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TO: THE HONORABLE CHAIRMAN AND MEMBERS OF THE OCONTO COUNTY BOARD OF SUPERVISORS

RE: IN SUPPORT OF THE DEPARTMENT OF NATURAL RESOURCES 01-03 FORESTRY BUDGET INITIATIVES INCLUDING 23 NEW FORESTRY POSITIONS

WHEREAS, the Forest Industry is the second largest industry sector in the state with total annual shipments valued at nearly \$20 billion; and

WHEREAS, the Forest Industry directly employs over 100,000 skilled workers at good paying jobs earning over \$3.5 billion annually and indirectly creates an additional 200,000 jobs through the multiplier effect; and

WHEREAS, the Forest Industry is the first, second or third leading employer in 42 of Wisconsin's 72 counties with 30% of the forestry employment occurring in southeast Wisconsin and the remaining employment critical to the vitality of Wisconsin's rural communities in forested areas of the state; and

WHEREAS, Wisconsin's managed forests annually attract millions of visitors to our state to visit and recreate in the forested areas of the state, creating an additional \$3.5 billion in forest based recreation income; and

WHEREAS, forests cover nearly 50% of Wisconsin's total land area and are critical to providing clean surface and drinking water, clean air and habitat for wildlife and threatened and endangered species; and

WHEREAS, nearly two thirds of Wisconsin's 16 million acres of forest are owned by 260,000 non-industrial private forest landowners; and

WHEREAS, over two thirds of the forest products used in Wisconsin's forest industry come from non-industrial private forest land; and

WHEREAS, less than 25% of the non-industrial private forest land is managed under the direction of a sustainable forest management plan and less than 20% of the timber harvested from these lands is done in consultation with a professional forester; and

WHEREAS, the DNR forestry budget initiatives in their 01-03 Budget request as well as a separate request for 23 additional forestry positions focus on resolving critical sustainable forestry needs on state, county and private forestlands; and

WHEREAS, the forestry milltax has sufficient revenue to fund these budget initiatives that are consistent with the constitutional intent of the forestry mill tax "acquiring, protecting and developing the forest of the state"; and

WHEREAS, in previous state budgets the forestry mill tax has been used for purposes that marginally relate to it's intended forestry use at the expense of important forestry initiatives.

NOW, THEREFORE BE IT RESOLVED, that Oconto County Board of Supervisors, recognizes the tremendous importance of Wisconsin's forests to the state's economic, social and environmental vitality and supports the Forestry initiatives in the 01-03 DNR Budget as well as the 23 forestry positions needed to support these initiatives so that these forests are protected and managed for the benefits that Wisconsin's citizens need and deserve, and

BE IT FURTHER RESOLVED, that copies of this resolution be sent to Governor Tommy Thompson, members of the Wisconsin Legislature, and DNR Secretary George Meyer.

Submitted this 21st Day of December, 2000
BY: Forests, Parks, & Recreation/Land Information Systems Subcommittee

Louis Winkler, Chair

Sandi Dufek

Laverne Hanop

Vernon Zoeller

Thomas Gryboski

Approval by Corporation Counsel:

RW
Initials of Corp., Counsel

11/21/2000
Date Received

Vote:

Ayes _____

Nays _____

Absent _____

N14856 County Rd A
Amberg 54102

April 4, 2001

To Whom It May Concern:

We are writing in regards to the law that is being proposed for passage in the Wisconsin Legislature regarding pharmacies and Wisconsin Medicaid.

We would like it to be known that it is our opinion that, if it passes, it would put small pharmacies out of business within three to four years.

I recently (January 8, 2001) had a heart transplant at University of Wisconsin Hospital and am dependent on several medications. We live in a rural area and are a long distance from any large pharmacy. Our local small pharmacy is 20 miles from our home. In comparison, the nearest large pharmacies are 50 miles one way or 43 miles the other. Our local pharmacist would be willing to meet us at any time day or night in an emergency. This service is definitely not offered by the large pharmacies.

If this law were to pass, it would be a great loss and inconvenience to us and to many others in similar situations. Please take rural people into consideration as we depend on small pharmacies to meet our needs financially, emotionally and physically.

Thank you for your consideration.

Yours sincerely,



Thomas Buchman

715-759-5877

MR. JOHN GARD

Funding For Adults with Developmental Disabilities.

As a parent which has a child ^(Lynne Buege) (Adult now)

which has a cognitive disability and cannot work out in the community. She attends Goodwill Industries at Marinette, Wis.

I therefore support the sheltered work shop which she attends. The work shops are the ideal spot to be with other people besides their families. She is out back 30 days this year - ^{From her work (Lack of funding)}

The state labels all of these people -

Remember they are ^(humanis) ^(persons) that cannot help what burden the Good Lord has given them

Please work on increasing the funding for Adults with developmental disabilities.

What President Kennedy started, Don't let it fall away.

Marion Buege
W6657 Cty M.
Coleman, Wis.
54112

Tel. 582-3224



Clermont
COMMUNITY SERVICE CRISIS

2001-2003 Budget Proposal from Wisconsin Service Providers

For more information contact: Bob Stuva (RFW, Inc.) at 608-244-5310; bstuva@rfw.org or Chris Sarbacker (CAPOW) at 608-259-1345; sarbecls@execpc.com

Approximately \$120,000,000 in new state and federal funding is needed to assure a safe and adequate community-based, person-centered long-term care support system for citizens with developmental and/or physical disabilities. Service providers face significant worker shortages due to low wages and struggle to survive under pressure of rising insurance premiums, energy costs and other program expenses. Many organizations are reducing services to persons already served, when waiting lists for community-based services are growing.

The long term care system for Wisconsin citizens with disabilities is evolving into a person-centered delivery system and places more responsibility for determining the supports needed to live and work in communities of their choice, directly on the person requesting service. It is essential that consumers have adequate public funding to secure the services they need.

Some History:

Over the last half-century, the public goals for services for persons with disabilities has gradually changed from institutionalization to integration in local communities of choice. In the late 1950's and into the 1960's, service delivery goals began to change from institutional maintenance and removal from the community to large group homes, special education, and sheltered employment. By the late 70's a more integrated form of service delivery included individual living arrangements, job training, and assistance with daily living. By the early 1990's the concept of consumerism began to evolve and persons with disabilities sought more control over

the decisions impacting their lives.

The 1990's might best be defined as a period of time in which the old paradigm of service delivery was cast away and a new person-centered, community-based service delivery system was put into place. For the first time individuals with disabilities had some control over their own destiny.

As these changes occurred, so did the service provider network. Services evolved from group training and education and limited employment opportunities into a network of individualized support services. Services include residential support to live in small group homes with one or two other persons, independent living, supported living, vocational training, job placement and supported employment. Social business enterprises provide employment opportunities and an array of other needed services to assist an individual to live and work in his/her local community.

Despite significant changes and associated increases in the cost of providing more individualized services, governmental funding has remained stagnant. While the

late 1980's and the 1990's saw a great increase in the cost for services, the State of Wisconsin limited increases in state/federal funding for these services to under two percent per year and shifted funding from state to federal dollars. In many communities that meant no increase for private nonprofit service providers after state and local government addressed their administrative costs.

After almost a decade of neglect, the system of community-based services is facing a financial crisis.

No matter who provides services or how they are provided, a system of fair and appropriate public funding must be available for any community-based service delivery model to be successful.

Recent surveys completed by a network of Wisconsin community-based service providers assisting persons with disabilities began to detail the present service delivery crisis facing the State of Wisconsin. A job market survey reveals that wages paid by community-based service providers are not competitive.

Compared to the general labor mar-

ket, entry level community-based service workers' wages ranged from 7% to 17% less than other business' entry level wages drawing workers from the same labor pool. When compared to entry-level wages paid by state and county government for jobs identical in nature to those performed by employees of community-based service providers, wages received by community-based service workers ranged from 24% to 55% lower than similar public employment opportunities. The survey clearly indicates that entry level wages paid to persons supporting individuals with disabilities can not even compete with the fast food industry. Society appears to better reward food-service workers than those caring for person with disabilities. This inequity is the result of many years of neglect by state government.

Rehabilitation For Wisconsin, Inc., a statewide association of community-based rehabilitation programs collectively serving over 6,000 individuals with disabilities, completed a survey to determine the adequacy of rate payments from counties where they provide servic-

es. Thirty-four organizations from across Wisconsin responded to the three questions below.

1. What is the total dollar amount of all county contracts for any and all services that a county/counties purchase from your organization for the year 2000?

RESPONSE: \$41,861,183.00

(Actual Contract Amount)

2. What is your estimate of the actual costs of those services for the year 2000?

RESPONSE: \$48,250,539.00

(15% above Actual Contracted Amount)

3. Because of concerns about being competitive due to skyrocketing wages, health insurance costs, and other expenses, how many dollars would your organization need to be competitive for the year 2001 providing the same type and volume of service?

RESPONSE: \$54,346,392.00

(30% above Actual Contract Amount)

Data from the responding organizations shows that public funding must increase by 30% to assure a safe and effective community-based service delivery system for person with disabilities. That increase provides for competitive wages and benefits and help with the increased cost of energy, insurance and other overhead expenses.

When the 30% is applied to all state/county funding for all services for persons with developmental and/or physical disabilities, the enormous size of the problem is obvious. An additional \$120,000,000 is needed annually to maintain a strong community-based service delivery network for persons with developmental and physical disabilities. It should be noted that approximately 50% of the \$120,000,000 could be obtained from matching federal sources, leaving approximately \$60,000,000 needed from increased state support. **To adequately provide for a community-based service delivery system the increase outlined on the chart at the bottom of this page would be necessary on an annual basis.**

	Wisconsin GPR	Matching Federal Funds	Total
Annual Increase Needed To Sustain Services To Persons With Developmental Disabilities	\$54,000,000	\$51,000,000	\$105,000,000
Annual Increase Needed To Sustain Services To Persons With Physical Disabilities	\$ 6,000,000	\$ 9,000,000	\$ 15,000,000
Annual Funding Increase Needed To Sustain Quality Service To Persons with Disabilities	\$60,000,000	\$60,000,000	\$120,000,000
<i>To provide for a phase in of the increased funding, the 2002-2003 Biennial Budget Request should include:</i>			
First Year of Biennium	\$30,000,000	\$30,000,000	\$ 60,000,000
Second Year of Biennium	\$60,000,000	\$60,000,000	\$120,000,000
Total for 2002-2003 Biennium	\$90,000,000	\$90,000,000	\$180,000,000



WAITING LIST INITIATIVE

2001-2003 Budget Priorities from the Coalition for Ending the Waiting List in Wisconsin

For more information contact: The Arc-Wisconsin at: 1-877-272-8400 or 608-251-9272 or www.wcdd.org/dawn/waiting_list.cfm

Across Wisconsin thousands of people with disabilities and family members are struggling because they receive inadequate or no services to assist them to live and work in the community. At times this has forced people into an institution or to struggle to live in the community. Others rely on family members and may be at home without supports or daytime services. Groups are forming across the state to address the waiting list and work force crises and bring them to the attention of policy makers and legislators.

Problems:

5000 adults with developmental disabilities are waiting for critical services.

- 2300 people need a place to live;
- 2700 people are waiting for support to get a job or participate in their community during the day;
- Average waiting period is 4 years.

2200 people with physical disabilities are waiting for support to live in the community through COP.

2400 families are waiting for Family Support services.

- An additional 550 families are underserved within Family Support;
- Another 3000 families are estimated to be eligible but have not applied for services.

Birth to 3 services are guaranteed in Wisconsin but underfunded.

- Last two state biennial budgets increased funding by 0%;

- Counties have been forced to provide fewer services or have had to increase county funding that was no longer available to fund people on waiting lists.

Chronic underfunding of Personal Care, CIP and COP has created a crisis in the current support system for people with disabilities.

- Lack of staff to provide supports as a result of inadequate wages and benefits;

106 Personal Care agencies stopped providing MA funded personal care over the past 3 years;

- Many individuals are currently receiving inadequate services, which at times puts them in serious jeopardy.

