



38h

COUNTY OF MARATHON

COURTHOUSE

500 FOREST STREET

WAUSAU, WISCONSIN

54403-5568

**OFFICE OF THE
COUNTY ADMINISTRATOR**

PHONE: (715) 261-1400

FAX: (715) 261-4173

DATE: April 4, 2001

TO: Senator Brian Burke, Representative John Gard, Co-Chairs &
Members of the Joint Finance Committee

FROM: Peter DeSantis, Legislative Liaison for Marathon County

SUBJECT: **PROPOSED STATE BUDGET (SB55/AB144)**

With respect to the proposed State Budget, Marathon County would like to make the following points, recognizing the state's difficult fiscal situation.

At present Marathon County also finds itself in the same situation. Following are a few examples.

1. We have 320 people on a waiting list for community options (COP).
Shortfall of: \$4,310,000
2. Serving 212 developmental disabled in our Community
Integration Programs (CIP). State shortfall of: \$1,617,590
3. Family Support Program serves 53 children, waiting list of 50.
State shortfall of: \$113,200
4. Youth Aids - Care in state institutions.
Shortfall of: \$2,603,576

Just in these four areas Marathon County's potential deficit is \$8,644,366.

Due to the fiscal plight of the state and counties, I would propose that Joint Finance take under consideration the following:

1. Limit funding for Family Care to the amount authorized for 2000-01. This would save approximately \$48 million and move toward the recommendation of the Kettl Commission.

2. In conjunction with WCA, we were responsible for obtaining additional Intergovernmental Funding (ITP), and I need to point out that we had to fight the Department of Health and Human Services every step of the way. If it was not for the efforts of the Department of Administration this past year, Wisconsin would still not be getting their share. So please make sure that when the Feds approve the new plan that the money goes to relieve the crisis facing nursing homes.
3. Although this is not politically popular, the need to have three state centers for the developmentally disabled is not justifiable and two of them should close.
4. It has been proven that crisis intervention works. Rather than continue to spend \$400 - \$500 a day for inpatient care, this service needs to be expanded state-wide as it costs approximately \$100/day, much less than inpatient care.
5. DHFS needs to look at inpatient mental health costs and determine why some counties are spending so much as compared to others.
6. With no increase in youth aids, the D.O.C. childrens' institutions should be held to a zero increase in their rates. No county or private facility could ever get by with passing a 16% rate increase to their user.

● [REDACTED]

Marathon County supports the Wisconsin Counties Human Services Association's Youth Aids Proposal, which recommends that the state initially fund 20% of a county's annual out-of-home placement costs out of GPR. In turn, the counties would reinvest that 20% savings into community based juvenile justice programs.

We support the Kettl Commission recommendations with respect to the state taking full responsibility for the state court system and health and human services.

We support the full funding of pilot projects as recommended by the Governor's Blue Ribbon Commission on mental illness. Not only will this improve services but it will be more cost effective. The estimated costs for six pilots is \$900,000.

We support the position of the County Veterans Service Officers Association of Wisconsin. We oppose the duplication of services already provided by counties by the Department of Veterans Affairs request to establish 11 regional centers. We are concerned that only one-third of the counties are able to access the D.A.V. program for transporting veterans to VA hospitals and clinics. It is especially difficult in rural areas.

In regards to our library, we request that you support the provision in the budget that continues TEACH support and the provision which allows public library branches to be eligible for TEACH-TI telecommunication lines. We request that the state continue funding for Badgerlink as opposed to assessing a user fee on schools to pay the increase. We also request that the state restore the 13% benchmark funding commitment to public library systems so we can continue to provide quality library services.

With respect to both the DNR and DATCP budgets, it moves segregated money and replaces it with GPR. We oppose this move as it makes it easier for the departments to redirect these funds for other purposes.

The DATCP Land Water Resource Management provides cost sharing for department staff and money to implement land and water conservation plans. There is a concern that a large portion of this money is from bonding which cannot be used for staff or projects that are not "mortar and concrete". What is needed is funding for practices such as nutrient management, conservation tillage, grazing and others. We support DATCP Farmland Preservation Payback. This provision would bring equity and simplicity to the participants. We also support the Nonpoint Source Pollution Abatement. In conclusion, we support the proposal of the Wisconsin Grazing Lands Conservation Initiative (see attached) in which they are requesting \$400,000 annually to be added to the DATCP budget to provide research, education and technical assistance grant funds for Management Intensive Grazing.



Saint Michael's Hospital
MINISTRY HEALTH CARE

Sponsored by Sisters of the Sorrowful Mother

Memorandum

TO: Joint Committee on Finance Budget Hearing

FROM: William J. Hinner, CPA
Vice President Finance / CFO
St. Michael's Hospital, Stevens Point, WI

DATE: April 4, 2001

RE: **Testimony**

Medicaid outpatient reimbursement rates have not kept pace with the actual cost of providing patient care! Based on DHIS analysis, Wisconsin Hospital have on average received reimbursement for outpatient services of less than 60% of cost.

Specific to St. Michael's, DHIS estimated that the reimbursement was equal to 62% of cost. The actual estimated shortfall was \$259,457. I believe this number is actually very conservative.

During the past ten years, healthcare has evolved and migrated from inpatient services to outpatient services. In 1996, Saint Michael's Hospital provided care to 588 Medicaid patients on an inpatient basis. In 2000, Saint Michael's Hospital provided care to 549 Medicaid patients on an inpatient basis. This is a decrease of 39 patients or approximately 7%.

In 1996, Saint Michael's Hospital provided care to 3,336 Medicaid patients on an outpatient basis compared to 5,014 in 2000. This is an increase of 1,678 or 50%.

In 1996, Saint Michael's Hospital received \$110.92 per outpatient case. In 2000, the hospital received \$115.46 per outpatient case. This is an average annual increase of less than 1%.

