

Testimony before the Joint Finance Committee  
Public Hearing-April 8, 1999  
Racine, Wisconsin

Good Morning (Afternoon)

My name is Jennifer Draeger and I live in Kenosha County. I come here today to ask you to support two very important initiatives. The first is legislation to pass the Family Care proposal and the second is a wage increase for Medical Assistance personal care workers.

As a social worker and advocate for older adults requiring long-term care, the impact of waiting lists and worker shortages is devastating. Care Managers in Kenosha County tell consumers and families in need everyday, "yes you are eligible for services and show a definite need but, I'm sorry, you'll have to go on a waiting list". These waiting lists are averaging one year or more. Supporting Family Care makes sense because we'd be able to address the needs of consumers *as they enter our doors*. History has shown over and over again that providing services in the home is cost effective and where people most want to be. The Community Options Program is a wonderful resource but it has remained under funded for several years now. Those who are fortunate to have a Medical Assistance card face worker shortages if they need personal care. Our community has lost one agency's ability to maintain their personal care program and the others are struggling to keep their doors open due to the difficulty in recruiting and retaining qualified staff. Just as consumers are entitled to long term care when they need it, so are personal care workers entitled to make a living wage.

Without your support, more people will enter nursing homes prematurely or go with out crucial care placing them at risk of more costly health care events, namely hospitalizations. Health care agencies will close because they cannot recruit and retain qualified, dedicated staff.

Our population is living longer and there will be more people to serve as time goes on. We need to be proactive NOW so we can better serve our community in the future! Personally, I'd be happy to forgo a tax refund if it meant there was a system in place for my family and me if and when we need it. I don't want to be put on a waiting list. The question is, Do you?

Thank you

Testimony before Joint Committee on Finance  
Jack Murtaugh, Executive Director  
April 8, 1999

Good morning/afternoon. My name is Jack Murtaugh; I am the Executive Director of the Interfaith Conference of Greater Milwaukee. The Conference is a twenty-nine year old organization that was founded to enable the greater Milwaukee religious community to collaborate in addressing social concerns. The Conference is made up of eleven religious traditions including Catholic, Jewish, and mainline Protestant denominations.

Thank you for the opportunity to share some of our views with you today. It is an opportunity that we always appreciate.

Today I would like to very briefly focus on three areas: the "Family Care" proposal to redesign long-term care, W-2, and treatment for substance abuse.

Regarding **Family Care** it is important to note that the religious community has a long history of concern about older adults and the importance of preserving their innate dignity. For many years we have supported the expansion of the Community Options Program so that more people could remain in their homes and in the communities that support them and that they enhance. We have been very encouraged by aspects of the Family Care proposal, particularly those aspects that will allow more consumer choice. We realize that Family Care as proposed is not perfect. The Conference does not have an official position regarding Family Care; however, we encourage you to keep moving forward in implementing Family Care in a fashion that will:

- offer more choice
- end the bias towards institutional care
- and insure that no one who currently receives assistance will see their level of support reduced or eroded in any way.

In the area of **W-2** there are several items that have received attention from the Conference in recent months. As you might imagine the religious community has a great deal of contact with families

that have been affected by changes to the welfare system. Through activities such as counseling, job preparation programs, meal programs, pantries, and the provision of shelter for people who are homeless the religious community regularly works with the affected population.

In terms of the success of welfare reform our measure is the same measure that families use. We see success when families are able to escape poverty and are, ultimately, better able to provide for their children. Ending poverty is not nearly as easy as ending welfare. We have seen that the state can be successful at reducing welfare rolls. We believe that true success comes when families are out of poverty and their children are healthy, fed, safe, properly housed, and learning.

The Interfaith Conference has adopted several positions regarding W-2 policy; I would like to quickly share just a few of these with you.

We have always supported the creation of wage-paying Community Service Jobs, as opposed to the current practice of using a monthly grant to pay people who work as part of W-2. We support the Governor's proposal to create 2,500 wage-paying Community Service Jobs and we thank the Governor and the legislators who made this possible. One of the great benefits of this approach is that it treats workers with the dignity and respect that they deserve and it allows those workers to access the Earned Income Tax Credit, a work-based credit that is available to other workers at the same income level. With that in mind we encourage you to include the state Earned Income Tax Credit in this proposal.

We also support the Governor's proposal to lower the co-payments for childcare. If families cannot afford childcare they simply cannot work or must place their children in settings that are not safe.

We hope that the legislature will amend W-2 to allow more work requirements hours to be used for education and training. Without more flexibility regarding the work requirement people simply cannot take part in education and job training activities that can lead them to jobs that will get their families out of poverty.