Solutions:

Preliminary analysis suggests an increase in \$55 Million on an annual basis eliminates the known disability waiting list and begins to address workforce and labor market issues.

- **\$40 Million** in state funds for DD Waivers will generate a total of \$100 Million with matching Federal funds to eliminate the adult Developmental Disabilities waiting list and increase wages and benefits to support workers;

- **\$8 Million** in state funds for COP will generate a total of \$20 Million with Federal match to address the physical disabilities waiting list and increase wages to support workers;

- **\$5 Million** in state funds are needed to eliminate the Family Support Program waiting list;

- **\$2 Million** in state funds are needed for the Birth to 3 Program for increased costs.

Other states' initiatives have created additional funding for developmental disability services

End the waiting list game and build a future for people with disabilities!

The following funding has been recently allocated for waiting lists in other states:

Arkansas	\$ 4,000,000	California	210,000,000
Connecticut	23,000,000	Florida	336,000,000
Georgia	2,000,000	Hawaii	12,000,000
Indiana	9,500,000	Louisiana	27,000,000
Maryland	36,400,000	Mass.	23,600,000
Minnesota	9,880,000	Nevada	10,450,000
New Hampshire	6,000,000	New Jersey	127,200,000
New York	230,000,000	No. Carolina	42,000,000
Ohio	4,000,000	Pennsylvania	400,000,000
Virginia	44,000,000	Utah	6,500,000

Where is Wisconsin? Why isn't it on this list?

Department of Health and Family Services, the Governor, and Legislators need to help eliminate the waiting list and service problems.

Will you help to solve these problems?

Fix it in the 2001-03 Budget!



STATE INSTITUTIONS

2001-2003 Proposal for the State Centers for the Developmentally Disabled

Moving Toward a Single, Community-Based System for All

For more information contact:
 Lisa Mills at 414-483-2546; lmills@peoplefirstwi.org

Just 844 people with developmental disabilities now live in the three State Centers for People with Developmental Disabilities. This population continues to decrease every year, as the community service system that Wisconsin has developed repeatedly demonstrates the capacity to support these individuals to live in ordinary communities, close to other citizens and with opportunities for a multitude of life experiences that were otherwise denied as the result of living in the State Centers.

A SOLUTION

Over 35,000 people with developmental disabilities now receive supports through this community-based system. Yet Wisconsin continues to maintain the State Centers as a separate institutional system that now costs \$30 million more than what it would cost to provide comparable support in the community for the 844 Center residents.

The only way to reduce this significant waste of precious tax dollars is to close the State Centers.

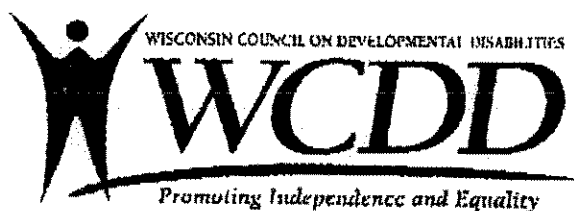
The state's Department of Health and Family Services has acknowledged that Center resident's support needs could be met in the community, and that only a handful of residents would require a rate equal to or higher than the \$400 average daily rate currently being paid to the Centers for residents'

care. When funds are available to adequately support a person in the community, Wisconsin law and the *Olmstead* Supreme Court decision require people to be placed in the community. Ten other states, including Minnesota, have closed their State Centers and strengthened their community systems.

For financial, legal, programmatic and humanitarian reasons, the time has come for the state of Wisconsin to move from a dual service system, with a costly institutional bias, to a single, community-based system. The state should invest the savings achieved from this transition to strengthen the community system for all persons with developmental disabilities.

Legislative Initiatives:

- Close Northern Wisconsin Center and Southern Wisconsin Center within five years.
- Provide sufficient funding for quality support in the community by increasing the CIP 1A rate beginning July 1, 2001, to \$300 per day. Continue to increase the rate over the next budget periods as needed to ensure the efficient transfer of Center residents to supported community settings.
- Retain the savings achieved from Center closings to strengthen the community-based developmental disabilities service system.
- As each Center is closed, residents should move to the community settings that meet their support needs and not simply be transferred to a remaining State Center or other institutional setting.
- Increase the CIP 1-A rate for people currently living in the community to \$160 / day.



TESTIMONY TO JOINT FINANCE COMMITTEE
April 5, 2001

Jessica Raymaker for the Wisconsin Council on Developmental Disabilities

Committee members, my name is Jessica Raymaker, Director of Children's Programs of Cerebral Palsy of Brown County and an appointed Council Member of the Wisconsin Council on Developmental Disabilities (WCDD). I am here today to summarize issues regarding children with disabilities and their children. These include: Birth to Three, Family Support, Respite, Special Education Funding, and Children's Long Term Care Redesign.

Birth to Three is a federal entitlement program that enables infants and toddlers who have a disability or a developmental delay to receive services. These critical services, imperative for the healthy development of young children in Wisconsin, are at risk due to potential changes in the definition of eligibility for the Program and increases in costs to parents through an "ability to pay" formula. For this reason, WCDD is requesting an increase of \$2 million in state funds in each year of the biennium to increase funding for the Birth to Three program entitlement.

The Family Support Program provides flexible funding for needed services, support, and information to families with children with severe disabilities. Currently Family Support has 2,333 families on a waiting list, 540 families that are underserved. An additional 3,032 families are estimated to be eligible and in need of the Program, yet have not applied. This vital program acts as a preventive mechanism for placing children out-of-home and giving needed respite to families. The WCDD urges the Legislature to increase state funding by \$2.5 million in the first year and \$5 million in the second year for the Family Support Program.

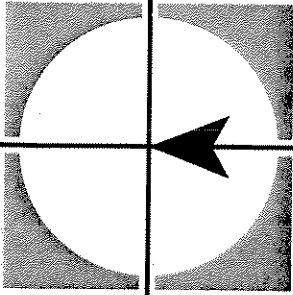
Access to flexible, affordable, and quality respite, regardless of disability, income, or age is essential to the safety of children with disabilities, the health of primary caregivers, and the cost-savings of the state. Without respite services, the risk of abuse and neglect is four times higher, the divorce rate among primary caregivers increases to up to 80%, chronic physical and other illnesses increase 65%, and the risk of costly out-of-home placements in foster care, institutions, and nursing homes increases. Because of this, WCDD supports the continuation and expansion of the Lifespan Respite Care Projects. This would require an increase of \$225,000 in state funds for each year of the biennium.

State and federal law requires school districts to provide all students with disabilities age 3 through 21 with appropriate educational opportunities in the least restrictive environment. This financing was expected to be a partnership between the State and local school districts with the State funding 63% of the costs. Currently the state is funding 35% of special education categorical aids and this budget would reduce aids to 32.7%. WCDD urges the Legislature to increase the rate of reimbursement to 50%, thus decreasing the strain for local governments and between families in these school districts. The Department of Public Instruction also proposed a

90% reimbursement rate for high cost children (above three times the average level), which the Council fully supports.

Finally, Governor McCallum's budget proposed to direct DHFS to apply for a waiver of federal MA statutes and regulations to implement a redesign of the long term care system for children. However, no state funds were allocated for servicing the proposed 4-8 pilot counties. The Children's Long Term Support Committee, in collaboration with DHFS and WCDD, developed a plan for a parent-directed system that would reduce the complexity and fragmentation that currently exists. In order for services to be provided in the pilot counties, \$1.3 million the first year and \$3.3 million the second year of the biennium needs to be allocated in state funds.

Our children of today are our most precious asset to Wisconsin's future. The Wisconsin Council on Developmental Disabilities asks you to make the communities, in which our children learn and grow a safe and prosperous one.



Centerpoint

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Spring 2001 • Volume 4 • Issue 1

A quarterly publication of **Options for Independent Living, Inc.**

ANNUAL CAMPAIGN

April 2001 will be the kick-off month for *Options for Independent Living, Inc.*'s First Annual Campaign. The Board of Directors realizes that *Options* must diversify its funding base and not be too reliant on grants. After reviewing various fundraising alternatives, the Board decided on an Annual Campaign. This choice is also in response to users of *Options*' services who had asked for a means in which they could financially assist *Options*.

In approximately two weeks you will receive a letter from Arlene Rentmeester, Board President, and Tom Diedrick, Executive Director, asking for your financial support of *Options*. The rationale for the Annual Campaign and method of making a donation will be outlined in this letter.

On behalf of all of us at *Options*, we thank you for your support.

PEOPLE CAN'T WAIT RALLY

Join the Survival Coalition of Wisconsin Disability Groups to rally on behalf of people with disabilities and the elderly. Our purpose is to raise awareness of the Governor, the Legislature and the public on the long waiting lists for services.

STATE CAPITOL ROTUNDA - MADISON

APRIL 25, 2001 - Noon to 1:00 P.M.

Arrive between 9-11. Make appointments to see your legislators in the morning or after the rally. For more information: <http://www.wcdd.org> then click on DAWN or contact Aaron Bishop at (608) 263-0271 or abishop@students.wisc.edu

INSIDE: Special Pullout Section

**PERSONAL CARE WORKER SHORTAGE:
A THREAT TO INDEPENDENT LIVING
A CENTERPOINT FOCUS**

FREE ADA TELE-CONFERENCE TRAINING OFFERED AT OPTIONS

Three tele-conference training sessions on the Americans with Disabilities Act (ADA) will be held at *Options for Independent Living* in the spring and fall of 2001. They are described below. Interested consumers and professionals are invited to attend. Space is limited to 20. The registration deadline is two weeks prior to each session. If you need an accommodation to participate, please let us know two weeks prior to the session date. The Great Lakes Disability and Business Technical Assistance Center is offering these programs. If interested, contact Sandy Popp at *Options* at 920-490-8270, ext. 179 or toll-free at (888) 465-1515. Mark your calendar now and register for these informative sessions.

Tuesday, April 17, 2001, 1-2 pm

To Complain or Not to Complain? Mediate? or File Suit?: Unraveling ADA Resolution Options

Speakers: Peter Maida, Keybridge Foundation and Barry Taylor, Equip for Equality

Already talked to the manager or ADA coordinator? Still no resolution and no access to the program or service? What are the options for coming to resolution under the Americans with Disabilities Act? This session will discuss the complaint process, options for alternative dispute resolution, private right of action, and statutes of limitation.

Tuesday, May 15, 2001, 1-2 pm

Surfing for Electronic Access

Speaker: Mike Paciello, President, WebABLE! Solutions, and creator of the W3C Web Accessibility Initiative

Technology is evolving at light speed. How is it improving access for people with disabilities? What are the electronic access responsibilities for public services and public accommodations under the Americans with Disabilities Act? Join us for a web-based tour of methods and applications for improving electronic access for people with disabilities.

Tuesday, September 18, 2001, 1-2 pm

Designing Accessible Lodging Facilities

Do all hotel room doors need to meet the ADAAG requirements for clear width? Can sleeping accommodations for guest with hearing impairments be included in the wheelchair accessible room? Do all rooms need roll-in showers? This session will provide an overview of the scoping and technical requirements for places of transient lodging under the Americans with Disabilities Act. In addition, reference will be made to recent U.S. Department of Justice settlements with major hotels throughout the U.S. and resource materials to assist in design and construction of lodging facilities.

MEET THE STAFF

Sandy Foster joined the *Options* staff in September, 2000. As Fond du Lac County Family Care Independent Advocate, she provides advocacy services for persons who are eligible for or enrolled in Family Care in Fond du Lac County. Her office is located at the Senior Center in Fond du Lac at 151 East 1st Street.

Sandy was born in the south suburbs of Chicago and moved to New Orleans in 1985 when she married her husband, J.D. In 1993, they relocated to Springfield, Missouri where Sandy worked for a home health agency for three years. It was there that she developed an interest in working with people with disabilities and realized that many had needs that were not being met. She took a position as Assistive Technology Coordinator at an Independent Living Center and worked there for two years until her husband was relocated to Fond du Lac. Sandy feels that her previous work experience prepared her to be a strong advocate of consumer choice for persons with disabilities and for seniors.

