F

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

October 10, 2000

The Honorable John G. Gard
Wisconsin State Assembly
P.O. Box 8952
Madison, WI 53708

Dear Representative Gard:

The Department of Health and Family Services has received a response from Westside Healthcare Association, Inc. (WHA) with regard to my August 16, 2000, letter sent to Patricia McManus and Members of the Joint Committee on Finance (JCF). A copy of WHA's letter is attached.

In my letter, I asked for additional information that would describe how WHA intended to utilize the $1,000,000 program supplement in the JFC appropriation given that the funding is one-time only. Based on the information provided in the letter from WHA, it is not clear how the previously awarded $500,000 was used and whether the additional requested $500,000 would be used exclusively for non-recurring costs. Although Mr. Moyer indicates that the additional funds would be used to purchase computer and other equipment, marketing and promotions, professional services and some building, the one-time nature of these purchases is not clearly described.

With regard to WHA's revenues and expenditures, it appears that no patient service revenues have been received to date. This may be because professional services provided to patients have been billed to Medicaid and other third party insurance by Wisconsin Medical College physicians practicing at the clinic, rather than by the clinic itself. However, WHA projects that patient service revenues of $308,830 will be received by the clinic by the end of the calendar year. It is not clear what method was used to make this projection.

In the letter, Mr. Moyer indicates that for the first six months of 2000, WHA has provided services to 854 patients. He further states that the projected number of patients that will be served by WHA for the entire calendar year is 1,950.

In November of 1999, WHA was serving 680 patients. On March 6, 2000, the number of patients increased to approximately 800. Given the growth trend for the first six months of the year, it is not clear how WHA plans to meet the projected patient volume. Additionally, it is unclear as to whether the patient numbers indicate an unduplicated count of patients being served by WHA or the number of patient encounters that have occurred at WHA.

The Department is in the process of developing WHA's state Community Health Center (CHC) Grant contract, following receipt of verification on September 25, 2000, that the federal Bureau

of Primary Health Care has issued a Notice of Grant Award to WHA for the amount of $303,846. Based on this information, WHA's proportionate share of the state CHC Grant funds for SFY01 will be $96,720. WHA's state CHC Grant contract reflecting this amount will be processed and mailed within the next two weeks.

In addition, WHA has become a Wisconsin Medicaid certified provider, effective September 7, 2000. Specifically, WHA received certification under Medicaid as a Federally Qualified Health Center (FQHC). As an FQHC in Wisconsin, WHA is eligible to receive 100 percent cost-based reimbursement from the Medicaid program on an annual cost settlement basis. To receive this reimbursement, WHA must submit annual cost reports to Medicaid.

In its certification application, WHA indicates that four physicians and one physician assistant will be providing medical services to patients at the clinic. Claims for eligible services provided by these providers that are billed to Medicaid under the Clinic's FQHC provider number will be paid initially on a fee-for-service basis. Then, on a quarterly or annual basis, the costs associated with these services will be eligible for 100 percent reimbursement by Medicaid.

I hope this information is of assistance to you and the Committee members.

Sincerely,

Joe Leean
Secretary

Attachment

cc: Members, Joint Committee on Finance
Bob Lang, Legislative Fiscal Bureau
Senator Brian Burke

THE STATE OF WISCONSIN

SENATE CHAIR
BRIAN BURKE

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JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Brian Burke
Representative John Gard

Date: October 16, 2000

Re: Nursing Home Bed Utilization by MA Recipients

Attached is a copy of the annual report from the Department of Health and Family Services concerning the utilization of nursing home beds by Medical Assistance (MA) recipients.

The letter is being provided for your information only. No formal action is required by the Committee. Please feel free to contact us if you have any questions.

Attachment

BB:JG:dh

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

October 9, 2000

The Honorable Brian Burke
Senate Co-Chair, Joint Committee on Finance
316 South, State Capitol
Madison, WI 53707-7882

The Honorable John Gard
Assembly Co-Chair, Joint Committee on Finance
315 North, State Capitol
Madison, WI 53708-8952

Dear Representative Gard and Senator Burke:

1997 Wisconsin Act 27 directs the Department of Health and Family Services to submit an annual report of the previous fiscal year's utilization of nursing home beds by Medical Assistance (MA) recipients to the Joint Committee on Finance. Wis. Stats. 49.45 (6v)(c) requires that if the report shows a decrease in bed utilization by MA recipients, the Department propose a transfer of funds associated with that decrease from the MA budget to the Community Options Program only if such a transfer does not result in a deficit to the overall MA appropriation.