In 1996, Saint Michael's Hospital generated outpatient charges of \$1,220,892 and received reimbursement of \$370,029 for these services. In 2000, Saint Michael's Hospital generated outpatient charges of \$2,506,995 and received reimbursement of \$578,615.

 Saint Joseph's Hospital
MINISTRY HEALTH CARE

611 Saint Joseph Avenue
Marshfield, Wisconsin 54449-1898
Website: www.stjosephs-marshfield.org
715-387-1713

April 4, 2001

I am writing with concern regarding the current state budget and mental health programs that have been taken out of the budget. I work at Community Corner Clubhouse in Wausau, WI. This is a program through North Central Health Care. We provide case management and vocational services for mental health consumers. Our program ~~services~~ ^{services} consumers who do not require the intensive services of a CSP program, but need more assistance than just an out-patient case manager. Our County has a certified CSP program that does not have a waiting list. Our program currently serves 60 mental health clients. NCHC also has mental health outreach which provides case management to 120 mental health consumers. Both programs have been working from the draft for "Comprehensive Community Services" in preparation of becoming a certified "CCS" program. We have been part of the CCS task force and have

attended public hearings. To be told in Feb. of 2001 that CCS has been taken out of the budget is a huge disservice. We are extremely frustrated on behalf of mental Health Consumers and programs that are awaiting this certification. We feel that canceling CCS across the state to address waiting lists for CSPs in Milwaukee and Madison is a disservice. The majority of the state's voice is being ignored.

As a recent survey conveyed by Bonnie LaRose from Rhineland concludes, Counties see the need for CCS. Waiting lists can be addressed thru CCS programs, more consumers can receive services to aid in their recovery and agencies can be funded for programs + services they provide.

Please add CCS back into the 2001 budget and see that it continues in the 2002 - 2003 budgets

Sincerely,
Jill Forer

Community Corner Clubhouse manager
240 S. 3rd Ave, Wausau, WI
54981

715-843-1922



Saint Joseph's Hospital
MINISTRY HEALTH CARE

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4-4-01


I would like to advocate for the funding of Comprehensive Community Services for consumers with chronic mental illnesses. I work for North Central Health Care serving consumers in Waushara & Marathon County. Our certified CSP currently serves 86 consumers - without a waiting list. Our Mental Health Outreach Program - which follows the Targeted Case Management Model - serves 175 consumers - without a waiting list.

Mental Health Outreach - (MHO) has been working towards CCS certification for the past year or a half. CCS would generate more revenue than MHO for services that are currently being provided. With CCS we could expand our client base to be more inclusive for clients who are currently falling through the gaps.

Approximately 75% of staff's client time is not reimbursable through current MA regulations.

We view the possibility of increasing CSP funding at the expense of other programs as problematic on many levels. It would force eligible clients into a restrictive program that provides more (costly) services than they need. It would exclude clients from receiving services who are not eligible for CSP but in need of more than outpatient services.

CCS is viewed as a means to reduce CSP waiting lists as services would be funded for a program that could offer more individualized,

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less restrictive services.

The "recovery" philosophy of CCS is better-suited to the newer medications that do allow people with mental illnesses to recover. The process of recovery would allow clients to move easily from CCS to less restrictive, less costly programs. This is a valuable difference in philosophical orientation from the cradle-to-grave philosophy of CSP.

CSPs are an important & valued part of mental health treatment agencies. CCS should not compete with CSPs for funding. CSP & CCS are very complementary programs with different philosophies, different client bases & different outcomes. Not following thru with planned CCS certification is short-sighted & does not serve any consumers with chronic mental illnesses,
↳ the best interests of

Both Sweeney
Program Manager
Mental Health Outreach
North Central Health Care
1100 Lakeview Dr
Wausau WI 54403
715-843-1923



Saint Joseph's Hospital
MINISTRY HEALTH CARE

611 Saint Joseph Avenue
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April 4, 01

Dear Senators,

I am writing in support of funding for Community Mental Health programs including the Community Support Program (CSP) and the proposed Comprehensive Community Services (CCS) program. I am the Clinical Coordinator for the Marathon Co state certified CSP program which currently serves 86 persons with Chronic Mental Illness. We do not have a waiting list due to our sister program Mental Health Outreach. This program can not bill MA for about 75% of the services provided. CCS would allow them to do so & improve the level of services these people receive. Currently CSP criteria does not permit persons w/ many mental health diagnoses to be served by CSP. This is to protect the integrity / quality of services for the most severely ill.

This however means that many persons with a mental illness that may become worst w/o proper care receive less services.

I have worked in the Mental Health field for over 9 yrs & was educated by our fine UW system. I worked in Florida for 3 yrs and was witness to a bandaid disorganized system where the Mentally ill were treated poorly. Please do not allow our system here to go down hill. People with Mental health issues deserve parity & respect. This can only occur

When funding is in place through our state, WI has a good reputation in Mental Health that needs to be upheld. Waiting list for Mental Health services are unacceptable but unless funding for both CSP & CCS are in place this could occur in Marathon Co also.

Thank you


Caro Reed

Clinical Coordinator

Marathon Co CSP

1100 Lakeview Dr

Wausau WI 54403

 Saint Joseph's Hospital
MINISTRY HEALTH CARE

611 Saint Joseph Avenue
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Website: www.stjosephs-marshfield.org
715-387-1713

April 4, 2004

Ava Gray
1401 E Ninth
Merrill, WI 54452

Senators -

I would like to advocate for continued and expanded services for persons with disabilities. I have worked for 15 years in the human services field and have seen first hand the advantages that can be available to those with disabilities.

I would advocate for the new Comprehensive Community Services (CCS) program to assist individuals with mental illness. These individuals otherwise fall between the cracks or spend years on waiting lists. CCS programs assist in a better quality of life for individuals - more support and encouragement for independence, employment and stability in life.

