receive subsidized child care.

Monies saved from consolidating the W-2 agencies in Milwaukee County should be used to address a fundamental W-2 issue identified by the Legislative Audit Bureau. The W-2 program must begin to identify and address the needs of the people who haven't been able to find full-time work. These are the families who have remained on W-2 or who are returning to W-2 after unsuccessful employment efforts. Many families in Milwaukee County were simply dropped from W-2 after they reached the 24-month limit for participation. One agency in Milwaukee County, Employment Solutions, routinely gives its clients who are nearing 24 months a statement to sign declining further W-2 services. For families with significant barriers due to physical or mental disability, drug or alcohol abuse, or learning disabilities the W-2 agencies need to develop an individualized service plan as soon as the family comes in the door. Formal assessments should be routinely considered. And, for some families, 24 months may not be enough time to resolve these issues. The time limits need to be modified to recognize the needs of families with significant barriers.

Another provision in the Budget Bill takes 10 million dollars from Milwaukee County for AODA services for TANF-eligible families—and gives it to the entire state. The Milwaukee program served 855 adults and 47 children in the last year. All of the currently appropriated money is being used to provide treatment, and there are waiting lists for residential treatment in Milwaukee County. Milwaukee County clearly has a need for these funds. The rest of the state may need funds for AODA services, but those funds should not come from Milwaukee County.

Our next concern is the appropriation for emergency assistance and job access loans. Both of these programs are used heavily by low-income families threatened with eviction. When we had AFDC, families who lost employment knew that the AFDC grant would increase to make up for the loss of income. Landlords knew this too. Now, any change in employment creates an immediate crisis for low-income families. When Landlords begin eviction actions, often emergency assistance or job access loans are the only means families have to maintain stable housing. We question whether the appropriation for emergency assistance and job access loans will be sufficient to meet this demand.

We also ask you to direct your attention to the reduction in funding for the Kinship Care program. Kinship Care provides \$ 215 per month to relatives who are caring for children who cannot live with their parents. The demand for Kinship Care in Milwaukee County created a waiting list in 1998. TANF funds had to be reallocated to meet the demand. Recently, a waiting list problem occurred in Dane County. The relatives who have taken in these children have no legal responsibility to do this. These children would be in foster care at much higher monthly rates without the generosity of their relatives. Waiting lists should not be acceptable in the Kinship Care program.

Thank you for coming to Milwaukee today and for considering our comments.

W-2 Monitoring Task Force of the Milwaukee County Board of Supervisors

Affected Persons (5)

Linda Garcia
Jackie Clark Ivy
Anne Hazelwood,
Pa Vang

Medical Health Care (1)

Dr. Patricia McManus, Black Health Coalition

Shelter Representative (1)

MacCanon Brown, Repairers of the Breach

Academic Research (1)

Pam Fendt, Center for Economic Development, UW Milwaukee

State Legislature (2)

Johnnie Morris-Tatum
Gwendolynne Moore

City of Milwaukee (1)

Ann Wilson, Hillside Housing Resource Center

Legal Aid Representative (1)

Anne DeLeo, Attorney

Women and Poverty Public Education Initiative (1)

Jean Verber

Hispanic Community Representative (1)

Gena de Sousa

At large (2)

Rose Daitsman
Lee Henderson

Day Care Provider (1)

Deborah Darden

Faith Community (3)

Marjorie Morgan, Archdiocese of Milwaukee
Harriet McKinney, American Jewish Committee
Shawn Green-Smith, Parklawn Christian Center

County Board of Supervisors

Roger Quindel

Columbia St. Mary's Testimony in Support of the Governor's Budget

Doing the Right Thing for the Community

My name is Bill Solberg and I am the Director of Community Services for Columbia St. Mary's Hospitals and Clinics. I am here to speak in support of the Governor's Budget, specifically the increase in the rate of Medicaid payments for Outpatient Services.

Hospitals in Milwaukee such as Columbia St. Mary's know what is good to do to improve the health of the community, particularly the vulnerable people in the community: work in partnership with community health centers, provide outpatient care rather than inpatient care whenever appropriate, increase the utilization of prenatal care. So we do that. We are the primary hospital for Sixteenth Street Community Health Center admissions. We direct our patients to outpatient procedures and care as opposed to inpatient treatment whenever appropriate. We provide an OB/GYN Clinic which cares for many Medical Assistance clients and for people without any insurance.