The number of nursing home patient days budgeted for FY 00 was 10,629,133. In FY 00, MA recipients utilized 10,250,539 nursing home patient days, 378,594 days less than budgeted. An analysis of patient days by level of care, the average daily cost for each care level, and the effect of Family Care indicated that the patient days under the budgeted amount represented a savings of approximately $30,776,100 (approximately $12.7 million GPR).

Although the actual nursing home bed utilization for FY 00 was less than the budgeted amount, the Department does not propose a transfer of any MA funds to the Community Options Program for FY 00. While the nursing home expenditures for FY 00 were below the budgeted level, the overall spending in the MA program for FY 00 exceeded the budgeted level. While several MA services were over the budgeted amount, the largest items were pharmacy ($19.6 million GPR), hospitals ($3.7 million GPR) and physician and clinic services ($2.6 million GPR).

Transferring MA funds from the MA appropriation to COP would create a deficit in the overall MA appropriation.

Thank you for your attention to this report.

Sincerely,

Joe Leean
Secretary

Attachment

Budgeted and Actual Nursing Home Patient Days, SFY 00

	SNF	ICF 1/2	ICF 3/4	ICF-MR	IMD<21	IMD>65	Subtotal w/o DD Center & King
1. SFY00 Budgeted Patient Days*	8,456,579	1,441,421	25,406	683,243		22,483	10,629,133
2. SFY 00 Actual Patient Days**	8,217,774	1,303,901	461	708,498		19,905	10,250,539
3. SFY 00 Actual Minus Budgeted Patient Days	(238,805)	(137,520)	(24,945)	25,255		(2,578)	(378,594)
4. SFY 00 Average Cost per Patient Day ***	$81.44	$62.27	$54.73	$126.96		$89.14	$82.16
5. Payments over / (under) budget	($19,448,171)	($8,563,430)	($1,365,295)	$3,206,442	$0	($229,826)	($31,105,783)
6. Family Care Transfer****							329,700
7. Total payments over/ (under) budget	($19,448,171)	($8,563,430)	($1,365,295)	$3,206,442	$0	($229,826)	($30,776,083)

* From the LFB MA Spreadsheet for the 99-01 budget
** From the Nursing Home Accomodation (MEDS) report
*** From the MEDS report and 703Q Budget Monitoring report
**** From DHFS/DHCF Final FY 00 Budget Summary

THE STATE OF WISCONSIN

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JOINT COMMITTEE ON FINANCE

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Brian Burke
Representative John Gard

Date: December 20, 2000

Re: "HealthCheck" Annual Report

Attached is a copy of the 1999 annual report on "HealthCheck" from the Department of Health and Family Services.

No formal action is required by the Committee. Please feel free to contact us if you have any questions.

Attachment

BB:JG:dh

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

December 12, 2000

The Honorable Brian B. Burke
Wisconsin State Senate
P.O. Box 7882
Madison, WI 53707-7882

Dear Senator Burke:

Wisconsin Statutes (s. 49.45(2)(a)20) require the Department to submit an annual report to the Joint Committee on Finance on the participation rates of children in the Early and Periodic Screening Diagnosis and Treatment Program. In Wisconsin, we have named this program "HealthCheck."

The report's purpose is to identify significant activities of Wisconsin Medicaid's HealthCheck program and, particularly, to report on the percent of children who received comprehensive health care screens through HealthCheck.

Wisconsin's screening ratio increased from 57 percent in 1998 to 61 percent in 1999. We believe the principal reason for the increasing screening ratio is the Medicaid managed care initiative. The Medicaid HMO contract requires an increasing HealthCheck screening ratio as one performance requirement. The screening ratio requirement increased from 40 percent in 1991 to 80 percent in 1996 and 1997.