I also urge you to continue funding for DVR (Division of Vocational Rehabilitation). DVR has assisted millions of disabled persons in realizing their dreams of employment, inclusion into society, becoming contributing, "normal" members of our communities.

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I also see a need to continue and expand the CIP and COP programs. Too many individuals are on long waiting lists. With minimal assistance from these programs they can become more independent, contributing members of society.

Overall I ask you to look at all services for persons with disabilities and understand these are necessary programs - not only for those with disabilities but for all of our communities & society. We all benefit by full inclusion of persons with disabilities into our lives.

Thank you —

Ann Gray

Supported Employment Manager
North Central Health Care
1200 Lake View Ter.
Wausau, WI 54403
715-848-4585
agray@nrcen.org

4-4-2001

Remove the 5% state sales tax from low vision aids for visually impaired residents. I am visually impaired and hearing impaired.

last Feb. (2000) I purchased an aid - a CCTV - closed circuit T.V. - a

video magnifier which I am using to write this). Imagine my outrage

when the price of more than \$2100 included \$105 sales tax.

This is not a toy - I see a blank page without it!! There is no tax on

prescription drugs, hearing aids, glasses, etc - Rep. Hasenhour before he

retired submitted a bill to the Tax Survey Com. #901. I have talked with Sen.

Shibylski about it; will also contact Rep. Hippert now serving 7th Dist.

I also understand items sold by the Council of the Blind, Madison, is also

now taxing items they sell to visually impaired residents!!!

There are also voice sequencers, voices for computers, etc.



Mrs. Eleanor Ormond
703 S. Felker Ave.
Marshfield, WI 54449

715-387-1627

Eleanor Ormond

4-4-2001

Allocate additional state/ISTEA funding

to promote/implement the WDOT Statewide Pedestrian

Policy Plan to safeguard pedestrians along and across

state trunk highways. (John Swissler WisDOT Division of

Planning) In Marshfield we have Hwys 13 and 97 - #13 - South

Central Ave to middle of city then west out of town. #97 is

North Central Ave. Shortly construction will begin on a rerouted

#13 - a 4 lane divided highway east/west in the heart of the city across


the present #13/97 route. In Wisconsin there are about 1900 ped.

crashes yearly, 5 a day - 3% fatalities. - I am visually impaired and hearing

impaired - a pedestrian using a white cane - so to me, being able to cross

a street safely is a top priority. (26% of people over 75 have serious

eye problems. That equals approx 500 in Mfld)

 Mrs. Eleanor Ormond
703 S. Felker Ave.
Marshfield, WI 54449

715-387-1627

Eleanor Ormond

Testimony- Budget Hearings
Joint Finance Committee
Marshfield April 4th

afternoon

Good morning. My name is Mike Grotefend. I live in Wisconsin Rapids, and I'm Acting State President for AARP Wisconsin.

I'd like to take a few minutes of your time this ~~morning~~ ^{AFTERNOON} to talk about the crisis that Wisconsin seniors are facing every day with prescription drugs.

To give you a rough idea of how big this problem is, there was a study published last year by Families USA and the Retirement Research Foundation about how much money seniors are spending on medication. In 1998, seniors spent over \$42 billion on medication. That's an increase of more than 130% over an eight-year period. And that will grow to \$113 billion by 2010.

Eight years ago, seniors were taking an average of about 19 prescriptions each every year. That number had risen to almost 30 prescriptions last year.

The average cost of a prescription is now over \$40. In 1996, the last year that the study documents, Wisconsin seniors were already paying more than 56% of their medication costs out of their own pockets. And that includes those seniors with prescription drug insurance.

No one believes that drug costs are going to come down. No one believes that seniors are going to need fewer prescriptions.

You don't need a calculator to see how prescription drug costs have come to represent yet another serious ailment for Wisconsin seniors, especially for those who don't have prescription drug coverage.

But for this ailment at least relief is available.

Wisconsin Care offers a prescription drug benefit to as many as 335,000 Wisconsin seniors. Wisconsin Care has reasonable eligibility standards, reasonable deductibles, and reasonable copayments. Wisconsin Care is the only plan out there that recognizes that the situation that so many Wisconsin seniors are caught up in, through no fault of their own, is a major public health emergency. What else can you call it when seniors have to give up their medication in order to have enough to eat?

Wisconsin Care is a reasonable response to a serious problem that'll just keep getting worse if we don't act. That's what good governance is all about.

Thank you for your time.

AARP WISCONSIN

AARP Wisconsin 3 S. Pinckney St. #801 Madison WI 53703 (608) 286-6307 Fax: (608) 251-7612

WHY DOES AARP WISCONSIN SUPPORT WISCONSIN CARE?

Three proposals addressing the prescription drugs emergency are presently before the Wisconsin legislature. The first bill to be presented was Senator Judy Robson's SB 1, now known as Wisconsin Care. With bipartisan support, the State Senate has now approved Wisconsin Care on a 20 - 13 vote. In the past few weeks, both Governor Scott McCallum and Rep. Steve Wicker have developed plans of their own. AARP Wisconsin continues to believe that Wisconsin Care offers the best means of enabling the most Wisconsin seniors to obtain the medication they need. We believe that the comparisons below validate AARP's decision to support Wisconsin Care. We urge you to do the same.