When Sandy is not at work, she is busy juggling schedules with their two children, Jonathan 10 and Brittany 13, and keeping their two American Eskimo dogs out of trouble. She enjoys time on a lake in Canada in the summer, and occasionally you will find her in the backyard target practicing with her bow. If you get a chance, ask her about "Real Cajun Fried Turkey."

SSA PUBLISHES NEW RULES TO ENCOURAGE WORK EFFORTS OF PEOPLE WITH DISABILITIES

On December 29, 2000, the Social Security Administration published new regulations in the Federal Register with three important changes related to people with disabilities and work.

1. Applicants for Social Security Disability or Supplemental Security Income benefits are found not disabled if they are working and performing substantial gainful activity, regardless of medical condition. When a person is declared eligible for disability benefits and then returns to or engages in any level of work, the person's earnings are used to determine whether or not they are engaging in "substantial gainful activity." The old rule set the earning limit at \$700 per month. Under the new rules, this limit will be adjusted annually. Beginning January 1, 2001, the limit is \$740.

2. A trial work period is a work incentive. During a trial work period, a Social Security beneficiary with a disability may test his or her ability to work and earn any amount as long as his or her disability continues to exist. The trial period is 9 months, not necessarily consecutive, in a rolling 60-month period. Under the old rules, Social Security counted any month the person earned more than \$200 for his or her work as one of the nine months for the trial work period. Under the new rules, Social Security is increasing this amount from \$200 to \$530 beginning January 1, 2001. For future years, the amount will be adjusted based on increases in the average wage.

3. The third change affects Supplemental Security Income beneficiaries who are child-students. Under the old rules, one could exclude up to \$400 per month or

earned income with an annual limit of \$1,620. By being excluded, this earned income had no effect on eligibility or benefit amounts under the SSI program. Under the new rules, the amount of earned income that may be excluded is raised to \$1,290 a month with an annual limit of \$5,200. In future years, the amount will be adjusted based on increases in the cost of living.

These changes are part of the Social Security Administration's campaign to improve programs and policies supporting and encouraging work efforts by people with disabilities.

Adapted from The Work Site, Office of Employment Support Programs, SSA.

<http://www.ssa.gov/work/ResourcesToolkit/rules.html>

BOARD ISSUES FINAL GUIDELINES FOR ACCESSIBLE PLAYGROUNDS

On October 18, 2000, the U.S. Access Board published accessibility guidelines for newly built or altered play areas under the Americans with Disabilities Act (ADA). The guidelines are one of the first of their kind in providing a comprehensive set of criteria for access to play areas. They cover the number of play components required to be accessible, accessible surfacing in play areas, ramp access and transfer system access to elevated structures, and access to soft contained play structures. The guidelines address play areas provided at

schools, parks, child care facilities (except those based in the operator's home, which are exempt), and other facilities subject to the ADA.

The published rule supplements the Board's ADA Accessibility Guideline (ADAAG) by adding a new section on play areas. The new guidelines are not mandatory on the public. Instead they set the minimum baseline for enforceable ADA standards maintained by the Department of Justice (DOJ). The requirements will become mandatory after DOJ incorporates them into its ADA

standards. In the interim, the public may consult the new guidelines as a reference in providing access to playgrounds and play equipment. They are posted on the Board's website at www.access-board.gov. Copies may also be ordered through the Board's publication line at 1-800-872-2253 (voice) or 1-800-993-2822 (TTY) and requesting publication S-39.

Adapted from ACCESS CURRENTS: CURRENT NEWS FROM THE ACCESS BOARD. Vol. 6, No. 5, September/October, 2000.

To place an ad in the CenterPoint, please call Options at 920-490-0500. Ads are placed as a service to our readers. Options does not edit nor is it responsible for the accuracy of their content.



1996 Chrysler Town and Country Mini-Van, 4 dr, 7 passenger, 3.8L V6. Loaded. 60,000 miles. Top condition. Front passenger seat is a power assisted "Braun Companion Seat". The passenger seat turns towards the door and extends out and downward for easy-handicapped accessibility. Included is original pedestal for easy reconversion to normal. \$13,900. Call (920) 863-3143.

1998 Chevy Astro Van/AWD. Aluminum handicap accessible ramp, with tie down slats and straps included. Can be easily removed if not needed. (Value of \$2,000) 57,000 miles. \$15,000. Call Charlene at work (920) 337-2007 (M-F 8:00-4:30) or home (920) 465-1956.

Ford E-150 Assisted Van (12,000 miles) with Ricon lift and Permobil Chairman Corpus II powered wheelchair. See www.k9ape.com/van.html for pictures and details. Contact Shel Epstein at Shel@k9ape.com or call (847) 853-9292 or write POB 400, Wilmette, IL 60091.

Chevrolet 2000 Express Passenger Van. Seats 5. 800 original miles. Crow River Vangater wheelchair lift. \$28,000. Call Hank at (920) 494-1359.

'91 Ford Aerostar. New trailer hitch in 2000. Clean. 88,603 miles. \$4,000. Call (715) 394-7525.

GMC '92 Wheelchair Accessible Van with under vehicle lift. Handicapped equipped for driving. Remote start, door and lift control. 3 captain's chairs and folding bench seat. 81,543 miles. Beautiful van. \$14,000. Call (715) 394-7525.

New 2000 Dodge Caravan SE Sport with IMS lowered floor conversion. Rear heat and air, above floor ramp and remote entry. Cost after \$1,000 rebate from Dodge is \$36,230. Call GT Mobility at (920) 491-8384.

Used 1995 Ford Windstar GL with Vantage lowered floor conversion. Dark green with tan interior, new tires and exhaust system on this very clean and well-maintained unit. \$18,995. Call GT Mobility at (920) 491-8384.

Used 1995 full size Dodge high top conversion van with Ricon side entry, platform lift and power doors. This black and grey two-tone van has remote entry, rear heat and air, TV and VCR, and complete leather seating including a leather power sofa bed. \$17,000. Call GT Mobility at (920) 491-8384.

Used 1997 Ford E-350 Super club XLT wagon. This unit comes complete with a side entry Crow River tri-folding platform lift and power doors. It also comes with a drivers side transfer seat base and hand controls. This red two-tone hightop van has a complete RV conversion package including TV, VCR, sink, microwave and full-size sofabed. A true travelers dream. \$28,500. Call GT Mobility at (920) 491-8384.

Burr Handilift for wheelchairs. New. Ideal for outside vehicle. 300 lb. capacity. \$400. Call (715) 394-7525.

Used Braun wheelchair lift. (vehicle) \$500. Call Tim at (715) 378-2433.

Crow River van lift. Semi automatic with manual fold platform. Used in van with dropped floor and side door mounting. Good working condition. \$200 or best offer. Call Bob at (920) 361-2008.

1993 Ricon Corp. lift (S1231-P10100100 for sale in the Antigo area (Langlade County). In excellent working condition. \$1,000 or best offer. Call John or Shannon at (715) 627-1305.

Bruno wheelchair and scooter lift. Car top with wheelchair lift. New shower chair/commode. Best offer. Call Todd at (920) 855-6033.

Starlight adult tricycle. Four-wheeled walker with hand brakes front and back. Celebrity 4-wheel scooter with blue housing; two 12-volt deep cycle batteries with on board 3-1/2 amp charging system. All items in very good condition and will be sold reasonably. Call Edith at (920) 788-6119.

Top of the line manual wheelchair. Walker. Both like new. Call Richard at (920) 435-4044.

Scooter. Nearly new. Call Julie at (920) 468-9129, ext. 176.

Rascal Deluxe Scooter "96". Used 3 times. Interchangeable front sections. 2 new batteries. On board battery charger. Excellent condition. \$4,500. Call (715) 394-7525.

Electric hospital bed. Multifunction with massage. Delivery can be arranged. Was \$1,100 when new. Call Peg at (920) 739-0549.

Electric hospital bed, 1 year old. Electric wheelchair, 6 mo. old. Call Arlene at (920) 490-4551.

Shower wheelchair. Can also be used as a commode. Used 6 times. \$100. Call (715) 394-7525.

Electric Hospital Bed, like new. Used one year \$750 or best offer. (920) 494-7603.

3 Wheel Power Scooter, charger included P/U in Appleton. Also: Power Treadmill, top of the line. Read out panel exercise safely at home - any hour! Ray (920) 739-1224.

'99 Dodge Grand Sports Caravan, completely equipped with and elec. w/c. 12,000 mi. Also: Quickie elec. w/c with duel control. Millie (920) 469-2044

Elec. w/c Ranger Action 2 Battery Charger. Only used a few times. Good cushion. Mrs. Matteson (920) 490-4551

FROM THE DIRECTOR

Tom Diedrick

PERSONAL CARE WORKER SHORTAGE: A THREAT TO INDEPENDENT LIVING A CENTERPOINT FOCUS

The feature article in this edition of CenterPoint is one of extreme importance for people with disabilities. It focuses on personal care workers and the services they provide that enable people with disabilities to live independently in the community. We had major success in getting additional funding for PCW's when former Governor Thompson signed a rate increase last year. But, there continues to be a major problem. There are not enough people willing to be PCW's.

Being a PCW is not a glamorous job. The pay is certainly not great nor necessarily are the benefits. The work is hard and can be demanding. The hours traditionally are lousy- early mornings to assist people with getting dressed-late at night to assist people in getting undressed-driving to peoples' homes in bad weather. Today, many people can earn a comparable salary working in a fast food restaurant or other retail sale position. No pressure. Relatively easy working conditions. No hurrying from one home to another. Why would one want to be a PCW?

Because the work makes a positive impact on peoples' lives and can mean the difference in their ability to live independently instead of in a nursing home. When you see someone with a disability, think about what it took for that person to be bathed and dressed, up and about. Many times the person is where he / she is because someone-a family member, spouse, or PCW- spent an hour or more to help make it happen.

We have a crisis. There aren't enough people willing to learn to be PCW's and work the needed hours. Family members and spouses are burning out. Home health agencies cannot find enough people to meet

the demand. For private pay individuals, recruiting for a few hours a day is next to impossible. Ask yourself, could you be a PCW? Could you go to someone's home at 6:00 AM to give him or her a bath and get him or her dressed? For \$7.50 to \$10.00 an hour? And then go on the assist several more people with bathroom and other personal cares?

Read the following stories about people in our area who were willing to share their experiences. A number of people declined to be interviewed because they were afraid they might lose what services they have. Could you live like that? Afraid to complain?

We need immediate strong grassroots advocacy action on this issue. We have new administrations at the federal and state levels. Governor McCallum and President Bush are working to get their budgets passed. Both have proposed huge tax cuts. We have some new state legislators that are not aware of the PCW issue. People with disabilities must write their legislators and describe their situation. They must tell their legislators that funding PCW's at a reasonable rate is only the beginning. Everyone with a disability must have access to programs that allow them to have full control and final decision making in HOW, WHEN, WHERE, and WHO will be providing the services they need to live independent lives.

You must get involved. If we cannot effect change in this area, we might as well begin asking for increases in the budget for nursing homes. Independent living will be just a dream.

You are encouraged to contact your legislators to express your views on the personal care worker issue. If you do not have their names, addresses or phone numbers, contact the Legislative Hotline toll-free at 1-800-362-9472.

PERSONAL CARE: PERSONAL STORIES

On July 1, 2000, Wisconsin Act 187 went into effect. It raised the hourly pay of Medicaid funded personal care workers (PCW) from \$12.00 to \$15.50*. Many people with disabilities depend on personal care workers to enable them to live independently in the community. PCW's come into the home and assist with a range of personal care activities—bathing, dressing, shaving, feeding, etc. The alternative for those who need such services is nursing home care. Wisconsin legislators created the personal care worker program in 1988 to foster independent living.

The PCW pay raise was enacted to address difficulties in the PCW program. Over 100 Wisconsin agencies offering PCW services had closed or ceased offering these services because of inadequate funding. The Medicaid per hour rate reimbursement to agencies was too low to allow them to offer a wage to attract and retain PCW staff and to cover administrative costs. While the pay increase addressed this issue, many people with disabilities still do not have the PCW services they need or feel that the services they now receive are threatened.