What has been increasingly clear, however, is that what is the right thing for the community is not the right thing for the financial health of Columbia St. Mary's. The current rate of reimbursement for outpatient procedures is 67% of our costs to provide the service. That is not "charges" that is cost, the actual expense. So we lose a significant amount of money each time we "do the right thing". We are increasingly penalized for doing the very things that are most helpful to improve the community's health. Hospital margins are so thin these days that the shortfall in outpatient areas does, in fact, impact our ability to work in partnerships with community health centers and provide OB Clinics and parish nursing and medical and dental clinics for the homeless. The role of wise government is to put incentives in the right place so that the most beneficial things are the most likely things to be done. You have that opportunity to set such policy through support of a wise budget.

Governor McCallum's budget proposes increasing the Medical Assistance rate to approximately 95% of the cost of providing the service. At that level, we can afford to continue our partnership with community health centers and we can afford to provide ultrasounds and other outpatient procedures to pregnant women through our OB Clinic. We can continue our community service programs. Support the Medicaid Outpatient rates as in Governor McCallum's budget so we don't have to choose between doing the right thing for community health and doing the right thing to survive financially.

Good Morning

My name is Patti Meerschaert and I am representing the Milwaukee County Waiting List Committee, a coalition of over 20 organizations that are concerned about people with disabilities. I am also the parent of a 32-year-old son who is challenged with autism.

We are here today on behalf of the thousands of people waiting for services in Milwaukee County. Our stop and go sign symbolizes the fact that some things are a given a green light in the budget you are considering, but people with disabilities will be stopped dead in their tracks from participation in the community. The T-shirts we are presenting to you are to remind you of this.

To be serious – this symbol represents real people waiting for the services that they need to lead meaningful lives within the community. It is a very sad fact that a person born with a developmental disability in Milwaukee County can spend his or her entire life on waiting lists. First you wait for birth to three services, and then you and your family wait for help through the family support and respite care programs. When you leave school at the age of 18 or 21 you wait for someplace to live and for something to do during the day. This cannot continue.

Having access to quality community services can make an incredible difference in the lives of people with disabilities and their families. After 11 years on the residential waiting list in Milwaukee County my son, Dan, moved to a small group home. Before he moved he was known as a man with a “reputation” within Milwaukee County – in other words he was a man with severe behavioral concerns. The agency that runs his group home made a lot of plans to deal with his behaviors. It is now almost three years since he moved and they have not had to implement any of these plans. Dan’s significant behaviors have all but vanished now that he is on his own. Dan himself told us it is “good to live like man not boy”. Dan has a significant disability but he certainly knows that it is not normal or desirable to live with mom and dad when you are 29 years old. Dan also spent over 4 years on the supported employment waiting list. He has been working part-time for Brass Light Gallery for over two years. The pride he feels in doing a good job and earning a paycheck is just marvelous to see, and he is paying back into the community through his work.

Those of us who have loved and cared for our sons and daughters for many years need to know that they will be able to continue to be a part of the communities where they have lived all of their lives when it is not longer appropriate for us to be the primary caretakers. Many of us are ageing and many of us have significant health problems of our own. Too often when an elderly parent dies their son or daughter with a developmental disability is placed in an institution as a “crisis” placement and then languishes there for years at far greater expense than a community placement would cost. The same thing can happen to a younger family, when one spouse sustains a brain injury or spinal cord injury. Without community supports, the injured spouse is placed in a nursing home, and families are torn apart. In addition to the financial cost of these inappropriate placements, the people placed in these institutions often regress in their

skills and loose contact with the people in the communities where they spent their entire lives.

If we all agree that people with disabilities should be able to continue to live in their home communities, how can we pay for this? One suggestion is to use a portion of the inter-governmental transfer fund. Almost all of that transfer is now being proposed to pay for a \$272 million rate increase to public and private nursing homes, while the community system is starved off.

You need to decide if the Long Term Care System within Wisconsin is one system or two systems. If Long Term Care is one system, with a continuum of care from Independent Living Apartments to Group Homes to Nursing Homes - then some percentage of this inter-governmental transfer should fund the community services preferred by people with disabilities and their families.

I thank you for the opportunity to speak to you today. You have many difficult issues before you within this budget. Please consider the needs of people with disabilities and their families as you deliberate on this most important document.