Another important issue is that of time limits. This coming fall people will begin to hit their 24-month lifetime limit for Community Service Jobs. We know that many parents are not yet able to

find and maintain private sector employment. People need time to address barriers to employment. The Interfaith Conference has adopted a position that time limits should not be applied to families who are trying to get out of poverty.

Over the last three winters the Interfaith Conference has worked with the Red Cross and local congregations to provide emergency shelter for people who are homeless. This overflow shelter has been needed because regular shelters are filled to capacity. No one wants to see families become homeless because they have trouble succeeding in the new welfare system. We urge the Joint Finance Committee to develop housing vouchers as part of W-2 so as to insure that children do not become homeless because of welfare reform.

My last point regarding W-2 is that it should be expanded to include all low-income individuals. Representative Riley has been outspoken about this from Day One and we appreciate his leadership. The W-2 enabling legislation that you passed included a provision that would have allowed non-custodial parents to access W-2 services if the other parent chose not to participate. The Governor vetoed this provision. We hope you will bring it back and take it a step further to include all low-income persons. We know that there are many people who would benefit from this help. The religious community sees them everyday at shelters and meal programs. Sadly, for many people – particularly those without children – there is very little help available to help them get out of poverty.

Finally, I want to urge you to follow the recommendation of several groups and add \$10 million to the budget for substance abuse treatment in Milwaukee County. So many people need and want treatment but simply cannot get the help they need to pay for it. Helping people beat their addiction is one of the smartest things we can do. The up-front costs will be recouped over and over again in the funds that we will save on the back-end. This is an issue where there is incredible support across many lines in Milwaukee County. People are asking for help and you are in a position to provide that help.

Thank you for hearing these concerns.

Testimony by Dan Young

4-8-99

I was in a car accident in 1991. It left me a C5-6 Quad. I live in a 3<sup>rd</sup> bedroom ranch with my daughters ages 7 and 14. I need a PCW to provide the care that keeps me at home at a lower cost compared to all other options. I'm a tax paying home owner, I'm very involved in keep cost as low as possible and get my needs met. This is a business I must compete with all other companies for help. I cannot compete with substandard ~~wages~~ wages and no benefits. I desperately need help. I have not had a shower since December and no brake in sight.

Independence First has promised to pass the increase directly to the workers. This is the most cost effective situation available all other can not compare. This increase will make it possible for me to compete and get the ~~best~~ help I need.

The other half is COP and they are being ask to help many more people with no increase in funds. I will loose!

Testimony in support of the \$4.00 increase to MA Personal Care.

Wages need to be raised for personal care workers because workers have to be able to earn enough to live + pay their rent + food + <sup>auto</sup> gas + expenses + utilities, which <sup>are all</sup> going otherwise they constantly look for new work + we lose them. We have to compete with nursing homes + Home health care agencies which <sup>+ pr. care stud</sup> often times are paid significantly higher + have <sup>benef</sup> ~~health ins included~~.

~~HOME HEALTH AGENCIES SANI~~  
~~PROVIDE FOR~~

I WAS IN A CAR ACCIDENT IN 1991 IT LEFT ME A C5-6 QUAD I LIVE IN A 3 BED RANCH WITH MP 2 DAWK + 14

I need DPCW to provide the care that keeps me at home AT A LOWER COST COMPARE TO ALL OTHER OPTIONS. I AM A TAX PAYING HOME OWNER I AM VARY INVOLVED IN KEEP COST AS LOW AS POSSIBLE AND GET MY MEDS MET THIS IS A BUSINESS I MUST COMPETE WITH ALL OTHER COMPANIES FOR HELP

I cannot compete with SUBSISTANT  
WAGES AND NO BENEFITS I DESPERATELY  
NEED HELP I HAVE NOT HAD A  
SHOWERS SINCE DECEMBER AND NO BRAKE  
INSIGHT

I ALREADY PROMISE TO PASS THE INCREASE  
DIRECTLY TO THE WORKERS  
THIS IS THE MOST COST EFFECTIVE  
SITUATION AVAILABLE ALL OTHER CANNOT  
COMPARE THIS INCREASE WILL MAKE IT  
POSSIBLE FOR ME TO COMPETE AND GET  
THE HELP I NEED

THE OTHER HALF IS COP AND THEY ARE  
BEING ASK TO HELP MANY MORE PEOPLE  
WITH NO INCREASES IN FUNDS  
I WILL LOOSE!