In the following articles, you will meet people who know first-hand about the personal care worker issue. Some are getting the services they need; others are struggling. All want to retain as independent a lifestyle as possible. You will also meet an administrator of an agency that discontinued PCW services. We thank them for sharing their personal stories.

**This is the current reimbursement rate. This amount must cover PCW wages, benefits, travel costs, insurances, supervisory costs, and general overhead costs.*

Karen Arnold

Karen Arnold, who lives in rural Outagamie County, has dealt with home care issues for over 30 years. Her husband is a quadriplegic with a tracheotomy and uses a ventilator as the result of an accident. Her adult son, who has a neuromuscular disease, is bedridden and on oxygen. Her adult daughter also has a neuromuscular disease. Because of progressive weakness, she needs an increasing amount of help with personal care.

For 20 years, Karen provided most of the care her family members need. She has had more help in recent years. An agency provides two LPN's for a specified number of hours a day, 6 days a week. For the past year, the family has also participated in a medical assistance funded independent nurses program. They receive 12 hours of assistance on Tuesdays and Wednesdays and weekends and 7 hours on Thursdays. There is someone in the home 4 nights a week so Karen can get some sleep.

Karen has found it to be a constant struggle to get the help her family needs and some respite care for herself. She worries about the future. The agency that provides LPN's has told her that they are phasing out service to long-term clients and that if her current LPN's

quit, they will not be replaced. She was told that it is not cost efficient for the agency to provide the level of care the Arnold family needs and that it is difficult to find staff, especially for the afternoon and night hours. One of the current LPN's indicated a desire to work more hours but was told that she could not work with the Arnold family because their case was going to be phased out. While the independent nurses program has filled in the gaps, Karen states that there is an immense amount of paperwork with this program. The nurses are independent contractors and are paid directly by medical assistance. The Arnold family has a case manager that helps with paperwork and required authorizations. The county has a PCW program that Karen says is now "diminished." Karen would have to find her own workers under this program. As she said, "Where would I find them?"

Karen feels that programs designed to keep people out of nursing homes are "going by the board." She said it would be difficult to find a nursing home placement for her husband because few are staffed to accept ventilator users. Besides, she says, neither her 50-year-old husband nor adult children want that over life in their own home.

Karen admits there is no easy answer for long-term care. She recognizes the difficulty in finding staff to provide the care her family needs. She feels much of it comes down to funding. Staff are not paid enough to commit long term to this type of work. Agencies do not see the service as cost effective for them. The rules and regulations are immense. Her family's needs are great and she often feels that there is no one to advocate for them. She struggles to keep things in balance and provide as great a quality of life for them as she can.

Joyce Speerschneider

Joyce Speerschneider, Green Bay, has lived independently for 12 years. She had polio at age 15 and until 1975, lived at home and received care from her parents. After her mother died, family members could no longer meet her care needs. She moved to a nursing home where she resided until 1989. At that time, she became aware of new programs designed to help people move out of nursing homes and live in the community. Because the programs were new, she did not have a long wait to become a program participant. She had the additional challenge of finding housing that could accommodate her reclining wheelchair.

Joyce receives the services of a personal care worker three times a day. Someone comes for two hours in the morning to help her get up; from 4:00-6:00 P.M. to provide personal care and assist with supper; and for 45 minutes later in the evening to help her prepare for bed. A few years ago, there was an effort to cut the number of hours she receives, but it was found that she needs the hours she has to be able to live independently. Joyce says that from her observation, her home health agency has a core of PCW's who have been with it for some time. It also has workers who come and go. She knows that there are staffing difficulties and, at times, she has had to be flexible with her time requirements. However, she says that, one way or another, her agency has provided the care she needs.

Joyce is in a position to compare long-term nursing home care with long-term independent living. She says that living independently fosters a different attitude. One has a better self-concept and the ability to do more on one's own. She finds that she is more involved in the community because she is in the community.

Lori Larson

Lori Larson needs help with bathing, dressing, range of motion exercises, getting out of bed in the morning, and getting into bed at night. She uses a wheelchair because of polio she had at age 11. Lori lived in Green Bay for 10 years. In March 2000, the agency from which she received personal care services no longer had enough staff to provide care in the morning and evening when she needed it and dropped her with a two-week notice. "That put me in a real tailspin." Lori could not find another agency that could serve her. When her only alternative was a C.B.R.F. or nursing home, she moved back to her home area in Michigan's Upper Peninsula. She felt fortunate to find a woman from her church and another private pay person to provide her care for several weeks until she could arrange her move.

Lori is currently receiving the PC Services she needs.

Someone comes from 6:30 to 9:30 A.M., 1:00 to 3:00 P.M. and 8:00-9:30 P.M. She says services are "shaky" because of understaffing. In her opinion, many staff quit when they realize what's involved in the job. She feels they have little training and are not told what to expect. There are few resources in the U.P. for the medical care Lori says she needs and she is anxious to move back to Green Bay where her friends and other supportive services are located. The 200 plus inches of snow which fall in the U.P. each winter is a challenge to a wheelchair user who wants to be independent. Lori has her own van but needs someone to drive it for shopping, errands, etc. Only one agency in her area allows their PCW's to drive it because of insurance issues.

"I live with the fear everyday of my life that I won't be covered [for personal care services] and will have to go into a nursing home which was suggested in G.B. by my case worker. I hope and pray that never happens. That's the ONLY reason I moved back here where I'm originally from. I made my home for 10 years there [Green Bay], and feel that's where I belong. I pray I can return someday..." Lori's lease on her current apart-

"While the pay increase addressed this issue, [PCW's low wages] many people with disabilities still do not have the PCW services they need or feel that the services they now receive are threatened."

ment expires April 1. She is trying to arrange for the services she needs in Green Bay so that she can return there.

Barbara Luebke

Barbara Luebke and her husband, Glen, have had a lot of experience with home health care and personal care workers. Glenn, age 77, had a stroke 13-1/2 years ago. He could not walk or talk when he came home from the hospital. Barbara provided all of his care and helped him learn to do some walking and talking again, though he still uses a wheelchair most of the time. However, after three years, Barbara's own health problems made it impossible for her to continue to provide Glenn's care on her own. Living in Oshkosh at the time, they applied for and were immediately accepted by COP under the COP waiver program and by the Respite Care Program. When they moved to Appleton, Outagamie County continued the service they needed.

A personal care worker comes to their home seven days a week for 1 1/2 or 2 hours to help Glenn bathe, shave, get dressed and have breakfast. Two days a week, Glenn participates in a day care program and the PCW helps him get ready to go. Barbara provides all of the other care Glenn needs. On a few occasions, he has had short-term (2-4 weeks) nursing home care to give Barbara some respite time. He also had nursing home care when Barbara had health needs of her own that needed attention. Barbara says that there is a fairly regular turnover in the staff that provide Glenn's personal care and that is hard to continually teach new people about Glenn's individual needs.

Barbara states that she is happy they live in an area where assistance is available. She states that it is important to ask for the help one needs and to have a knowledgeable social worker that can tell you what services are available. Their social worker, Sue Kinnard, has made them aware of a number of services that have helped them maintain their independent life together. Without these services, Glenn would have to live in a nursing home.

Tom Martin

Tom Martin, President of Family Services Association in Green Bay, has an administrator's point of view on the personal care worker issue. Until recently, the Visiting Nurses Association was part of FSA. "The biggest issue continues to be the level of reimbursement which correlates in the level of pay for the individual. Because the hours are intermittent, early morning for bathing and dressing and again in the evening for undressing and getting the individual ready for bed, agencies may not have enough hours for full time employment. Once you have part time employees, benefits become an issue. Transportation costs are also high."

The increase in the reimbursement rate was helpful he says, "but the biggest issue is economics." People need to be paid at an appropriate level for the type of work they are doing. That means higher reimbursement to the agencies.

Why is it difficult to recruit PCW's?

- Early morning hours
- Late evening hours
- Low pay compared to many other jobs
- Part time pay without benefits
- Driving one's own car to different locations
- Willing to work flexible hours at a time

These are issues that must be addressed and solved to encourage agencies to continue to offer PCW services.



GREEN BAY PACKERS WHEELCHAIR SEAT TICKET POLICY

If you would like to apply for wheelchair seats for the 2001 Packer Season home games, the Green Bay Packer Corporation has established a lottery system for individuals with disabilities to purchase tickets for those seats. Currently, there are only 28 wheelchair seats and 28 companion seats available for each game. Tickets will be \$49 each and you must purchase two. One wheelchair seat and one companion seat. To enter the lottery for wheelchair tickets, once the Packer pre-season and regular season schedule is announced, send a letter to the Packer ticket office indicating the game or games you are interested in attending. Include credit card (Mastercard or Visa) information along with expiration date (If you do not have a credit card other arrangements can be made by calling the Packers ticket office at (920) 496-5719. Your name will be placed in a lottery drawing for each game requested. You can request that your name be placed in all pre and regular season games or just for

certain games you are interested in attending. Limit of one (1) request per game which means you can only request one ticket for yourself and a companion per game. Request must be from person in wheelchair that will attend game. Lottery winners eligible for a total of three (3) games per season. Winners to be notified by mail (along with credit card receipt). Tickets to be mailed mid-July. Send letter of request to: Ticket Lottery, Packers Ticket Office, PO Box 10628, Green Bay, WI 54307-0628. Include: Name, address and daytime telephone number, the game (or games) interested in attending and credit card information. A deadline to be included in the lottery has not been set as of this date. For further information or to make sure you are on the lottery mailing list contact Carol at the Packer Ticket Office at (920) 496-5719. Or Sandy Popp at *Options for Independent Living* at (920) 490-8270, ext. 179 or toll-free at 888-465-1515. For TTY users call (920) 490-0600 or WI Relay at 800-947-3529.

WHEELCHAIR WASHES & SAFETY CHECKS

APPLETON

On Saturday, May 5, 2001 the **First Annual Fox Valley Area Community Wheelchair Wash and Safety Check** will be held from 8:00 am to noon. This will take place at Fox Valley Technical College, 1825 North Bluemound Dr. in Appleton. Use Entrance 9 on the west side of the building to participate.

Electric chairs, scooters, manual chairs and lifts/hand controls will be cleaned and inspected for free. An Invacare representative will demonstrate sports wheelchairs. A Pride Lift Chair will be given away in a grand prize drawing. Occupational Therapy Assistant students will provide activities, such as door prizes, face painting, balloons and games. There will be a buffet brunch prepared by the Culinary Arts Students.

Sponsors are Affinity Health Systems, *Options for Independent Living Inc.*, Walgreen's Health Initiatives, and the students of the Occupational

Therapy Assistant Department and Culinary Arts Department at Fox Valley Technical College.

If interested please register by April 25, 2001 by calling Nurse Direct at (920) 738-2230.

For information: Call (920) 738-2644 or toll-free at 888-465-1515

GREEN BAY

Green Bay Area Wheelchair Wash and Safety Check will be held on Saturday, June 9, 2001, from 9 am to 11:30 am at *Options for Independent Living, Inc.*, 555 Country Club Road, Green Bay (On the campus of Northeast Wisconsin Technical College).

Wheelchairs and scooters will be cleaned and given a safety check. Refreshments will be served.

For information: (920) 490-0500 or toll-free at (888) 465-1515

COORDINATORS NEEDED

Are you looking for a way to become involved in disability advocacy? The Survival Coalition of Disability Agencies is looking for county coordinators. Coordinators are the primary local contacts on issues and local organizing related to ending the waiting lists and strengthening access to support and services for all people with disabilities. Counties in the Options service area which need coordinators are Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Sheboygan, Waupaca, and Winnebago. For more information, check the web site http://www.wcdd.org/dawn/announcements/Sur_Coal_Announcements.cfm

CONSUMER CORNER

This column features articles by or about consumers of independent living services.

DECISION 2000

by Chuck Chambley

In 1974, I sustained a spinal cord injury as a result of a diving incident rendering me a quadriplegic. After my injury, I was employed in Virginia in occupations ranging from debt collector to rehabilitation mentoring. I enjoyed my environment but longed to be near my ten-year-old niece and twelve-year-old nephew in Shawano, Wisconsin as well as my sister and brother-in-law. After toying with the idea for about a year, at age 46, I made the decision to relocate.