	WISCONSIN CARE		
	McCallum	AB 120	
Annual Income Limits (Single)	\$25,050	\$12,943	\$15,450
Annual Income Limits (Married)	\$33,750	\$17,438	\$20,800
Annual Deductible	Income under 175% of FPL*: \$0 Above 175% of FPL*: \$500	Income under 110% of FPL*: \$0 110%-155% of FPL*: \$300-\$600	\$840
Annual Enrollment Fee	\$20	\$25	\$25
How many seniors eligible?	335,000	82,600	about 170,000
Brand-Name Meds CoPay	\$10	\$20	\$20
Generic Meds CoPay	\$5	\$10	\$10
Senior #1	Monthly Income: \$800 Annual Income: \$9,600 Brand-Name Medications: 1 Generic Medications: 1 Monthly Meds Cost: \$70	Annual Expenses: Program pays \$305, Senior pays \$535.	Annual Expenses: Program pays \$0, Senior pays \$840.
Senior #2	Monthly Income: \$1,200 Annual Income: \$14,400 Brand-Name Medications: 3 Generic Medications: 1 Monthly Meds Cost: \$170	Annual Expenses: Program pays \$0, Senior pays \$2,040.	Annual Expenses: Program pays \$685, Senior pays \$1,355
Senior #3	Monthly Income: \$1,400 Annual Income: \$16,800 Brand-Name Medications: 4 Generic Medications: 2 Monthly Meds Cost: \$240	Annual Expenses: Program pays \$0, Senior pays \$2,880.	Annual Expenses: Program pays \$0, Senior pays \$2,880.

* FPL: Federal Poverty Level

April 4, 2001

To: Members of the Joint Finance Committee

From: Lennet Radke, RN, MSN, FNP
Palliative Care Nurse Consultant
St. Josephs Hospital
RADKEL@stjosephs-marshfield.org
(715) 387-7023

Re: Advocacy for Palliative and End-of-life Care

This written testimony is intended to raise awareness of and advocacy for a growing need of our citizens...the need for access to quality palliative and end-of-life care. In his Executive Budget Speech, Governor McCallum spoke to the call to improve the quality of life for all of our citizens, to support the needs of families, and to show compassion for the most needy in our state. In the vast array of competing needs for state resources, there is one service from which we can all benefit in some capacity... care for those who are seriously ill and possibly dying.

Much attention and resources are allocated to advancement of medical knowledge and technology in the fight to cure disease. While these efforts are extremely important, we cannot ignore the fact that, as a result of such endeavors, people are living longer with advanced disease and suffering unnecessarily at all points along the disease trajectory. The traditional medical model is focused on disease state management, as if a person's needs can be predicted by the diagnosis with which they are labeled. With such a narrow focus, sometimes at the cellular level, the humanistic needs of the patient are unattended, minimized and, yes, ignored. As dynamic beings, we cannot predict how a person might suffer as the result of a particular disease.

With the aim to relieve unnecessary physical, emotional, social and spiritual suffering, Palliative Care programs are being developed in medical centers across the country. Indeed, the U.S. is not a leader in this movement. We are merely trying to catch up to the care available in other countries such as Britain, Ireland, Canada, and Australia.

The basic tenets of Palliative Care are:

- Relief of physical, emotional and spiritual suffering for persons who are not necessarily dying, but struggling with the effects of advanced, potentially life threatening disease.
- Palliative Care consultation can be beneficial even at the time of diagnosis depending on the type and stage of disease.
- Palliative Care services can be employed even while a person is receiving life-prolonging therapies such as chemotherapy.
- Attention is given to the whole person (mind, body, spirit) by members of a interdisciplinary team of health care professional (MD, RN, Chaplain, Social Worker)

- Common issues addressed by Palliative Care include symptom management (pain, nausea, bowel obstruction), decision making, family communications and coping strategies
- Family well-being is a primary concern as it directly affects patient well-being.

Much media attention has been given to requests for physician-assisted suicide. Our belief is that this issue would be greatly reduced, and perhaps vanish, if persons with advanced, progressive disease had access to high quality palliative and end-of-life care. First, however, we must fight to tear down the barriers that prevent access to palliative care:

- Physician ignorance
- Lack of public awareness of Palliative Care
- Societal taboo of death and dying
- Lack of financial support/ coverage of such services

To combat these issues we must begin talking about death and dying and the needs of those with advanced, progressive disease. That was the mission of Bill and Judith Moyers when they created a community outreach campaign and a 4-part television series on P.B.S entitled Moyers on Dying: Our American Culture. We must also find suitable care for persons with advanced disease. Families are struggling to find adequate care for their dying loved ones. Unable to care for them at home, many families are faced with the prospect of terminal transfer to a nursing home, but unable to pay for Hospice services. We must find a better way.

My request of you is simple. Please, be sensitive to the extent of unnecessary suffering. Be an advocate for those you represent and for your own families. Make public the issues of death and dying. Begin conversations with your constituency. Ensure that your communities have access to excellent palliative care.

We share a common goal.... to improve the quality of life for all citizens, to support families, and to show compassion to the most needy among us. Ministry Health Care is committed to ensuring that citizens in our state have access to the excellent Palliative Care. We ask you to join us in this mission.

Thank you for your attention and effort. I welcome any questions or concerns. Please contact me if I can be of service.

Greater La Crosse
Health Plans, Inc.

Managed care that works.

April 13, 2001

Senator Brian Burke
Senate Chair
Room 316 South
State Capitol
Madison, WI 53702

Dear Senator Burke:

My name is Steven Kunes. I am the Executive Director for Greater La Crosse Health Plans, Inc., an HMO wholly owned by Mayo Group Practice.

On April 3, 2001, I attended the Joint Finance meeting in La Crosse, Wisconsin, to testify on behalf of HMOs in Wisconsin. Unfortunately, there was not enough time allowed for everyone to testify. In lieu of that, I am attaching what I would have said.

Please read my notes and consider voting to oppose the change in Statute 611.67 (3).

Sincerely,



Steven M. Kunes
Executive Director

April 3, 2001

Good morning, my name is Steven Kunes, I am the Executive Director for Greater La Crosse Health Plans, Inc., An HMO wholly owned by Mayo Group Practice. Greater La Crosse Health Plan has served a seven county area around La Crosse County since 1986.