I am pleased to send you the completed report for 1999.

Sincerely,

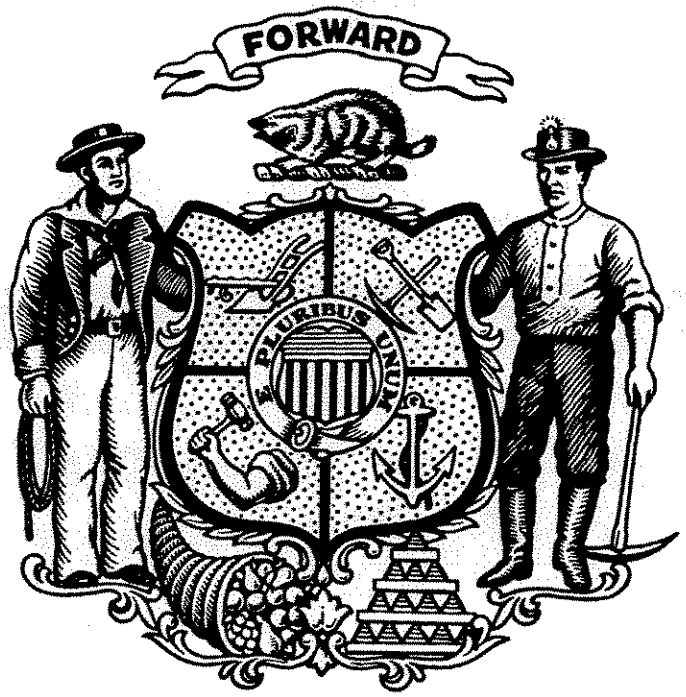
Joe Leean
Secretary

Enclosure

Report to the Legislature

Wisconsin Medicaid's Federal Fiscal Year 1999 HealthCheck Screening Rates

(October 1, 1998 - September 30, 1999)



Department of Health and Family Services

November, 2000

Table of Contents

Executive Summary

HealthCheck 1999 Screening Rates
Wisconsin Medicaid
Department of Health and Family Services

Wisconsin Medicaid is required under s. 49.45(2)(6)(20) Wisconsin Stats. to submit an annual report to the Legislature on HealthCheck preventive screening exams provided to Medicaid eligible children during the previous federal fiscal year (FFY). (The FFY runs from October 1 through September 30 of the following calendar year.) FFY 1999 are the numbers reported to the federal Health Care Financing Administration (HCFA).

Definition

HealthCheck, which is Wisconsin's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program, is mandated under federal Medicaid law. HealthCheck promotes early detection and treatment of health conditions that could lead to chronic illness and disabilities in children. This health screening exam for children includes growth and developmental checks, hearing and vision checks and immunizations, as well as a complete physical exam.

Findings

- The screening ratio rose from 57 percent in FFY 1998 to 61 percent in FFY 1999. The screening ratio has increased from 27 percent in 1992 to its current ratio of 61 percent.

- We believe the principal reason for the increasing screening ratio is the Medicaid managed care initiative. The Medicaid Health Maintenance Organization (HMO) contract requires a standard HealthCheck screening ratio as one performance requirement. The screening ratio contractual requirement increased from 40 percent in 1991 to 80 percent in 1996.

- Children in HMOs are more likely to receive a HealthCheck screening exam than children in the fee-for-service (FFS) system. We expect next year's HealthCheck screening ratio to continue to improve because of the performance requirements.

- Of the 149,253 screening exams performed in FFY 1999, HMOs conducted 115,014 screening exams (77.1%), although, on average, only 51 percent of Medicaid children are in a Medicaid HMO.

SCREENING RATES

I. Background - History of HealthCheck

The federal Medicaid program has established a comprehensive, preventive well-child screening program for Medicaid-eligible children. This national program, known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT), is called HealthCheck in Wisconsin. Congress established the EPSDT component of Medicaid in 1967 to promote early detection and treatment of health conditions that could lead to chronic illnesses and disabilities in children.