Submitted by:

Patti Meerschaert
6849 Pineberry Ridge
Franklin, WI
(414) 427-4973

April 2, 2001

Joint Finance Committee
State Capitol
Madison WI 53708

Dear Members of the Joint Finance Committee,

I want to take the time to thank you for holding public hearings around Wisconsin. I know it is a long day for all of you but it is great to see the face with a name for members not in our area.

I am sorry I was not able to speak for our friends with Alzheimer's in this area. I am Social Worker and my case load does come first.

I do want you to know of three personal stories that I hope will encourage you to

1. Keep AFCSP income eligibility level between \$20,000 - \$40,000.
2. To encourage you to pull AFCSP out of the Family Care budget.

Earl: A 70 year old man who worked for the Department of Transportation until retirement. After the death of his wife last year, his brother volunteered to live with Earl. Due to his dementia, Earl would not be able to live by himself. When his wife was sick, Earl did wonder away from the house a number of times. Earl is not eligible for Family Care because his cost share is higher than services he is receiving, which is a result of his brother live with him. He pays for Adult Day Care (ADC) services, transportation to ADC, and Supportive Home Care. He pays for his medications, and for all the rent and food. (His guardian decided this would be away to pay the brother for being there.) AFCSP pays for case management due to court involvement. Earl's income would be \$25,200/year.

Walter: In 1999, I had a couple who was on COP living in the rural part of Portage County. Husband had dementia. Due to the stock market, they became ineligible for COP. (When the wife was a teenager, she worked for a couple to pay off a bill for her parents. This couple gave her \$25 worth of shares when the family bill was paid. Those shares grew throughout the years in which she gave some of the shares to her husband.) In early part of 2000, at their COP recertification, I found out they were worth \$90,000, income was only \$14,400/year. I then used AFCSP for her to go to support groups. (Again, would not have been eligible for Family Care- cost share would have been higher than service plan.)

However, he was hospitalized, placed in nursing home where he stayed until transferred to VA. Within a 4-5 month period of time, when she was paying for his services privately - hospitalization, medications, nursing home, plus a different car and their regular bills- at the time of admission to the VA Hospital, he was eligible for MA.

Ann: Met this family a number of years ago. Now and then, they would call me to ask for advice about their mother who was diagnosis with dementia about 5 years ago. When Ann's functioning level declined, we applied for AFCSP. At the time, the couple would not have been eligible for COP due to owning two properties (Second property is their original home which pays for taxes and insurance.) Ann attends ADC- 5 days/week which is being paid for privately. AFCSP pays for a weekend respite at an Adult Family Care (AFC) provider (\$225/month). Due to Ann's declining functioning level, increasing services has been discussed. The couple has been encouraged to apply for Family Care and we will not know until 4/17 if they are eligible. The increase services will be two weekends/month of AFC, 5days/week at ADC, transportation to AFC - 4 rides/month, and supportive home care to take Ann for a walks and some day helping Ann with bathing. At this time, the couple is paying for ADC (\$634.80/month), transportation to AFC (\$4/month), medication for both of them, health insurance for both, Ann's life insurance, doctor and dentist bills for both. This couples income is \$21,600/year. The husband has said, "It (AFC weekend respite) is the only time I get a good night sleep." The most important desire the husband would like is to have his "Ann" back. All the money in the world will not bring his Ann back but we can continue to give him and others a good night sleep.

Maintain AFCSP and pull it out of the Family Care pot.

Counties do not receive a lot of money from the AFCSP. In Portage County, an individual requesting AFCSP money would have received an allotment of \$200/month. (Due to Family Care we can not add new people at this time.) On the other hand, when an individual receive AFCSP money, this requires a county social worker's involvement to coordinate the services. Social Worker can help family members understand the disease, look at the environment for safety issues, give advice and help them to prolong the time they keep their loved one at home. FYI, services for case management are not always paid for.

The above stories are examples on why AFCSP money should remain out of the pot of Family Care and to maintain the income eligibility level of \$20,000 - \$40,000.

Members of the Joint Finance committee Thank You for taking the time to read this letter and holding public hearings throughout Wisconsin. If you have any questions please give me a call or drop a line or two. I do live in Senator Shibilski district.

Thank You

Sincerely



Linda Hoppenrath

Public Policy CO-Chair of Alzheimer's Association, North Central Chapter

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