I wish to speak in opposition to the change in Statute 611.67 (3). The statute change would prohibit HMOs from delegating management authority to another entity.

Management authority as defined in the statute is the authority to exercise any management control of the corporation or its underwriting, loss adjustment, general servicing of products or function or other major corporate functions.

The budget bill changes 611.67(3) as follows: a corporation may not be a party to a contract which has the effect of delegating management authority to a person to the substantial exclusion of the board.

The bill repeals 611.67(3) which specifically allows HMOs, limited service health organizations and preferred provider plans to delegate management authority according to a written contract subject to the review of the Office of the Commissioner of Insurance.

On March 26, the ban on HMO management contracts was included on the Legislative Fiscal Bureau's list of non-fiscal policy items in the budget.

Wisconsin health plans urge members of the Joint Finance Committee to remove the language from the budget because it is a controversial policy item.

The ban on management contracts would make a potentially significant change to current law by restricting or eliminating an HMO's ability to contract with a separate entity to carry out administrative and management functions on behalf of the HMO.

The proposed language is not good for health plans, their employer clients, or individuals. HMOs enter into management contracts to make the most efficient use of health care dollars. HMOs' administrative costs are consistently lower than those of indemnity insurers. At a time of rapidly increasing health care costs, the state should not discourage administrative efficiencies.

Despite all the rhetoric about HMOs allegedly "interfering" with medical decisions, the language in the budget bill could prohibit HMOs from contracting with medical professionals to oversee patient care issues. Policymakers have consistently and clearly stated that medical decisions should be made by medical professionals. Enactment of the budget language could directly contradict this principle.

Page Two
April 3, 2001

The proponent of this language argues that current law must be changed because it allows HMOs to avoid making important financial disclosures to the office of the commissioner of insurance. This is false. HMOs with management agreements must disclose the same financial performance information as other HMOs. All HMOs must publicly report administrative costs, claims costs and utilization statistics on a quarterly basis.

The Office of the Commissioner of Insurance (OCI) has the authority under current law to disapprove any contracts that delegate management authority. OCI can and does request changes if there are regulatory concerns about contract provisions. The only HMO management contracts that currently exist have been reviewed by OCI. Historically, OCI has done a good job in approving the delegated management authority.

Please consider removal of the ban on management contracts as explained in Section 3742-3748, 3752-3753 and 9247(1) of the budget bill and allow OCI to control under the current law and let HMOs adhere to that authority.

Thank you.



Wisconsin Department of Health & Family Services – Programs & Services

[Programs & Services](#)[Partners & Providers](#)[Licensing](#)[Reference Center](#)

[Return to Developmental Disabilities
Services & Programs](#)

Brain Injury Waiver Program

This waiver program provides home- and community-based services for people with brain injuries who need significant supports. The program began January 1, 1995.

Persons eligible for the brain injury waiver must be eligible for Medicaid and meet the definition of brain injury in HSS 51.01 (2g) of the Wisconsin State statutes:

Brain injury is defined as any injury to the brain, regardless of age of onset, whether mechanical or infectious in origin, including brain trauma, brain injury, brain damage and traumatic head injury. It includes injuries that are vascular in origin (CVA or aneurysm) if received by a person prior to his or her attaining the age of 22 years. Brain injury does not include alcoholism, Alzheimer's disease or the infirmities of aging.

In addition, the person must be receiving or be eligible to receive post acute rehabilitation services in a nursing home or hospital designated as a special unit for brain injury rehabilitation by the Wisconsin Medicaid Program (WMAP). The person must also have, as a result of the injury, significant physical, cognitive, emotional and/or behavioral impairments.

For more information on this program, contact Beth Stellberg at (608) 267-9840 or by e-mail to stellbm@dhfs.state.wi.us.

Last Revised: February 16, 2001

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Wisconsin Department of Health and Family Services
Making a Difference



April 19, 2001

Re: Joint Committee on Finance

To Whom It May Concern:

The vision of
Innovative Family
Partnerships, Inc.
is to assure a safe,
permanent and
nurturing home
environment
for all children.

I am an On-Going Case Manager with the Bureau of Milwaukee Child Welfare. During my years of experience working with parents, children, foster parents, and other professionals within, as well as outside of, the Child Welfare field, I have come to appreciate the full scope of the importance of services that are offered and needed. There is an enormous need for support and services for many families in our area. Funding for these services is important for the welfare of the children we work with as well as the community we serve in the field of social work. The importance of case managers and their continuous effort needs to be noted and appreciated. There are many dedicated professionals that devote their time and effort to supporting families and children in need. Funding needs to be increased to allow for more social services supports, both professional and community based. The needs of families and children in our community must be seen as a priority in our legislation and in our actions.

Sincerely,

Christi Staacke
On-Going Case Manager
Bureau of Milwaukee Child Welfare, site 3
Innovative Family Partnerships
6111 N Teutonia Ave
Milwaukee, WI 53209

Service Site #3

6111 N. Teutonia Avenue

Milwaukee, Wisconsin 53209

ph- (414) 616-6100

fax- (414) 616-6109

4/19/01

To the Joint Finance Committee:

I have worked in Child Welfare in Milwaukee County since 1994. Since then, I have seen an extremely high turnover of workers coming and going from positions in every area of the field. It is a very difficult job and can, at times, be very dangerous. Social Workers generally do not make high salaries, however, a competitive salary is a must in order to obtain and retain competent, dedicated and energetic workers. It is very easy for social workers to take other jobs outside of social work that pay much higher and are much less stressful. Child Welfare is an extremely important field in that we work with our state's most valuable assets: children. The positive work done with children who have come from abusive and neglectful home environments can help them to become responsible, law-abiding citizens who contribute to society. Cutting the money spent in the area of Child Welfare can have disastrous results.