RICH MARSHON

**Testimony for Joint Finance Committee Hearings on State Budget  
Thursday, April 8, 1999  
J.I. Case High School in Racine, WI  
Submitted by Ed Adams**

**Dear Joint Finance Committee Members:**

**My name is Ed Adams. I am a member of the Advisory Council of the Southeastern Wisconsin Area Agency on Aging, who I am representing today. I am here today because we are concerned about the status of long term care programs and workers who provide these services. The current system of long term care is fragmented, underfunded, and extremely difficult to find your way through and that is why we support the Governor's Family Care proposal. In order to make this proposal work, there are certain things that are essential for making a real attempt at redesign.**

**The pilot programs that are already in place in areas that cover a large percentage of the state's population need adequate financial resources, in order to function properly and truly serve as a pilot project. These pilots are the cornerstone for the future of the Governor's Family Care proposal. Without proper funding, the state**



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**will never be able to see what affect the pilot programs have on placing individuals in the right setting for care and will essentially fail. If the state is serious about making this system easier for people in need of long term care, it must make an effort to bring the long term care programs together. If the programs are not pulled together with the proper resources, the pilot counties will not be able to plan delivery of much needed services. I repeat, adequate funding is essential for a fair assessment of the pilot programs.**

**Next, we would like to stress the importance of protecting the rights of long term care customers or clients through the external advocacy component in the proposed language.**

**To make sure that people receiving these services are empowered with fair and expeditious ways to address their concerns, we are asking for your support that the external advocacy portion be maintained. This external advocate would be independent of the agency or organization that is providing services for Family Care clients. It would**

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**be the watchdog for all individuals looking to get the most from the programs that are available. It would also act as a center for persons who want to inquire about program eligibility, the level of care they will receive and provider options. If an individual feels their rights are being violated or if they are not receiving the quality of care they deserve, it is unfair to have that same agency or organization that may be violating these rights, investigating the complaint. It is also important that families and clients have an unbiased assesment of their needs. The external advocate is imperative to the success of the long term care redesign.**

**A major part of providing quality long term care for the elderly and disabled are the personal care workers. They are the front line workers who are the heart of long term care. They provide vital services for people in home care. If the state is going to redesign long term care, a sufficient and reliable workforce is crucial. Unfortunately, the governor's budget only includes a 1% pay reimbursement increase**

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**for personal care workers which does not become effective until 2001.**

**As small as this raise is, it is the first one proposed in four years. It is impossible to run a redesigned long term care network where keeping people in their homes is important, if organizations that provide the home care have to close their doors or turn away clients, because wages and fringe benefits do not stack up to other employment sectors. The time to turn around the image of personal care workers is now.**

**Adequate compensation is necessary to recruit and maintain these people to provide this valuable service.**

**In closing, I would like to thank you for your time here today. This is a great opportunity for us older adults to share our concerns with you. I am hoping that you will support proper funding and resources for the Family Care pilot programs, fair pay and benefits for Personal Care Workers, and the formation of an external advocacy component for long term care services.**

4-8-99

TO Whom it May Concern  
(Dear Sirs + Mams)

Am writing this letter to  
first of all thank you for the  
Community Crisis <sup>Impact</sup> program.

Last year 1998 my teenage  
daughter got into some trouble  
with her boyfriend. My daughter  
had never been in trouble before,  
however her behavior had gotten  
out of control. I reached a  
point where I just wanted her  
out of my life. I reached this  
point because I did all I could  
do and she was only getting  
worse. When her sentencing came  
in July of 98 I thought for sure  
she was going to jail, the judge  
felt she deserved one more chance  
& assigned her to the Community  
Impact program for 12 months. They  
were of great help. They got  
her back on track long enough for  
her to stay there. My daughter's name  
is Rael Biggs 17 years old & finishing  
her senior year at Gateway, she also is  
taking one college class there. My  
daughter got a great job 8/27/98 at  
Walgreens in the pharmacy dept. & has  
been promoted & encouraged to pursue a  
career with Walgreens. Well the

Bottom Line is I really  
don't think this teenager would  
of made it this far without  
of the help of the young staff  
at the Community Impact program,  
they seem to be able to speak  
& understand troubled teenagers  
better than the parents. I have  
told many people how lucky we  
were for this program & I tell  
my daughters attorney every time I  
see him. Am not 100% sure  
where the money comes from ~~for~~ to  
support this program, however if  
you are in a position where you  
need to make cuts, this should  
not be one of them. Please look  
at other options to save money  
not this one our young children  
need it. I needed it.