The purpose of the federally-mandated HealthCheck program is to assure that all Medicaid-eligible children receive periodic, comprehensive health screening exams resulting in identification and provision of needed health care services. Federal law (OBRA 89) established an 80 percent screening ratio as a goal for all state Medicaid programs. No Federal penalties are identified for failure to meet this goal. Wisconsin Medicaid has worked aggressively with Wisconsin's health care community to improve Wisconsin's screening ratio. All screening ratios are presented in terms of federal fiscal years, which run from October through September.

II. Components of HealthCheck

The federally mandated components of HealthCheck are:

- Periodic comprehensive screening
- Interperiodic screening
- Outreach/case management
- Other services

Each HealthCheck component is discussed in detail below.

Periodic Comprehensive Screening

Federal and state regulations establish certain requirements for comprehensive screenings. These include:

- A complete health and developmental history (including anticipatory guidance).
- A comprehensive unclothed physical examination.
- An age-appropriate vision screening exam.
- An age-appropriate hearing screening exam.
- An oral assessment and referral to a dentist for children, beginning at three years of age.
- The appropriate immunizations (according to age and health history).
- The appropriate laboratory tests (including blood lead level assessment when appropriate for age and risk).

For federal reporting, Wisconsin Medicaid includes the following number of *comprehensive* screening exams, consistent with the 1988 American Academy of Pediatrics recommendations:

- Birth to first birthday, 6 screenings
- First birthday to second birthday, 3 screenings
- Second birthday to third birthday, 2 screenings
- Third birthday to sixth birthday, 1 screening per year
- Sixth to twenty-first birthday, 1 screening every other year

Interperiodic Screening

Wisconsin Medicaid also covers medically necessary *"Interperiodic"* screening exams to follow up on detected problems or conditions. The most common reasons for interperiodic screenings include:

- Immunizations
- Retesting for an elevated blood lead level
- Retesting for a low hematocrit
- Educational follow-up when lead poisoning has been identified and an environmental lead inspection has been done

Outreach and Case Management

Outreach and case management services assure that children receive HealthCheck screening exams as well as medically necessary follow-up care. Wisconsin Medicaid defines HealthCheck outreach and case management as those activities necessary to:

- Inform eligible clients of the availability of HealthCheck services
- Assist clients in receiving HealthCheck services
- Make arrangements and assist clients in following through with diagnosis and treatment
- Refer clients, when needed, to the appropriate local agencies for transportation assistance

HealthCheck "Other Services"

HealthCheck "other services" are services that are medically necessary to treat or ameliorate a defect, physical or mental illness, or a condition identified during a HealthCheck screening exam. The needed service must be a medical service as defined by federal Medicaid law (Title XIX of the Social Security Act), but which is not covered by Wisconsin Medicaid.

III. Wisconsin's Screening Rate

Wisconsin Medicaid's HealthCheck screening ratio has grown steadily over the past few years from 27 percent in federal fiscal year (FFY) 1992 to 61 percent in FFY 1999. Medicaid managed care has been instrumental in this significant increase. The screening ratio is the actual number (149,253) of HealthCheck screenings divided by the expected number (244,207) of HealthCheck screens.

Wisconsin Medicaid has enrolled AFDC and Healthy Start recipients in HMOs in Milwaukee, Dane, and Eau Claire counties since 1984. Waukesha and Kenosha counties were added in 1994 and 1995, respectively. Beginning July 1, 1996, Wisconsin began statewide expansion of managed care programs for the Medicaid population. Enrollment was phased in from October 1996 to May 1997. When expansion was completed, Wisconsin Medicaid had enrolled 202,000 AFDC/Healthy Start recipients in 68 counties in HMOs.

One goal of managed care is to provide primary care and other medically necessary services to Medicaid recipients in a manner that assures greater access, quality and cost-effectiveness than FFS. Our experience in southeastern Wisconsin has demonstrated that Medicaid recipients in managed care have greater access to primary care, immunizations and preventive services than their counterparts in Medicaid FFS. FFS is the traditional health care payment system.

Because of this increased access to care, children in Medicaid HMOs receive more HealthCheck screening exams than children enrolled in Medicaid FFS. The expected number of HealthCheck screens, for FY 1999 is 244,207. Of that number 149,253 screening exams were performed. HMOs provided 115,014 (77.1%) of these screens although, on average, only 51 percent of Medicaid children are in a Medicaid HMO. Medicaid HMO contracts include language that allows the Department to make a financial recoupment from HMOs who fail to meet the 80 percent HealthCheck screening ratio. There are no financial recoupments for FFS providers.