Now came the challenge of finding a way to transport my belongings half way across the country! I also needed to access the availability of suitable housing in Shawano and employment options. I moved to Wisconsin and lived in a nursing home to meet the six-month residency requirement. The majority of my time was spent seeking resources pertaining to wheelchair accessible apartments

and/or homes. Through the process of networking with individuals, the Shawano area support group known as We Are People, and various agencies including Shawano County Housing Authority, Shawano County Department of Social Services, and Shawano Job Center, I was introduced to Options for Independent Living.

Kitty Barry, Assistant Director, told me about the Homecoming Project, a program designed to enable people with substantial physical disabilities, elders and people with mental or developmental disabilities to live outside the nursing home. I was identified as a qualified participant because of my disability.

The project provided funds which were used to modify the bathroom, bedroom and garage in the home I would be renting. Steve LaFrombois, Rehabilitation Technology Specialist, at Options, developed the blueprints and Judy Zitske of the Homecoming Project approved funding for the modifications. Contractors were engaged through the combined efforts of the Shawano County Housing Authority and Shawano County Department of Social Services.

Renovations were begun and I was on my way to independent community living. The dream of living on my own again was

becoming the reality I had hoped for!

Over a twelve-month period I was involved in advertising for and interviewing prospective personal care workers to help with my daily living needs. I met with Karin Zuleger, Benefit Specialist at Options, who informed me of Social Security Administration guidelines which detailed work incentives, impairment related work expenses, trial work period, plan for achieving self-support, and other Social Security Disability Income information.

Recruiting friends and family to help facilitate the move to my own home, reading numerous policy and procedure requirement manuals, and making frequent contacts to keep abreast of the progress of the project helped to keep the wait from becoming too tedious.

On December 1, 2000, I moved into my new residence. I am quite content with my surroundings. The fulfillment of being able to spend quality time bonding with my niece and nephew— not to mention my sister and brother-in-law— is immeasurable.

To all those individuals responsible for making this materialize, I am grateful. Thank you very much everyone!

CenterPoint is available in audio tape, Braille, large print, or computer disk formats. Let us know your format needs and we will make a copy for you. You can also find a copy of CenterPoint on our website at www.optionsil.com

Visit our website at www.optionsil.com

NEW ORGANIZATION WORKS ON TELECOMMUNICATIONS ISSUES

Are you interested in technological developments that affect the state? If yes, consider joining a new organization committed to sound telecommunications policies in Wisconsin. Connect Wisconsin is a network of citizens, community leaders, and businesses, including Ameritech Wisconsin, that seeks to position the state to compete with others for economic development through advanced telecommunications.

Connect Wisconsin, under the leadership of Executive Director Rock Pledl, believes in the power of telecommunications to improve the economy and quality of life for all Wisconsin residents, including those with disabilities. The main goals of the organization are:

- *To promote the dissemination of new telecommunications technologies at the least possible cost.*
- *To foster competition in the telecommunications market place.*
- *To support telecommunication investments and innovation to ensure Wisconsin has the infrastructure and technology to compete with other states and regions.*

• To empower consumers with information and access that enables them to understand how they can best ensure that their communication needs are met.

Wisconsin's telecommunication industry has had some significant accomplishments in the area of disability access. For example, the State's telephone providers have been working with the Public Service Commission to address the problems caused when system messages such as "your call cannot be completed as dialed" are unreadable by the TTY's which are used by persons who are deaf or hard of hearing. Within a few months, Wisconsin will be the first state in the nation to provide electronic messages along with the verbal recording for every call.

"Initiatives like the TTY system message program are just a small part of what is to come," says Executive Director Pledl. "New telecommunications advances are changing the way we think about community access and employment for Wisconsin residents with disabilities. We are only beginning to understand the possibilities for telework that come with the new

broadband technologies. Connect Wisconsin is your chance to have a voice in the decisions that will shape the state's telecommunications future."

A Wisconsin native, Rock Pledl has spent the majority of his twenty years as lawyer doing public interest law for low-income clients and people with disabilities. He was formerly a supervising attorney in the Milwaukee Office of the Wisconsin Coalition for Advocacy. He now does disability law in private practice with the Brookfield law firm of Schott, Bublitz & Engle, S.C. You can contact him by phone (262-827-8916) or by e-mail (rpled@sb-law.com) if you have specific ideas about telecommunications issues.

Membership in Connect Wisconsin is free, and includes newsletters, e-mails, and other updates. To join or to learn more telecommunications issues, check out its web site at www.connectwisconsin.org. Or you can write to Connect Wisconsin, P.O. Box 511, Milwaukee, WI 53201-0511.

WISCONSIN GETAWAYS!!

ACCESSIBLE BED & BREAKFASTS

The Feathered Star

Located in Egg Harbor
2 rooms have roll-in showers
For information or reservations:
toll-free (877) 743-4066
Website: www.featheredstar.com

Welcome, H.O.M.E.

Located in Newburg
For information or reservations:
(262) 675-2525
Website: www.hnet.net/~welcomehome

WISCONSIN STATE PARKS

If you are interested in camping, most Wisconsin state parks have accessible camping sites, picnic areas, park offices and toilet/shower facilities. For those who are not able to tent camp, accessible cabins are located at:

Mirror Lake State Park in Baraboo	(608) 254-2333
Buckhorn State Park in Necedah	(608) 565-2789
Copper Falls State Park in Mellen	(920) 492-5836
Potawatami State Park in Sturgeon Bay	(920) 746-2890

For more information on the cabins call the numbers listed. For information on Wisconsin parks call your local Department of Natural Resources or the State office at (608) 266-2181 and (608) 267-2752 TTY or e-mail them at wiparks@dnr.state.wi.us



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Fax 920-490-0700
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920-490-8270, then the
extension listed below.*
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Options serves a 17 county area of Northeast Wisconsin and the Fox Valley:

Brown
Calumet
Door
Fond du Lac
Green Lake
Kewaunee
Manitowoc
Marinette
Marquette
Menominee
Oconto
Outagamie
Shawano
Sheboygan
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Waushara
Winnebago

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David Hall
Doug Sigl
Mari McAllister-Charles
Craig Jordan
Julia Olson
Gary Krosnicki
Corky West

Legislative Testimony Outline

Assistive Technology Proposal by ILC's

- ✓ Assistive Technology (AT) is a critical aspect of independent living for many people with disabilities. Some common examples are:
 - Wheelchairs and various mobility devices
 - Telecommunications devices for those with hearing loss
 - Adaptations for driving and van lifts
- ✓ What about other things such as:
 - Eating utensils & daily living activities devices
 - Lifting devices to reduce physical lifting during transfers and eliminate potential for injury
 - Computers and adaptive software and input devices such as voice dictation and typing devices
- ✓ The cost for AT can be several dollars or several thousands of dollars.
- ✓ There is an endless array of technology available today and it is increasing at an incredible rate. How do people with disabilities know what is **available AND appropriate for them?**
- ✓ The ILC's have been providing AT assessment & try-out of equipment under the State's WisTech Program for 10 years. That program is ending.
- ***We believe that it is critical to provide Accurate and appropriate AT information to people with disabilities. Funding could be through GPR or Wisconsin Advanced Technology Foundation. Funding must be ongoing.***

Personal Care Workers Funding

- ✓ First, I would like to thank the Legislature and former Governor Thompson for increasing PCW reimbursement rate last year. This increase helped keep some agencies in business and to continue to provide this service.
- ✓ However, there are still many problems getting PCW services, primarily early in the morning and later evening. These are to peak hours when the majority of people needing PCW services want the service. Agencies providing PCW services have no problem providing it between 10:00 am and 5:00 PM. Many PCW's can earn comparable pay in retail or fast food restaurants. There is no pressure. No early hours or late evenings or both.
- ✓ We must attract more people to this profession. As Wisconsin's people grow older, the need for PCW services will grow also.
- ***I ask that you consider reviewing this rate and increasing it to make this type of job attractive to people.***

Family Care Independent Advocacy

- ✓ Governor McCallum's budget has limited expansion funds for Family Care and it completely eliminated funding for the Independent Advocacy positions. When Family Care was developed, the State, many in the legislature and especially those working with Family Care felt very strongly about the inclusion of Independent Advocate position as an essential part of Family Care. This individual plays a critical role for Family Care Enrollee's, for families and even the Care Management Organization. The Independent advocate has been very involved to date in each of the Family Care pilot counties. They ensure that the service delivery system is working and that people with disabilities are getting appropriate and timely services they choose.
- *I strongly encourage you to fund to Independent Advocacy Position in Family Care.*

Waiting lists (COP, CIP, Family Support, and Brain Injury Services)

- ✓ This is an ongoing issue that the legislature and Governor must deal with. It happens every budget period. The Governor traditionally includes a small number of new slots for these programs. The Legislature increases that amount during budget deliberations. And in the end, the number is usually increased somewhat. The Loser – people on the waiting lists for services. Because of **significant proportions**, many times those in certain disability categories can at least have hope to receive some level of service. However, certain categories [physical and developmental] have absolutely no movement at all unless new slots are created. And because these proportions are smaller, they get the fewest new slots. New funding must go into the system. These individuals are either ending up in institutions or dying. If you have a physical disability, have a waiting list number such as 100, it is akin to being number 10, 000 on the Packer list. There is no hope.
- ✓ Do you want to pay the higher cost for institution care? Do you want to be forced into funding these categories because of the OLMSTEAD DECISION? Wisconsin has boasted about being a progressive State when it comes to disability and the elderly services. Recent funding for these programs certainly does not give this State the right to boast about being a leader on disability and elderly services.
- *Yes, Wisconsin does certainly have a structural deficit! And it begins with services for its citizens! I ask you to take a good hard look at the funding levels of these programs. Look at it as if you had a relative waiting on this list! Increase funding and eliminate Wisconsin's biggest deficit, invest in Wisconsin's people.*

Independent Living Assistive Technology Proposal

Purpose

The purpose of the Independent Living Assistive Technology Proposal is to provide resources and technical assistance regarding assistive technology to persons of all disabilities and all ages in the state of Wisconsin.

The proposal we are suggesting is General Purpose Revenue (GPR) funding of \$800,000.

1. Independent Living Centers (ILC's) for the eight Wisconsin ILC's (\$60,000 ea.)	\$480,000
2. Wisconsin Coalition for Advocacy (WCA)	\$120,000
3. Office for Persons with Physical Disabilities (OPPD)	\$60,000
4. Agrability	\$60,000
5. Wheelchair Recycling Program (WRC)	\$80,000

Detailed Distribution

ILC's- The \$60,000 to each ILC would be used for the Assistive Technology/Adaptive Equipment Program. The Assistive Technology Specialist would provide information, resources and assessments for person's assistive technology needs. This would be based on the existing and latest information and products available. The Assistive Technology Specialist would maintain and update the equipment loan closet for test trials that would allow persons with disabilities to make informed decisions regarding their assistive technology needs.

WCA- The \$120,000 would allow WCA to provide statewide systemic advocacy on assistive technology issues. WCA would focus on assessing systemic barriers to the provision of technology in school systems, human service programs, businesses, and public and private insurance programs. WCA will develop education, training, technical assistance, and advocacy services to overcome the barriers.

OPPD- The \$60,000 to OPPD would provide the ability to administer the state funding, develop statewide reporting mechanisms, contract performance evaluation, training and additional resource development. Specifically, in the area of resource development, OPPD would work with assistive technology/adaptive equipment vendors to obtain equipment to maintain and update the trial equipment.

Agrability - The \$60,000 to Easter Seals Society of Wisconsin to continue providing their unique program of providing persons with disabilities in the agricultural industry, living in the state of Wisconsin, with specialized assistance regarding adaptations/modifications to continue their chosen profession.

WRC Program - The \$80,000 would allow WRC the ability to provide recycled medical equipment directly to consumers and programs in need and for equipment parts, maintenance, and distribution costs.