I strongly urge you to reconsider the 5 percent budget cut and the hiring freeze suggested by Governor McCallum for the Department of Health and Family Services.

Respectfully Submitted,



Dana Gresbach
Initial Assessment Social Worker
Bureau of Milwaukee Child Welfare

4-19-2001

To the Joint Finance Committee:

I am writing to express my concern in regards to Governor McCallum's suggestion to cut the budget by 5 percent and the hiring freeze for the Department of Health and Family Services. I ask that you reconsider the budget cut.

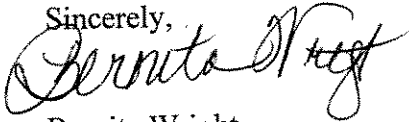
It is obvious that the work I do indeed takes responsible individual's who set their personal priorities aside to accomplish the task the department has asked them to do. The job is challenging, stressful, and can take a toll on your physical and mental well-being. Despite the stress I've chosen to serve children and families to the best of my ability and in return I expect the Department to reciprocate that through financial compensation.

I also have seen many leave my position because of various reasons, one being they were not able to handle the job itself, two the salary was too small to risk their livelihood, or their safety.

My other concern is the limited funding available to children who are in foster care. Our best interest is for the children and it seems as if the priorities have been misconstrued. We have so many children that are in care and are unable to provide them with good services that would help the children deal with and cope with social and economical issues that we face on today and in the future. I believe it is the services that we provide the children benefit from. When funding is available to children and families, they have better coping skills when circumstances become stressful or a crisis due to the services provided. If the funding is cut, the services that are provided to the family will become null and we will then lose the families we work hard to service.

In closing, I ask that you reconsider the hiring freeze and the budget cut.

Sincerely,



Bernita Wright
Initial Assessment Social Worker
Bureau of Milwaukee Child Welfare

April 20, 2001

To the Legislative Joint Committee on Finance:

I am a Social Worker with the State of Wisconsin DHFS Bureau of Milwaukee Child Welfare. I was one of the original social workers hired in 1997 with the State takeover. I am committed to Milwaukee's abused and neglected children, even though I can make more money with a smaller caseload if I return to my job with Walworth County, which I have been repeatedly asked to do. I have been a professional social worker for nearly 25 years. Never have I been so angered by complete governmental disregard for children. Children who, by no fault of their own, are born to parents who cannot or will not care for them. Children who are born into drug-infested households, wretched poverty, violence, and the unspeakable horror of sexual abuse.

The Bureau is plagued by a very high turnover rate, due in large part to frustration with limited resources, both for families and workers. Quite often, we place our lives on the line to investigate a referral. We are burdened by high caseloads due to staff shortages. We do not believe enough is being done to relieve the shortages. We have been told that we can no longer purchase items to care for detained children, such as diapers, snacks, formula and bottles because our budget is so small. Miniscule, in fact. There is simply not enough money to purchase office supplies, and phone bills, and cell phone bills, and good copy machines, and adequate interpretation services, and things we need to make our jobs easier. Some of us have gotten the runaround when requesting tuition reimbursement mandated by our contract.

Caregivers for the increasing amount of special needs children fare worse. The governor has made it clear that there should be no increase for foster care rates. The unjust attitude taken toward these children shows the governor's disregard for the State's greatest resource. These children will now never have a chance at a meaningful future. Our community will soon be placed in serious jeopardy if we are unable to meet the needs of abused and neglected children. If systems are burdened now, with until these kids grow up.

At least with all the prisons that he would like to build, it is comforting to know that they will have a place to live when their caregivers can no longer afford to keep them, and when they see that society has tossed them aside. Unfair and unjust!

Sincerely,



David Knoernschild, MSSW
N8566 Booth Lake Heights Road
East Troy, WI 53120

LEGISLATIVE JOINT COMMITTEE ON FINANCE:

We, the undersigned Social Workers of the State of Wisconsin DHFS Bureau of Milwaukee Child Welfare Site 4, hereby voice our concerns about the state of child protective services in Milwaukee County. We quite often put our lives on the line in highly volatile situations, many times in the middle of the night.

We are frustrated by the lack of resources we face. Our miniscule budget barely covers office supplies, phone bills, cell phone bills, copy machines, fax machines, security services, rent, fleet vehicles, office equipment, translation services . . . all basic things needed to do our jobs.

We are upset that some of us have not been given tuition money that is contractually required

We are overwhelmed by the increasing job duties we are asked to perform due to staffing shortages. It becomes impossible to meet statutory deadlines when we are asked to not only finish our duties, but take on the duties of non-existent staff. It is uncertain whether the Department is actively and consistently recruiting staff.

We are concerned about the Department of Administration's policies in regard to fleet vehicles assigned to us. Often, we are so concerned with vehicle breakdown, we would rather take our own reliable vehicles. This is more money out of our already strapped budget for mileage. Some of us do not even claim mileage, in essence, we are doing part of our jobs for free. No other State Department does what we do, and to hold us to the same replacement requirements is unfair.

We know that treatment monies for AODA in Milwaukee County will be nearly wiped out in this budget. We vehemently oppose this reduction in funds, and call for a substantial increase. More drug and alcohol addicts mean the child welfare system will be overwhelmed within the next two years. The two are sadly linked. The vast majority of our families have some sort of substance abuse issues.

We are angered by the lack of governmental concern for this county's children. Without adequate resources, the children face bleak and dismal lives. Without adequate resources, our community is put in immediate danger once these kids come to realize that they have been unfairly left behind. Unless adequate funding is received, this system will quickly spiral out of control.