The federal government has established HealthCheck screening as a proxy for measuring preventive care. However, the HealthCheck screening ratio does not represent all medical care provided to children. Since HealthCheck is narrowly defined as a comprehensive physical exam with very specific components, children who received a less complete physical, or only one service, such as a vaccination, are not included in the HealthCheck figures.

The HMO contract requirements for HealthCheck and the continuous improvement in this screening ratio is a measure of Wisconsin Medicaid's commitment to effective preventive care.

IV. HealthCheck Participation and Screening Ratios

The following definitions apply to the HealthCheck Participation and Screening rates.

Participation Ratio - The participation ratio is the percentage of children who received at least one comprehensive screening exam last year compared to the number of children who would be expected to receive a screening exam. It is calculated by dividing the number of children who received at least one comprehensive screening exam during the year by the total number of children who should have received a comprehensive screening exam.

The FFY 1999 participation ratio is 52 percent. Children who receive at least one HealthCheck screening exam are more likely to receive all the screening exams they should.

Screening Ratio - The screening ratio is the percentage of comprehensive screening exams that were performed compared to the number of screening exams expected, based on periodicity recommendations. It is calculated by dividing the number of comprehensive screening exams billed by the number of comprehensive screening exams expected.

Medicaid HMOs are required to provide comprehensive HealthCheck screening exams to a certain percentage of the eligible children enrolled in HMOs. Financial penalties are imposed for failure to meet the required percentages. In calendar year (CY) 1991, 40 percent of the children enrolled in Medicaid HMOs were required to be screened. By 1994, that percentage was 65 percent, and the majority of HMOs met this requirement. The requirement for years 1995 through 1999 was 80 percent.

HMOs have traditionally performed more HealthCheck screening exams than have FFS providers. Children in HMOs usually have an assigned primary care physician who is responsible for providing or arranging for preventive care, including HealthCheck screening exams for his/her patients. Therefore, HMO recipients know whom to call to receive immunizations, HealthCheck screening exams, and other preventive services. HMO expansion increased the number of providers knowledgeable about and actively doing HealthCheck screening exams. As providers began providing HealthCheck screening exams for their Medicaid HMO recipients, they also provided HealthCheck screening exams to their Medicaid recipients in FFS.

V. CY 1999 HealthCheck Accomplishments

Managed Care Expansion

Department of Health and Family Services (DHFS) Medicaid HealthCheck activities focused on training HMOs on the requirements for HealthCheck screening exams, assisting HMOs in setting up systems for screening exams, outreach activities and case management.

Validity audits are also conducted to assure that exams reported as HealthCheck screening exams meet documentation requirements.

Wisconsin Immunization Registry

Wisconsin Medicaid is working with the Division of Public Health, HMOs, private and public providers to implement a statewide registry for immunizations. A vendor contract has been signed and implementation of this program is proceeding.

Local Health Department Involvement

Meetings were held with the Division of Public Health Regional Office Directors and local health departments to discuss the role of public health in managed care expansion. Local health departments throughout the state have historically been key providers of HealthCheck screening exams, outreach activities and case management. Many HMOs have chosen to contract with local health departments for continued HealthCheck services.

VI. Ongoing HealthCheck Activities

Continued Technical Assistance and Training for HMOs

The Department continues to work with regional managed care workgroups to increase HealthCheck screening and immunization rates.

The Department will also continue to provide technical and clinical assistance and training to HMOs to improve their HealthCheck screening rate and outreach and to assure consistent quality of HealthCheck screening exams.

Collaboration with Other Agencies

The Department has strengthened its linkages with the Department of Public Instruction, the Division of Public Health (particularly with the Lead, Immunization, WIC and Maternal and Child Health staff), and Head Start agencies to promote HealthCheck. The Department will also continue to assure that HealthCheck is integrated appropriately into other programs that serve children.