Historic perspective:

In 1990, the National Technology Act provided funding to all 50 states to develop a central resource in each state for the dissemination of assistive technology/adaptive equipment information. In 1992, Wisconsin obtained a \$640,000 annual grant extended to 10 years, to create the WisTech Program located at the Division of Vocational Rehabilitation (DVR). The idea of WisTech was that subcontracting to each of the eight ILC's, WCA, and Agrability provides Wisconsin with regional "technology" experts.

The WisTech program met the need of DVR, schools and local businesses to have a centralized resource for assistive technology/adaptive equipment information. The project was, and is, a perfect fit for ILC's, as technology/adaptive equipment is available and needed by persons of all disabilities and of all ages. Not only did WisTech fund ILC staff, but also, over the past 9 years it has helped each of the ILC's build an inventory of approximately \$35,000 of assistive technology/adaptive equipment. Since 1994, WisTech has also funded WCA's Assistive Technology Advocacy Program, and WCA has worked with the ILC's and other AT partners to identify and remove funding barriers.

Together, we have built an incredibly successful infrastructure for the provision of providing quality cost effective assistive technology services in the state. Without new resources, this important infrastructure will wither on the vine. Funds are needed to retain AT staff that are needed by: DVR, Department of Workforce Development (DWD) One-Stop Shops, and integral to the success of Governor Thompson's Pathways Initiative, implementation of new Work Incentives Act (WIAA) initiatives, and likely important for the success of the Family Care initiative.

General discussion points:

1. Technology/adaptive equipment specialists save money for DVR, Medicaid, Insurance, etc. By getting good information and test trials, individuals obtain equipment that works for them, not stuff doesn't work and gets put in the closet.
2. Technology/Adaptive Equipment allows individuals to be employed and less dependent upon paid help or institutional care.
3. New state initiatives, such as Pathways and Family Care, are dependent on technology to help individuals to be independent and minimize care and support of others.
4. The Agrability resource allows for the specialized expertise needed to assist farmers with disabilities to continue their chosen career.
5. The systemic efforts of WCA create a long term cost effective solution related to technology in schools, human services, and the business community.

VALUCARE CENTER

Pharmacy and Health Care Supplies
1435 MAIN STREET MARINETTE, WI 54143

April 4, 2001

Members of the Joint Finance Committee:

My name is Steve Wilke. I am a pharmacist and co-owner of ValuCare Pharmacy in Marinette. We provide prescription and health care services to both outpatient clients and residents of a nursing home and several assisted living facilities. I am here with fellow pharmacists and pharmacy technicians to ask for your help. You have the power to directly decide the fate of quality pharmaceutical care for Wisconsin Medicaid, BadgerCare and HIRSP patients, and indirectly affect the care available to all Wisconsin residents.

We urge you to remove from the budget the Governor's proposal to reduce the Medicaid reimbursement rate to pharmacies from Average Wholesale Price (AWP) less 10% plus a \$4.38 dispensing fee to AWP less 15% plus the fee.

While this appears on the surface to be only a 5% reduction in reimbursement to pharmacies, it translates to a 40% reduction in the current \$7.50 gross margin for the average non-generic prescription, which has an AWP of \$60.00. The reduction in gross margin is even more dramatic for higher cost drugs. Examples of the impact of the rate cut are attached.

Pharmacist reimbursement rates are not driving up the drug costs of the Medicaid program. The reimbursement rate has not increased in over 10 years, but just like any other business, the pharmacy's utilities, payroll, insurance and rent have increased. Only by filling higher volumes of prescriptions through increased productivity and use of new technologies have we been able to survive.

Benefits managers and plan administrators tend to treat prescription drugs as commodities when looking at drug expenses. Neglected are the services pharmacists provide that go beyond dispensing prescriptions. In addition to patient counseling and screening for drug interactions and allergies, our pharmacy provides asthma and diabetic education, adult immunizations, insurance billing, and free home delivery of prescriptions. A program to monitor patients with congestive heart failure will begin later this month. We offer programs and special drug packaging services to increase patient compliance with their medication regimens.

A large number of people in need of additional counseling and special packaging are Medicaid patients. Many are elderly, disabled or handicapped either physically or mentally. The added services we provide allow many to continue to live at home instead of being institutionalized or requiring extensive home nursing care. The compliance aids help reduce the number of expensive hospitalizations and emergency room visits. Community pharmacists are actually helping insurers and state Medicaid programs save money by reducing the need for these more expensive services, yet Governor McCallum wants pharmacies to bear the brunt of the Medicaid cuts.

Pharmacists feel blind-sided by the Governor's proposal. Even as Lieutenant Governor, he ignored offers by pharmacy leaders to meet and discuss Medicaid issues. This stonewalling continued throughout the budget making process. *Given the opportunity to participate in the budget making process, perhaps a proposal could have been developed in cooperation with those most affected by it.* Pharmacy remains ready and willing to meet with state leaders to discuss the Medicaid program. As taxpayers, we too, are interested in controlling program costs.

Cutting the Medicaid pharmacy reimbursement rate as proposed could force marginally profitable pharmacies to close. Others would have to decide whether to continue participating in the program if reimbursement does not cover the cost of filling a prescription. What good will having the nation's lowest Medicaid reimbursement rate be if recipients cannot find a pharmacy to fill their prescriptions?

Just look at what is happening with Medicaid recipients currently trying to obtain dental services. Imagine what would happen if people had to go to the hospital or emergency room simply because they had no place to get their asthma inhaler or antibiotic prescription filled. Where are the cost savings under this scenario?

This could also lead to reduced access to care by HIRSP recipients since the HIRSP reimbursement rate is tied to the Medicaid rate. Many pharmacies have already dropped participation in HIRSP.

Medicaid drug costs are going up because of more prescriptions being written for newer, safer, more effective drugs. Unfortunately, they are also more expensive. Don't blame your pharmacist for this. He or she can't control what the manufacturer charges for an asthma inhaler or cholesterol-lowering drug. However, he or she can show you how to use that inhaler properly and see that you take the cholesterol-lowering drug correctly. Preventing an asthma attack or stroke or heart attack is worth a lot more than AWP less 10% plus \$4.38. Please look at the complete picture. Effective drug therapy keeps people healthier and reduces the utilization of expensive hospitalizations and emergency room visits. It also keeps many people out of expensive inpatient psychiatric facilities.

We are not asking for an increase in the reimbursement rate. We only ask that the current rate be left in place and that pharmacy representatives be given the opportunity to work with DHFS, the Governor's office, and legislators to come up with a better plan to try to manage Medicaid drug costs. Please support Wisconsin pharmacists and pharmacies by eliminating the Governor's proposed reduction in Medicaid drug reimbursement from the upcoming budget.

Sincerely,



Steve Wilke, R.Ph.
Co-Owner

IMPACT OF PROPOSED MEDICAID RX REIMBURSEMENT CUTS AT THREE PRICE LEVELS

April 4, 2001

PRESCRIPTION WITH A \$20.00 AVERAGE WHOLESALE PRICE

CURRENT:		BUDGET PROPOSAL:	
AWP	20.00	AWP	\$20.00
Less 10%	<u>-2.00</u>	Less 15%	<u>-3.00</u>
	\$18.00		\$17.00
Plus Disp Fee	<u>4.38</u>	Plus Disp Fee	<u>4.38</u>
Total	\$22.38	Total	\$21.38

\$1.00 reduction in Gross Margin \$

PRESCRIPTION WITH A \$60.00 AWP (Current Brand Rx Average)

CURRENT:		BUDGET PROPOSAL:	
AWP	\$60.00	AWP	\$60.00
Less 10%	<u>-6.00</u>	Less 15%	<u>-9.00</u>
	\$54.00		\$51.00
Plus Fee	<u>4.38</u>	Plus Fee	<u>4.38</u>
Total	\$58.38	Total	\$55.38

\$3.00 reduction in Gross Margin \$

Based on average \$7.50 Gross Margin per prescription this \$3.00 reduction results in a 40% Reduction in Gross Margin

PRESCRIPTION WITH A \$100.00 AVERAGE WHOLESALE PRICE

CURRENT:		BUDGET PROPOSAL:	
AWP	\$100.00	AWP	\$100.00
Less 10%	<u>-10.00</u>	Less 10%	<u>-15.00</u>
	\$90.00		\$85.00
Plus Fee	<u>4.38</u>	Plus Fee	<u>4.38</u>
Total	\$94.38	Total	\$89.38

\$5.00 reduction in Gross Margin \$

At our Pharmacy:

Brand Name Drugs currently account for 55% of all prescriptions yet account for 75% of total drug costs.

Average Brand Drug retail price is about \$60.00

Average Generic Drug retail price is about \$18.00

Peshtigo Pharmacy



Telephone (715) 582-4237 After Hours Emergency 582-4265

R. Wm. Clement, R.Ph.
220 French Street Peshtigo, WI 54157

AWP-10 to AWP-15

Explanation:

Going from AWP-10% + \$4.38 to AWP-15% + \$4.38 will reduce pharmacy provider reimbursement by 40%. Each percentage off AWP is approximately 60 cents per prescription; therefore a reduction of 5% of AWP equals a \$3.00 reduction from an average gross reimbursement of \$7.50 (5% markup plus a \$4.38 dispensing fee).

Example:

Awp = \$60.00
Cost = 50.88

	Reimbursement	Cost	Gross Reimbursement
Awp - 10% + \$4.38	58.38	50.88	\$7.50
Awp - 15% + \$4.38	55.38	50.88	\$4.50

\$7.50 - \$4.50 = \$3.00 difference
\$3.00 divided by \$7.50 = 40%

Peshtigo Pharmacy

Health Care Services

Phone: 715-582-4140
Emergency: 715-582-4265
121 French Street, Peshtigo, WI 54157
Fax: 715-582-4196
Toll Free: 1-800-486-4140
R. Wm. Clement R. Ph.

Thank you for being here today. I am Bill Clement, a pharmacist and own 3 pharmacies. Two retail pharmacies - one in Oconto and one in Peshtigo. The third is a Long-Term Care Pharmacy in Peshtigo serving over 30 facilities - Nursing homes, Community Based Residential Facilities, and Assisted Living Facilities.

We employ 90 people and a large % of our patients are Wisconsin Medical Assistance, especially in the Long Term Care Pharmacy - where the majority is Wisconsin Medical Assistance.

I know there is a proposal to decrease our reimbursement from Average Wholesale Price - 10% Plus \$4.38 to Average Wholesale Price -15% Plus \$4.38. This would be very devastating to our business because we are now struggling to break even in our Long-Term Care Pharmacy as well as both our retail stores.

The rate that Wisconsin Medical Assistance pays us has not been increased for 12 years - in fact it has decreased. During this time pharmacist wages and ALL labor has increased. Labor costs are killing us and with further cuts in reimbursement we would be forced to put people with six years of education on a high stress assembly line to make ends meet. This invites error!

This is a very dangerous business. Life and death are in our hands for each and every prescription that we fill. We must be 100% correct. We must pay a fair wage for quality. A \$4.38 fee on a prescription is ridiculous. All cost of dispensing surveys I have seen put the fee at \$7.00-8.00 range.

The Governor's new budget would pay Wisconsin Pharmacies the lowest rate of reimbursement in the nation. When you get your prescription filled or your children's or grandchildren's I do not think you want your pharmacies to be reimbursed at the lowest rate in the nation. Why? Because with the lower reimbursement staff will be pressured to work even faster. This will be hard to do because we are at max now. This means corners have to be cut and it is bad pharmacy. We are dealing with peoples lives here! The wrong medication can kill people!

Our pharmacies are filled with chances of serious error. Unless the proper time is allowed to fill a prescription the wrong drug could be given out or the wrong dosage. The patient needs to be counseled to be sure it is ordered for the proper purpose. They have to understand how to take it, when to take it, and how long to take it. There are countless drug interactions - drug allergies to be aware of. Medication errors are in the news all the

time and it is a growing National problem. Decreased reimbursement means less money to go around - means less help - staff stress - and errors.