<u>David Kromer</u>	<u>Margaret M. Costa</u>	<u>Quene He Walter</u>
<u>Michele Schleicher</u>	<u>Shah Little</u>	<u>Kerdy Wignitz</u>
<u>Diane Schuh</u>	<u>Kris Brubaker</u>	<u>Indira Stiller</u>
<u>Dee Stued</u>	<u>Elizabeth Mangano</u>	<u>Phyllis Kinnaman</u>
<u>Mary Ann</u>	<u>Patricia Halmer</u>	<u>Joan Horak</u>
<u>Brian</u>	<u>Sara Tomp</u>	<u>[Signature]</u>

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brian Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

We, Social Workers, which happen to work for agencies that are contracted by the State of Wisconsin to provide protective services for the children in this great state are immensely concerned by the increasing reduction in funding to our agencies. We often find ourselves working on a minimal budget with minimal staff having to perform enormous tasks. We must vanguard the rights of the child in this state; however, the funding for the services we provide to the families is continuously in question. Lack of funds does more long-term damage to the families in the community than anything. The negative ramifications of reduced funds not only effect the families in question, but the larger society as well. We, the workers that stand the line to protect this state's children and families, plead with you; our honorable elected officials, to increase funding to help make our children safe.

Sincerely,

Dorene Drucken
Initial Assessment Worker
Site 1

last 15 to 30 seconds

As chairman of chapter 3, Local 2748. I would like to ask you to consider moving forward with the progressive thinking and planning for the future that was evidenced by many of you sitting on this committee, former governor Thompson and the legislature as a whole when passing the 1999-2001 contract for state workers. It was recognized at that time that the state needed to increase wages and benefits for state workers to stay ^{competitive} with the private sector. In order to recruit and retain qualified, certified professional staff and to continue to provide quality care to the families, children ~~and all communities throughout the state of Wisconsin~~ ^{and all residents in Milwaukee County} we need to continue to move forward with increasing wages and benefits for state workers. With projected retirements, growing caseloads and increased demand throughout the state, we need to attract qualified workers not deter them from seeking employment with the state of Wisconsin.

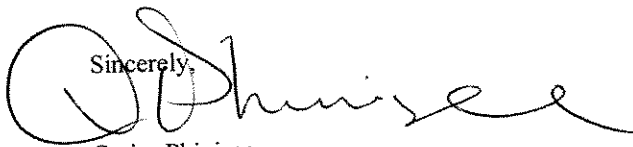
4/20/2001

To Whom It May Concern;

As a Bureau of Milwaukee Child Welfare employee, I would just like to express my feelings on some issues regarding State funding. I feel very strongly that State funding for BMCW services needs to be increased. The current funding that we have is not sufficient to provide the services to the children and families of Milwaukee County that are necessary. The current funding is also not sufficient to pay caseworkers for the work they do and to keep the Bureau staffed adequately to do the jobs we need to do. Currently, many of our sites are understaffed and workloads are unmanageable, thus affecting the service families receive. I have been with the Bureau since its inception and for the first time in roughly 4 years, the Site that I work in (Site 2) is fully staffed, other sites are not that lucky and those workers are even worse off.

I urge you to pay close attention to this issue and I also urge those of you who make these budget decisions to come and spend time with us in Milwaukee. Spend time with the workers (not the management); see what our days AND our nights are like in the streets and the homes of some of Milwaukee's worst neighborhoods. Come see what it is like for us out in the field, because we don't have the luxury of sitting in an office, behind a desk all day. The job we do is invaluable, the lives of children are often at stake and that is an unbelievable burden and responsibility that we try very hard to live up to.

Sincerely,



Carisa Phinisee
Initial Assessment Caseworker
Bureau of Milwaukee Child Welfare
1730 W. North Avenue
Milwaukee, Wi. 53205

April 19,2001

Dear,
Joint committee on Finance:
Senator (D) Brain Burke,
Senator (R) Alberta Darling,
Senator (D) Gwendolynne Moore

I am very concerned about the present and future of children and their families. This is why I chose to become a Social Worker for the Bureau of Milwaukee Child Welfare. The Bureau of Milwaukee Child Welfare is contracted under the State of Wisconsin to provide protective services for children in Milwaukee County. I am greatly concerned about the reduction of State funding for the Bureau of Milwaukee Child Welfare. We must protect the children in our State and without funding for services this will become extremely difficult. It is already difficult and demanding job with high caseloads, staff shortages, and a current hiring freeze, but I along with my co-workers would not continue to work for the Bureau of Milwaukee Child Welfare if we did not care about children and families.

Please reconsider the children and families who desperately need our assistance. I pled that you either maintain or increase funding to better protect and serve our children and families. I hope you feel the same and that this is a priority when considering funding for the Bureau of Milwaukee Child Welfare and the vendors.

Sincerely,

Christina Wiedenbauer

Christina Wiedenbauer BSW, CSW

To Whom It May Concern:

Based on my position as an Initial Assessment Worker for BMCW, it is my belief that the current state funding for BMCW not only be maintained but should be increased. The following are ^{a few of} my concerns regarding the importance of increasing the current state funding for all BMCW services:

*We are working with the newly implemented WISACWIS system that is everchanging and our On-Site support was taken from us because of lack of funding. As a result, we spend large amounts of time calling a help desk in Madison, waiting for them to call us back. This requires us to wait until they have time to get back to us, making it more difficult to meet our deadlines. ~~We have also spent large amounts of time entering work into the system, only to loose it and have to reenter it again, sometimes more than once.~~

*We were recently informed that there is no funding available to cover the cost of CEU trainings. Workers are required to have 30 hours of CEU's as part of certification and part of our employment. We are now being expected to pay out-of-pocket for training that our employment requires. These trainings can be and usually are expensive. As a result, workers are unable to participate in what could be beneficial opportunities to learn and grow in this profession and to meet the 30hr requirement because the Bureau does not have the money to fund our training and the cost per person is not often feasible out-of-pocket.