Intra-Departmental Collaboration

Department policy (via the Division of Children and Family Services) requires all children in substitute care arrangements in Milwaukee County to have a HealthCheck screening exam. Medicaid staff continues to provide assistance in linking foster care families and HealthCheck providers in communities throughout the state.

The Division of Health Care Financing and the Division of Public Health, Lead Program, signed a memorandum of understanding governing the confidential exchange of data between both Divisions. The sharing of data between Wisconsin Medicaid and the Lead Program should result in the following:

- A more accurate count of the number of children on Medicaid with an elevated blood lead level. The Medicaid Program did not have ready access to this information, previously.

- Less administrative redundancy and a more efficiently run program, both at the state and local levels.

- Improved access to lead services for individuals with little or no insurance. For example, the Division of Public Health is now able to ensure that local agencies are billing Medicaid whenever possible thus leaving more funds available to serve other individuals.

Staff from both Divisions meet regularly. The primary purposes of the meetings are to maintain the strong collaboration between the Divisions; to share information, and to develop strategies aimed at improving HealthCheck screening, immunization, and lead screen rates.

Targeted Outreach Efforts

Outreach agencies are sent monthly reports identifying FFS recipients who need a comprehensive HealthCheck screening exam. Additionally, a report is sent to HMOs identifying new children in their program, which includes the child's HealthCheck screening history.

VII. Summary

Wisconsin Medicaid continues to increase the number of Medicaid children who receive comprehensive HealthCheck screening that identifies and prevents health problems. The screening ratio has increased from 27 percent in 1992 to its 1999 ratio of 61 percent. This growth is expected to continue next year.

State of Wisconsin
Department of Health and Family Services

Tommy G. Thompson, Governor
Joe Leean, Secretary

December 26, 2000

The Honorable Brian Burke
Senate JFC Co-Chair
Wisconsin Senate
Room 316 South, State Capitol
Madison, Wisconsin 53702

Dear Senator Burke:

Section 46.03(26) of the statutes requires the Department of Health and Family Services to report annually on information systems projects under development. The attached report is a summary of the departmental systems currently under development.

Sincerely,

Joe Leean
Secretary

Attachment

cc: Representative John Gard, Assembly JFC Co-Chair
Don Schneider, Senate Chief Clerk
Charles Sanders, Assembly Chief Clerk

Report to the Legislature

Making a difference.

Information Systems Under Development

December 2000

Wisconsin Department of Health and Family Services

Published on Internet: http://www.dhfs.state.wi.us/aboutDHFS/ITPlan/Systems_Under_Development_2000.pdf

Table Of Contents

Introduction

This document summarizes the major information systems currently under development by the Department of Health and Family Services (DHFS). As required by section 46.03(26) of the Statutes, the report contains the following, as appropriate, for each project under development:

- The implementation schedule;
- Estimates of costs; and
- Methods of determining charges (if applicable).

A brief description of each system, key milestone dates, and cost estimates are provided.

Methods of Determining Charges

In-house systems development and computer center activities supporting DHFS are program revenue service operations charged to program areas on a unit rate basis. The rates are uniform for all customers and reflect the cost of providing services. The computer service rates are set by the Division of Information Technology Services of the Department of Administration (DOA). Applications development rates are approved by the DHFS Secretary and by Region V of the federal Department of Health and Human Services.

Competitive procurement processes and subsequent contract negotiations determine charges by application development vendors. DOA and federal funding agencies approve both.

Division of Children and Family Services

Wisconsin Statewide Automated Child Welfare Information System (WiSACWIS)

Statewide Automated Child Welfare Information Systems (SACWIS)

The Department undertook development of a comprehensive child protective services information system for Milwaukee and other Wisconsin counties. The system will meet Federal reporting requirements defined by SACWIS regulations and help the Department meet the requirements of Wisconsin Act 303, which mandated the State's assumption of child welfare responsibilities in Milwaukee County.

During 1998, the Department issued an RFP and selected a vendor. There are currently three "Events" surrounding the implementation of WiSACWIS. The initial implementation of the system is in Milwaukee County over a 12-month period. Event One occurred on January 1, 2000; and Event Two occurs before January 1, 2001. The Event One system included the intake function and all the financial, provider, and resource management functions. Full system functionality occurs in Event Two.