We service homes 70-90 miles from Peshtigo. It is very costly to service homes that far away, but they need service. There is no pharmacy in some of these towns such as Niagara, Suring, Gillette, Blackwell. More and more stores are getting out of the Long-Term care business. Some chains are struggling. It is a high level service business, 24 hours per day, 7 days per week. It is so labor intensive. To eliminate error and eliminate waste we package medications in specially designed containers that not only helps reduce these problems but also gives excellent accountability for controlled substances.

- So we have people checking in medication
- Packagers preparing medication in containers
- Technicians filling prescriptions
- Pharmacists checking prescriptions
- Bookkeepers
- Drivers - We log 1000's of miles per year.

When a home calls with a new patient, a new medication, a forgotten order, whatever, we put a man and a car on the road and at times drive 180 miles round trip for one prescription. This happens daily. An extra unpaid service. Part of the unseen services that are very important to keep and it costs money.

The Governor is talking about bulk prescriptions and mail-order. If you fall and break an arm and need medication immediately what value is a mail-order pharmacy? Now the local pharmacist is good enough. But your local pharmacy cannot survive on Emergency Prescriptions alone. They need the maintenance prescriptions too. Ask people, they do not want mail-order. These mail-order companies do nothing for our communities. They do not pay Local taxes or State taxes, they do not serve on our school board, our church board, or support Local activities. You Do not see the name of a mail-order company on the back of a Little League shirt. We need the profit, too. To support our staff and our communities.

This reimbursement rate will force many long-term care pharmacies as well as retail pharmacies out of business. It will cause hardships for many staff families and Medical Assistant patients. All anyone wants is to be paid what is the fair average reimbursement in the nation. Fair. Not the highest and certainly not the lowest. Our people deserve more than that.

I reach out to you and ask your support in seeing that the pharmacists of Wisconsin are reimbursed fairly for their services.

Thank You very much!

Peshtigo Pharmacy

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R. Wm. Clement R. Ph.

I am Claudia Gaveske, General Manager of Northeast Pharmacies Inc. I work in the Health Care Division and my main responsibility is to manage approximately 30 employees and over 30 different clients. These are either Long Term Care (Nursing Homes), CBRF's (Community Based Residential Facility), or Assisted Living facilities, with approximately 935 residents.

Servicing these facilities with medication is very different than having a prescription filled in the local pharmacy. The systems we use are not only required they also provide accountability for the medications. The tablets and capsules for each resident are packaged into a specific system to meet the requirements of the facility, the state surveyors, and the federal government. There are many different systems available, which include, punch card, unit dose, and bubble pack. All of these systems are extremely labor intensive and of course have material costs. They all involve taking the medication from the manufacturer bottle and repackaging it into the required system and relabeling it. Some of the systems are daily systems, weekly systems or monthly systems, which means they hold enough medication for one resident for a day, a week, or a month. Many of these facilities are located in rural Wisconsin as far as 85 miles away. At a minimum we are in all of these facilities at least 3 days per week, often times 7 days a week, sometimes 2-3 times a day with new orders and emergency items. This does not include our after hour calls which gives them 24 hours a day 7 days a week service. Servicing these facilities is just that - Service - when someone is in pain or needs an antibiotic they need it as soon as possible. If it was your mother or father or yourself waiting - would it not be important to get it today instead of tomorrow or on the next scheduled delivery. After all, the facility is out of compliance and will be cited if a medication is not given in a timely fashion. Are these laws going to be changed, and further more should they be changed? I say no. State and Federal laws are important, however, meeting the requirements often creates an additional expense that is not reimbursed.

You may think with better management corners can be cut in business to provide the service at a lower price. Save the money somewhere else. I disagree. We have chosen reusable 7-day and 31-day systems made of hard plastic to reduce expense. We also try to encourage a 31-day system so we only make a monthly exchange of medications instead of a weekly. Of course, we still make the daily deliveries with new orders. We don't make a delivery unless it is necessary.

I see everything except reimbursement change. Wages increase, cost of goods increase, laws and restrictions increase, paperwork and requirements increase, the need for more education for staff increases with every new medication that is approved, simple overhead, repairs and maintenance costs increase. And yet not only does the reimbursement not change it is proposed to go lower. How many pharmacies are even doing long term care services? Not many! How many of these are located in our area? Not many! Who will service these facilities when in many of the locations there is not even a pharmacy, more less one that will do long term care? I see independent Nursing Facilities going out of business every day and Independent Pharmacy right behind. I see resident care and service cut every day and wholesalers, drug manufacturers, and insurance companies making the same or increased profits. Things cannot continue as they are and this proposal would only make matters considerably worse.

I am proud to work for a company that has always put service and people ahead of profits, however, I have grave concerns that this will not continue to be possible. We cannot continue to give 24hour a day, 7 day a week service without substantial reimbursement. I ask that you resolve the budget issues as soon as possible.

Thank You



Claudia Gaveske CPhT
General Manager

Peshigo Pharmacy Health Care Services

Facility	Address	Phone	Administrator	D.O.N.	Fax #	Beds
Rennes Health Center West	501 N. Lake St Peshigo, WI 54157	582-3906	Stefanie Taylor	Patty Wagner	582-3141	155
Rennes Health Center East	701 Willow Peshigo, WI 54157	582-3962	Barb Walters	Bonnie Edlebeck	582-9115	155
Whispering Oaks Care Center	620 Harper Ave Peshigo, WI 54157	582-4148	Sue Roherty Mike Daffin	Patti Nelson 614-890-0274	582-4756	66
Sharpe Care	PO Box 985 Oconto Falls, WI 54154	920-846-3272	Amy Kurzynske	Kim Schroeder	920-846-2516	110
Woodland Village Nursing Home	PO Box 251 Suring, WI 54174	920-842-2191	Debbie Wieting	Sharon Sokol	920-842-4223	55
NuRoc Community Healthcare	3576A Nu-Roc Lane Laona, WI 54541-9291	715-674-2451	Craig Newton Nurses Station	Yvonne Breeden	715-674-4016 715-674-4308	60
New Care Convalescent	PO Box 460 Crivitz, WI 54114	715-854-2717	Tom Morrison	Stacy Nelson	715-854-3301	75
Roubal Nursing Home	N306 Maple St Stephenson, MI 49887	906-753-4981	Bill Rasner	Sue Stenzel Office	906-753-4697 906-753-4680	85
Maryhill Manor	501 Madison Ave Niagara, WI 54151	715-251-3172	Jana Clement	Jessy Drum	715-251-1200	75
Landmark	310 Oconto Ave Peshigo, WI 54157	582-3725	Jackie		582-0385	20
Newbury's Main Street Residence	548 Main Oconto, WI 54153	920-834-3376	Helen Newbury			25
BayShore Pines	875 University Drive Marinette, WI 54143	735-7485	Ben Prince	Cris Prince	735-2252	25
Bay Shore Pines South	PO Box 460 Crivitz, WI 54114	715-854-7474	Cris Prince	Glenda		25
Royal Manor	717 Gale Street Oconto, WI 54153	920-834-3760	Cheryl Scanlan			30
Bay Shore Pines Oconto	425 Pecor St Oconto, WI 54153	920-834-0302			920-834-0310	
Northland Lutheran Home Health	1105 Northland Terrace L Marinette, WI 54143	735-6222	Marilyn Lawson Marsha Wisniewski		735-6221	
Caregivers Home Health	3900 Hall Avenue Marinette, WI 54143	735-6490				

Peshigo Pharmacy Health Care Services

Schlauds Adult Foster Care	W8681 Cty Rd 356 Stephenson, MI 49887	906-753-4092	Holly		9
Bay Shore Home Nursing	1320 1st Menominee, MI 49858	906-863-1211			
Luther Home	831 Pine Beach Road Marinette, WI 54143	732-0155	Ann Heider & Frances Havelka & Rev. Kenneth Michaelis	582-2222	
Rennes Group	261 French Street Peshigo	582-2200	Karen Brechlin		
Unity Hospice					
The Renaissance	2909 Shore Drive Marinette, WI 54143	735-2100	Connie Stauss		18
Marinette County Sheriff's Jail Dept.	1925 Ella Court Marinette, WI 54143	732-7630	Ken Gable	732-7632	
Riverside Nursing Center	101 First St Oconto, WI 54153	920-834-4575	Dian Younger		4
Crandon Nursing Home	PO Box 400 Crandon, WI 54520	715-478-3324	Pamela Rau	715-478-5085	82
Harmony House			Shirley Mulroy		5
Rivers Edge					
Open Arms Adult Family Home	1831 Wisconsin Street	732-9763	Joyce Debaere		
Country House	160 VanDyke Street Oconto, WI 54153	920-834-4122	Amy Eyer		20
The Woodlands of Gillett			Mary Dufek	Darryl Smith	39
The Meadowlands	Oconto Falls	920-848-3458	Janet R. Turensky		
Stateline Boarding Home	1833 Wisconsin Street Marinette	735-7272	Kim Schnurer		

I am writing you in regards to the proposed Medicaid decreased reimbursement.

We as pharmacists working in retail pharmacies are caught in the middle of escalating drug prices. We are not the cause of drug increases. Drug manufacturers are the price setters. All medications that are new to the market are quite costly.

We are available to our customers for extra consultation whenever they need it. I have shown patients how to use blood pressure monitors and blood sugar monitors for diabetes. We also draw up insulin into syringes for our customers. Some cannot see to draw up their own insulin. Others are just not capable to do it on their own. We fill weekly medication boxes for customers. Some patients cannot remember to take their medications at the right times of day. Without services like these many patients would not be able to stay at home. Elderly people can often be placed in a nursing home primarily because of inability to take medications correctly.

Many patients come to ask our advice for health issues. Whenever there is reason we recommend them to see their doctor. We are available to our customer and serve them each for their unique needs. With the added demand of pharmacists interventions, technicians are needed to do the counting, pouring and inputting of data into the computer. With the proposed cut in reimbursement pharmacies will no be able to afford to continue to provide all these services.

I hope that this budget cut will not come to pass. I want to keep providing the services that pharmacy has trained me to do.

Sincerely,



Audra Olson, RPh
Peshtigo Pharmacy
Peshtigo, WI

My name is Ken Caebe, I am a registered Pharmacist employed in Peshtigo, Wisconsin.

As a cost containment measure, Governor McCallum has recommended a reduction in the MA reimbursement rate from AWP - 10% to AWP - 15% . I believe this would have a devastating effect on pharmacy services in Wisconsin. I believe many pharmacies will be forced to go out of business, and MA recipients will be hurt the most by this.

Community pharmacists are the most accessible of all health care professionals. Most people can see or talk to a pharmacist any time the store is open. No appointment is needed, nor are people charged for advice they receive. Many people receive MA benefits because of the large amounts of medications that they take, and are unable to pay for. By forcing pharmacies out of business they would lose access to much needed health services.

Many of these people are elderly and do not drive. Forcing pharmacies to close especially in small towns and rural areas, would cause a great inconvenience to these people. We have several elderly people who are on MA that we fill medication boxes for. This is a great service to these people and it allows many of them to stay in their own homes. We do not charge for this service.

Pharmacists are not responsible for rising drug prices, the Wisconsin MA fee has not been increased in over 12 years, in fact it has been decreased. Yet prescription drug prices have continued to rise, in fact drug prices are expected to rise 22% this year.

Why are drug prices considerably less expensive in Canada, Mexico, and other Countries? Recently a pharmacist bought a Serevent Inhaler in Italy while she was visiting her sister. It cost her \$4. The same drug in this county costs the pharmacy \$60.22 (net cost). This is without any profit. Who is responsible for rising drug prices? Certainly not the pharmacist, who hasn't had a fee increase in 12 years!

I too am a taxpayer and realize that something must be done to contain costs. However, I do not feel cutting the MA Reimbursement to Pharmacies who have served the people in this state so well, is the solution to this problem. Perhaps cutting the drug acquisition cost to the pharmacy

is. In my practice experience we have always tried to decrease costs for people, by suggesting less expensive alternatives to their physicians, or by splitting larger dose tablets in half.

How great a society is - can be determined by how we take care of it's weakest members. Therefore, I urge you to do what is right for the poor and elderly residents of Wisconsin and remove the Governor's MA reduction from the budget.