Fitness & Tanning Center

**Clair Pauschert**

Owner / Operator

3 Day Complimentary Membership

Expires \_\_\_\_\_

First Visit Requires Appointment  
For Equipment Review

2053 - 22nd Avenue  
Kenosha, Wisconsin 53140  
(414) 551-0300

One Pass Per Person

FAX 414-551-8233

Thank you  
Clair Pauschert

7320 - 23rd AVE

Kenosha, WI 53143

Wm 414-654-0781

Wk 414-551-0300

in & operate my own business I  
understand finances.

Thank You Again

1) Pilot Programs are

a good way to go -

but make no policy

decisions until

the Pilot Programs

have had a chance to

work or not work.

Don't make any snap

decisions - or take

any premature

actions.

Scowtho ARCSJS

down a lot the Pilot

Programs with the

Proposals to see if

Moral is worth a lot

or not, let answers

to the cap come

from local governments

from the seniors

LONG TERM CARE -

FAMILY CARE -

1) I am David HANBY

~~long term~~ advocate

for Senior Citizens

Programs in Prairie

Co. & Burlington, Wis.

at Federal level -

make right decisions

by going slow in

Senior Center Bd.

Active Co. Comm. and giving

SE. Wis a good

What problems does the  
senior citizen face  
that you would be  
likely to do something  
about?

1) Day Camp Accommodation  
Programs under Med-Camp  
Program. —

2) Provide transportation  
for homebound seniors  
to get to transit stations  
needs work.

transport, to senior  
centers on going  
to their centers,  
to their agencies  
at spring, to the  
state, Federal  
power runs.

taxes, time, get programs  
right from the start,  
than you will gain  
more that is needed

2) Full family care  
issue early and  
so all agencies can  
take about the  
needed changes.  
this is a matter  
of a start. it needs  
support of advocates  
agencies & donors

~~San Apache~~  
~~Co-Chairs + Committee~~ Joint Finance Hearings  
~~Part of~~

Name, WRECOA, Ret'd State Eng + Dist. Insp. Lic Exp +  
~~VP of small solar eng. biz in Tucson, AZ~~

1. ~~Additional~~ COP/CIP Auditing make good biz sense, w/o consideration of quality of life, as home care saves 25% and w/ high cost of LTC, we're talking real money - 8,000 are waiting
2. Increase inspections and ACTUALLY COLLECT significant fines against poor nursing home violations. Making nursing home operation too expensive due to understating will provide incentive to these out-of-state corporations to pay wages + benefits high enough to attract + keep competent personnel

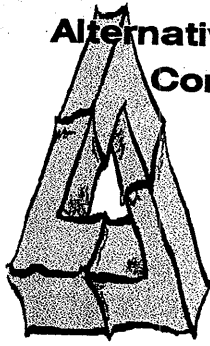
### Family Care

3. Resource Center idea is good - Care Manager Org. needs work - particularly the 2 year county only trial. This should be at least 4 years. The Pilot studies are a must, along with assurances counties won't get stuck with unfunded mandates.

Donald H. Desch, President, Western  
Racine Co. Comm. on Aging, 580 Madison St. Apt. 229,  
Burlington, WI 53105-1506 (414) 763-3587



**Alternatives in Psychological  
Consultation, S.C.**



2433 N. Mayfair Rd. Suite 310  
Wauwatosa, WI 53226  
PH: 414-258-9914  
FAX 414-302-9978

**Anne DiCamelli  
Case Manager**

David E. Johnson  
530 No. 27th St, #15  
Milw. WI 53208

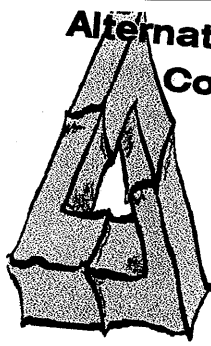
My name is David Johnson and I was very disappointed (to say the least) in hearing of the budget cuts proposed for Milw. Co. More precisely, the cuts in mental health and substance abuse services.

I have been strongly moved to voice my opinion, and welcome the opportunity to do so.

I was a client at the Highland Ave. Creative Workshop in Milw. for 5 months. I saw people grow, as well as myself and the staff into a cohesive group environment. I worry about what will happen to these people now.

It doesn't take a rocket scientist to know it is much more expensive to have these people in hospitals or jail where all they can hope for is long term Custodial Care.

When alternatives to psychological consultation was given my case I was mentally and physically ill as well as in a very abusive situation.