The system development budget for implementation in Milwaukee County is approximately $8 million. Total costs proposed for the next biennium will approximate $10.8 million for statewide implementation. Enhanced federal funding is available. State and county cost sharing has yet to be determined.

The state issued an RFP and contract award will occur in January 2001 for implementing the statewide rollout of WiSACWIS to the remaining 71 counties. In its biennial budget request, DHFS proposed a rollout implementation schedule. Under current statutes, the system will be implemented by SFY-2005, but the Department proposed an expedited schedule. The projected roll-out budget for the WiSACWIS System, for the next biennium (Federal, State, non-state) is $21,699,051 (all funds).

Division of Health Care Financing

Vital Records–Reengineering Project (VR-REP)

The Department is responsible for registering, indexing, making required changes to, and issuing the State's vital records. Approximately 165,000 registration events per annum, including 66,000 births, 45,000 deaths, 36,000 marriages and 17,000 divorces, are added to the historical database.

The Vital Records–Reengineering Project (VR-REP) will convert 11 current LAN-based vital records applications into a single, efficient client/server system. Appropriate information will be more widely accessible through state-of-the-art technology, including but not limited to appropriate access via the Internet. Information collection will be streamlined. The initial impetus for VR-REP came from concerns current methodologies did not adequately address potential Y2K problems. Y2K presented an opportunity to rework the vital records process to take advantage of web technology.

The Bureau of Health Information (BHI) includes the Vital Records Section (VRS) responsible for registration of vital events. A mix of PC/LAN-based data systems and mainframe databases perform vital records business functions. These functions include generation of certified copies of state records and fee collection and survey actions. The current system does not:

- Eliminate redundant data entry;
- Enable many users from around the state to access appropriate data;
- Generate ad hoc reports;
- Interface efficiently with data providers and requestors;
- Easily share appropriate data with other agencies;
- Comply with mandated record layout changes due January 1, 2003.

The current system was developed with software that is no longer supportable. The system must be brought into compliance with supportable standards. Due to the DHFS commitment to the development of a generalized data warehousing type of system to share appropriate data while preserving appropriate confidentiality, BHI is participating with the Bureau of Information Services (BIS) from the Division of Management and Technology (DMT) in the development of VR-REP.

There is an outstanding budget initiative dealing specifically with on-line Birth registration. The initiative is awaiting action at DOA. Detailed cost information for this project can be viewed in the DHFS Biennial Budget Request 2001-2003 located at:

http://www.dhfs.state.wi.us/aboutDHFS/OSF/OSF.HTM

Implementation is occurring in stages and began March 2000, with final implementation of the last module on or about October 30, 2002. The cost is estimated to be $1.7 million, which includes work completed, plus the first year of the successful budget initiative.

Division of Public Health

Wisconsin Asbestos and Lead Database Online (WALDO)

The Wisconsin Asbestos and Lead Database Online (WALDO) software development project is mandated by Wisconsin 1999 Assembly Bill 806 Act 113 Section 27 (254.179.1,d,e), Section 32.2,3,4,5, and Section 33.2 (Lead-Free/Lead-Safe Certificate Registry). The mandate requires the development of a lead-free/lead-safe property registry database for the entire state.

To ensure the integration of the new registry with existing Asbestos and Lead Section regulation and certification business functions, the WALDO project also incorporates the business functionality of the current WALIN (Wisconsin Asbestos and Lead Information Network) DataEase database system.

The registry time line requires completion of the WALDO project by June 2001 due to time constraints imposed by the new legislation. As the rules promulgation process for the property registry is expected to take 6 months to complete (roughly, December 2000), the project will begin with incorporation of the base system, while working with the Asbestos and Lead staff to establish the new registry business processes as the rule making process proceeds.

The Department will deploy the system as a DHFS Public Health internal (intranet) web site in 3Q FY01 (January - March, 2001), and as a public (Internet) web site on or before June 30, 2001.

Estimates for operating costs and charges for services are being developed as the DHFS dynamic web infrastructure is being put in place.

The budget of $450,000 and completion date of June 2001 for this project are mandated by the legislation.