*The visitation room at Site 2 and some of the conference rooms are in dire need of painting and remodeling. If we want to increase pride in the workplace to attempt to reduce the worker turn-over as well as maintain an image as a professional organization, then funding should be provided to make these necessary changes.

The Bureau of Milwaukee Child Welfare is responsible for maintaining the safety and wellbeing of children and families. This agency currently is facing long-standing problems due to lack-of-funding. These problems will only grow and new problems will arise if increased funding is not provided. If we are being told at this point that there is not even enough money in the budget to remodel a visitation room, what outlook does that give for the persons working for this agency and the persons being served by it? It goes without saying that a decrease in funding and at this point even maintaining current funding would be detrimental to the families served by BMCW and the workers who serve these families.

Oruba McCall, BMCW, Site 2, IAW

4-19-2001

To The Joint Finance Committee:

I have been employed with the State of Wisconsin Department of Health and Human Services, Division of Child and Family Services, Bureau of Milwaukee Child Welfare for the last 3 years. Before this, I was employed with Milwaukee County Department of Human Services for 4 years. I have seen many people employed in the child welfare field "come & go." The reasons for this vary, but some of the greatest reasons for this have to do with low salaries, high caseloads, a very stressful job and, at times, a very dangerous job.

I am concerned as a citizen of Milwaukee County as well as an employee of the State of Wisconsin that any decrease in the budget allotted to child welfare would have a tremendous negative impact on the services I provide daily to abused & neglected children & their families.

I urge you to reconsider the 5% budget cut and the hiring and wage freeze suggested by Governor McCallum for the Department of Health and Family Services. An increase in the budget for the Department of Health and Family Services as well as removing the hiring and wage freeze for the Department of Health and Family Services will assure the citizens of the State of Wisconsin that our most vulnerable children and their families will continue to receive a high quality of care and services.

Sincerely,



Christine M. Lisiak
Initial Assessment Social Worker
Bureau of Milwaukee Child Welfare

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brian Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,

John Martin Spears
BMCW Site One
1730 W North Ave
Milw, WI 53205

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brain Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,

Nadine Sherman

Initial Assessment Worker

1730 W. North Avenue

Milwaukee, WI 53205

414-220-7777

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brian Burke, Senate Chair
Senator (R) Alberta Darling
Senator (D) Gwendolynne Moore

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Sincerely,

Sandra Kemp, DHS

Page 5

April 19, 2001

Joint Committee on Finance

Attn:

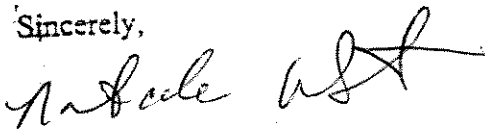
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Sincerely,

A handwritten signature in cursive script, appearing to read "A. B. Cole" followed by a stylized flourish.

April 19, 2001

Joint Committee on Finance

Attn:

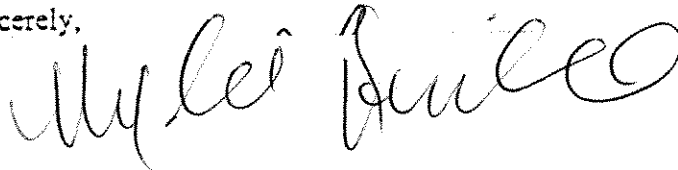
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Sincerely,

A handwritten signature in cursive script that reads "Myler Burke". The signature is written in dark ink and is positioned below the word "Sincerely,".

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brain Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,

A handwritten signature in cursive script that reads "Patty Doyle". The signature is written in dark ink and is positioned below the word "Sincerely,".

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brain Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,

Sherrye Manke

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brain Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,

E. Denise Taylor

Initial Assessment Social Worker

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brian Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,

Marilyn Komperud

April 19, 2001

Joint Committee on Finance

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Senator (D) Brain Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,

Cawlyn Claas

April 19, 2001

Joint Committee on Finance

Attn:


Senator (D) Brain Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,



A handwritten signature in black ink, appearing to be 'B. Burke', followed by a horizontal line extending to the right.

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brian Burke, Senate Chair

Senator (R) Alberta Darling

Senator (D) Gwendolynne Moore

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Sincerely,

Jason Ace

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brain Burke, Senate Chair; (D) Russell Decker; (R) Gwendolynne Moore;
(D) Kevin Shibilski; (D) Kimberly Plache; (D) Robert Wirch; (R) Alberta Darling; (R)
Robert Welch

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Sincerely,

David Knoernschild, M.S.

902-5891

DAVID KNOERNSCHILD, IA WORKER

April 19, 2001

Joint Committee on Finance

Attn:

Senator (D) Brain Burke, Senate Chair; (D) Russell Decker; (R) Gwendolynne Moore;
(D) Kevin Shibilski; (D) Kimberly Plache; (D) Robert Wirch; (R) Alberta Darling; (R)
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Sincerely,

Cathy Dyluk 902-5904

April 19, 2001

Joint Committee on Finance


Attn:

Senator (D) Brain Burke, Senate Chair; (D) Russell Decker; (R) Gwendolynne Moore;
(D) Kevin Shibilski; (D) Kimberly Plache; (D) Robert Wirch; (R) Alberta Darling; (R)
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Sincerely,


(414) 270-0791

April 19, 2001

Joint Committee on Finance

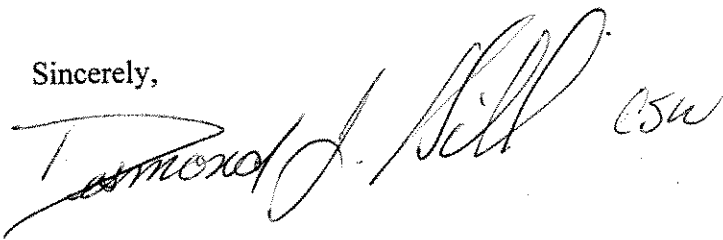
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Sincerely,

 Raymond J. Bell CSW