Thank You,

Ken Caebe RPh

Ken Caebe, Rph
Peshtigo, Wi

Peshtigo Pharmacy



Telephone (715) 582-4237 After Hours Emergency 582-4265

R. Wm. Clement, R.Ph.
220 French Street Peshtigo, WI 54157

4/2/01

Thank you for letting me discuss this important issue with you today. My name is Mike Clement and I am the Vice President of Northeast Pharmacies, Inc.

I understand that Governor McCallum recommends a reduction in the MA reimbursement rate from AWP minus 10% to AWP minus 15%. Currently many pharmacies are accepting insurance company contracts that pay AWP-15. I am sure that this is why Governor McCallum is proposing AWP-15. However, many pharmacies are beginning to just say no to these outrageous contracts.

If the state switches to AWP-15, many pharmacies may have to just say no to the state's MA plan. This will cause MA recipients to travel longer and longer distances to fill their prescriptions. Many elderly will have to turn to mail order to get their medications. They will not have the proper counseling necessary for drug compliance. This will lead to many MA recipients ending up in the ER room at the hospital. This will be very expensive for the state.

There will be independent pharmacies that will not be able to say no to the state. They may have too large of a MA population in their town to morally turn away so many sick people. Since they will not be paid properly, they will be short staffed and the quality of care will suffer. Little counseling will take place. Eventually a drug error will occur that could again put a MA recipient into the ER room. On such a low margin, even these independents will soon go out of business.

If enough independents go out of business, eventually only chain drug stores will be left. Once the chains feel strong enough, they will begin to dictate to the state what they will accept. If the state chooses not to concede to their dictates, the MA recipients will be left without local

Peshtigo Pharmacy



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R. Wm. Clement, R.Ph.

220 French Street Peshtigo, WI 54157

pharmacy service. This is because chains focus on profit and filling MA prescriptions will not be profitable.

Walgreens and Wal-Mart already feel that they are strong enough to buck the state. They have both recently stopped accepting Wisconsin's HIRSP program at all their locations.

In Illinois, Walgreens has stopped building stores in the Chicago area because of the high number of MA recipients there. They did this in response to Illinois dropping their reimbursement rate. They dropped their rate to twenty-cents below Wisconsin's current rate. I feel confident that they will take drastic action if Governor McCallum's new rate is passed. It is two dollars and eighty-cents below Illinois's current rate.

With chains not accepting MA and no independents, MA recipients will have to travel farther and farther to fill their prescriptions. Their quality of care will drop and they will become sicker. Eventually, they will cost the state a lot in hospital bills and increased care.

In closing, I believe that Wisconsin residents will be better served by removing the MA cut from the Wisconsin State Budget and maintaining the current reimbursement rate. Please help us save Wisconsin's independents.

Sincerely,

Michael Clement
Vice President
Northeast Pharmacies, Inc.

April 4, 2001

Representative John Gard

Room 315-N

PO Box 8952

Madison, WI 53707

Dear Representative Gard, *+ colleagues*

It is of great concern to me that Governor Scott McCallum has proposed a reduction in Medicaid reimbursements to Wisconsin pharmacies from the current Average Wholesale Price (AWP) less 10% to the proposed AWP less 15%. This proposal is of poor judgment and utter disregard to the valuable services that Wisconsin pharmacies provide to their patients. Pharmacy services such as patient counseling, insurance billing, free prescription delivery, compliance packaging, would all be at risk if this proposal were to go through. Therefore, I am asking for your support in opposing Governor McCallum's budget proposal to reduce Medicaid reimbursement to Wisconsin pharmacies.

Governor McCallum should be alerted to the fact that drug costs are not rising due the reimbursement rate to pharmacies. It is due to rising prices charged by drug manufacturers! This is an area that pharmacists have no control over. Pharmacists, like myself, seem to be working more for less. If we are considered to be professionals in the service industry, reimburse as professionals. We can then continue to provide our patients with services that can ultimately save their lives.

In regards to the proposed state program with a discount drug card available to all Wisconsin residents - Governor McCallum would be mandating pharmacists to provide discounts on prescriptions that are priced by the drug manufacturers. Once again, how can pharmacies discount a drug when manufacturers are setting prices above and beyond profitability? In addition to mandating discounts on drugs, one needs to look at the amount of time and money needed to run the discount cards through on a pharmacy's computer system. Software companies would need to develop a program that could run these discount cards through. Adding up these issues on a discount card program does not sound like much of a discount to me!

It is unfortunate that Governor McCallum has to pick on Wisconsin pharmacies to find a way to work out his biennial budget. If the Governor looked long and hard at these issues, he would realize what a detrimental effect his Medicaid reimbursement proposal would have on Wisconsin residents.

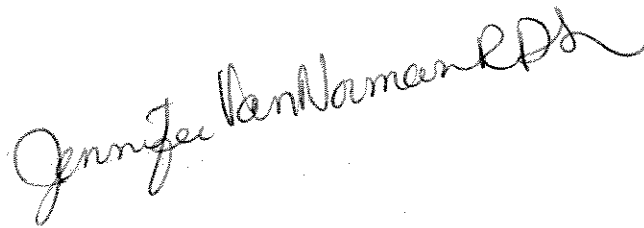
I hope you understand the importance of these issues. It would mean a lot to me and other Wisconsin pharmacists if you could support us in our opposition.

Sincerely,

Jennifer VanNorman

Oconto Pharmacy

Oconto, WI

A handwritten signature in cursive script that reads "Jennifer VanNorman RPh". The signature is written in dark ink and is positioned to the right of the typed name.

Dear Joint Finance Committee,

4-2-01

This letter is written with great concern for the future of pharmacy in the state of Wisconsin. Wisconsin's pharmacy profession is currently at great risk due to the potential for a devastating decrease in Medicaid reimbursement.

As a retail pharmacist in a high prescription volume store, it is very frustrating to think that our goal of "service to the customer" is at jeopardy due to the threat of Governor McCallum's proposal.

It is very difficult to imagine the impact that this drastic reimbursement cut will have on not only the pharmacists and their support staff, but especially on our patients + their care.

Over the last several years, the pharmacist's level of service to the customer has increased tremendously. The following is an over-view of the extent of our daily responsibilities to our customers:

1. Counsel each + every Rx that is filled. Both new and refills.

- 2- Call the physician when the Rx is out of refills, even if it is a long distance call. No charge to the patient.
- 3- Mail or deliver Rx at no charge when customer is unable to come into the pharmacy due to their health, the weather or a transportation problem.
- 4- Call the physician regarding drug interactions, non-formulary Rxs, drug allergies, non-compliance, ^{duplicate therapy}
- 5- Set up meds in weekly dispensers if patient is struggling with memory or compliance problems.
- 6- Come in after hours if requested for an emergency Rx (24^{hr} on call service)
- 7- Fill insulin syringes for those with poor vision.
- 8- Counsel patients on o.t.c. devices such as blood pressure monitors or blood glucose monitors.
- 9- Calling for a Prior Authorization when required for certain Rxs
- 10- Calling for WMA identification numbers when ^{new} patient presents without current id card
- 11- Waiving Rx co-pays if patient states they are unable to pay their copay.

As you can see, our health profession is dedicated to the service of our customer. This service is being severely threatened and I am urging you to reconsider your recommendation to cut Medicaid reimbursement.

Thank-you for your time and consideration!

Karen Hines, RPh
Peshtigo Pharmacy
Peshtigo, Wisconsin



Scott McCallum
Governor

William J. Conway
Acting Secretary

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**TESTIMONY OF BRUCE J. BARRETTE, D.D.S. BEFORE THE
JOINT LEGISLATIVE COMMITTEE ON FINANCE**

Representatives Gard (co-chair), Kaufert, Albers, Duff, Huebsch, Ward, Huber, and Riley
Senators Burke (co-chair), Decker, Moore, Shibilski, Plache, Wirch, Darling, and Welch

On behalf of the Wisconsin Dentistry Examining Board, thank you for the opportunity to provide your committee with our perspective on several matters that will likely come before you. I'm Bruce Barrette, chairperson of the board and a practicing dentist in Marinette. Our Board realizes that access to dental care is a serious and multifaceted problem in Wisconsin as well as nationwide. Several legislative proposals (WLC: 0089/2 and WLC: 0090/2) have recently been introduced to address those concerns.

One of those proposals would enable dentists to become licensed in Wisconsin without having to take and pass a critical regional competency examination. Instead, applicants would be allowed to obtain a license if they passed an alternative examination, which the Board has found to be inferior because it does not utilize current testing standards. Accordingly, the Board is opposed to this unless and until there are uniform standards for all regional exams.

A second proposal would allow the faculty of a Wisconsin dental school to become licensed dentists without regard to where those individuals obtained their dental

degrees. Under this proposal, a faculty dentist would not be required to graduate from an accredited dental school, but could nevertheless teach dental students and perform dental services on patients without demonstrating any minimal competency. It is our belief that this is not in the best interests of either our students or the patients that these dentists would treat. Consequently, we are unable to support this provision.

Finally, a proposal has also been made to expand the scope of practice for dental hygiene. Our primary concern with this is that it appears to create a double standard with respect to the diagnostic treatment patients are likely to receive in different practice settings. Under the proposal, hygienists would make certain diagnostic findings, which they would not otherwise make in private practice settings. Because we believe that all patients should be afforded the same quality of care, we have serious reservations regarding this proposal.

The Board is charged with the responsibility of protecting the health, safety, and welfare of Wisconsin's dental patients. We are also interested in increasing access to dental care; however, we do not want to see the quality of care for patients compromised by proposals that fail to ensure that the public is adequately protected. I therefore ask you to defeat these proposals when you are called to vote on them. Again, thank you for your time and consideration. I am happy to answer any questions you may have.

Mary Lou Thoun, RN, BSN

NAHEC Board Member

Favor Increase in Wisconsin AHEC Appropriations

I am here today to speak to you in favor of the increase in funding for the Wisconsin AHEC system. If any of you are not aware of the Wisconsin AHEC, it is a system that aims to improve the distribution, supply, quality, utilization, and efficiency of health personnel in rural and under-served communities. AHEC is divided into 4 regional community-based organizations. Each organization works with the community to provide and/or enhance the assistance needed to meet the health-related needs of that community.

I have been working with the Northern Wisconsin AHEC office for over 2 years. I have found them an excellent resource that is willing to offer whatever assistance they have to meet our needs. Most recently I am working with the staff on locating a librarian trainee in Northeast Wisconsin. (This experience is made possible through a \$363,000 grant the Northern AHEC wrote and received from the National Library of Medicine.)

The librarian trainee would be a resource to local healthcare agencies by;

- helping with literature searches
- presenting Train-the-Trainer consumer health information workshops
- doing internet and MEDLINE training for health professionals
- developing hard copy library resources for the hospital and local healthcare organization
- assisting in the development of consumer health resources such as the "Source" in the Pine Tree Mall in Marinette.

AHEC is requesting an increase of \$341,800 over the governor's proposal, for a total annual appropriation of \$1.5 million for the 2001-03 biennium. This amount would enable the AHEC System to continue to address, on a regional level and through statewide initiatives, the problems of access to quality healthcare in our under-served communities. AHEC is looking to the legislature to restore the full \$1.5 million annual appropriation that was requested by AHEC in the previous biennium.

While AHEC has contributed to a number of very beneficial programs throughout the state in the past several years there is still much work to be done in all areas. With a full budget of \$1.5 million, they plan to continue their commitment to several previous initiatives as well as to implement a new programming focus. This new focus would include initiatives to develop Wisconsin's healthcare workforce at all levels so that is:

- Sufficient in number and training to provide high quality care in all areas of the state.
- Distributed so that it meets the needs of individual communities, institutional settings, and larger geographic areas that are currently under-served.
- Reflective of the diversity of the state's population
- Skilled at meeting the needs of patients from various cultural backgrounds.

The additional focus that AHEC would like to develop toward the workforce development will be an asset to the healthcare industry in Northeast Wisconsin. Again, I urge you all to consider AHEC's request for additional appropriations as you finalize the budget. Thank you all for your attention today and your continued attention to the health-related needs of rural and under-served areas in Wisconsin.