**Alternatives in Psychological  
Consultation, S.C.**

2433 N. Mayfair Rd. Suite 310  
Wauwatosa, WI 53226

PH: 414-258-9914

FAX 414-302-9978

**Anne DiCamelli  
Case Manager**

My case mgr, Anne DiCamelli  
literally saved my life a few  
weeks ago when she intervened  
in a situation where I was very sick

I didn't leave my apartment or  
answer the phone, delirious from  
a high fever w/ lobar pneumonia,

Not having family here and very  
few friends, no one, including  
myself knew what was going on.

She had me taken to Columbia  
hospital where I remained for 5  
days hooked up to IVS and  
oxygen.

I'm here today because I also  
believe everyone should have a  
chance.

Children should be safe, having basic  
shelter and food and their moms  
should have other options other  
than remaining in an abusive  
situation.

I ask you to consider these  
things before making your decision

**Address by Lynn Miehle  
to the State of Wisconsin's  
Joint Finance Committee**

I would like to thank the Joint Finance Committee for the opportunity to express my concerns this morning. My name is Lynn Miehle and I am the office manager for the DeRose Children's Dental Office at 316 5th Street in downtown Racine.

We are a caring and compassionate office and have been committed to treating children on medical assistance since the doctor began practice twenty years ago. Every day we get calls about children who cried all night long in pain or have been sent home from school with high fevers and swollen faces. I could talk for hours about the heartbreaking cases -- sometimes it's a lack of money, sometimes the parents are loving but negligent with ignorance, sometimes we suspect abuse -- but in all cases, it comes down to one thing, a child's suffering.

In the past, when I got such calls I would schedule an appointment for the child immediately. Now, that Racine has joined a Dental HMO program for medical assistance, and we can only accept certain patients, I apologize that we can't see their child, and direct them to call one of the two dentists in Racine that are HMO providers. What I don't tell them is that their hurting child won't get an appointment any time soon because the few doctors that participate in the HMO are overwhelmed.

Wisconsin has historically been a progressive State and seeking new solutions to a challenging public health issue is in character with our past. Unfortunately, the choice of an HMO structure for dental health was debilitating. Just as many individuals are opting out of their employers HMO's because they have realized that they can get better quality care if they choose from providers operating in a competitive market, the State should reconsider the direction they are steering the Medical Assistance program.

We believe that there is a false sense of security that the HMO is providing adequate care <sup>just</sup> because it exists. At a certain point, and we hope it is sooner than later, the Medical Assistance program needs to be evaluated by the standards of quality not merely as an option better than nothing.

On the surface, the solution would appear to be simple -- have more dentists participate in the HMO program. Unfortunately, it is not that simple. At the bottom of this problem is the fact that dentists can not afford to, nor should they have to, PAY, to take care of our State's needy. In our office alone we billed \_\_\_\_\_ and were compensated only 45% of our fees. Dentistry receives less than 1% of the 2.5 billion dollars spent on Medicaid in Wisconsin. In 1981, Wisconsin spent 25 million dollars on dental Medicaid and dentists were reimbursed at 85% of their fees, <sup>but</sup> In 1998, Wisconsin spent only 14 million dollars, ~~and reimbursed us at 53% of our fees.~~ <sup>and reimbursed us much lower.</sup> ~~What~~

Funds allocated to health are always wise investments because preventive medicine is always the best -- this is especially true of dentistry. As the one who negotiates payment arrangements with parents, I can assure you it is less expensive to pay for regular exams, cleanings, and fluoride treatments than it is to pay for root canals, crowns, and pulpectomies. Recent research is even indicating a strong correlation between heart disease and the lack of proper dental care.

Dental health providers are good people. I know -- I attend conferences with them, I play volley ball with them, and most significantly, I talk to them about all of the charity work they do in and out of their offices. The lack of participation in the Medical Assistance program is a shame, but it is completely understandable. The Governor's 10% increase is a step in the right direction. But it must be remembered that the program belongs to the State and needs to be fixed by the State. We need the Joint Finance Committee to budget accordingly with fair reimbursement. Thank you.

To: The Honorable Members of the Joint Committee on Finance

From: Frances Petrick RN, NHA  
Administrator  
Ridgewood Care Center

The purpose of this memo is to provide written testimony on my views about specific areas in the 1999-2001 State budget that I believe need to be addressed and changed.

I am the Nursing Home Administrator at Ridgewood Care Center, a nursing home owned and operated by Racine County. I have worked for Ridgewood Care Center since 1980. Prior to taking the post of Administrator in April of 1998, I was the Director of Nurses.

The four areas that I will address are; Family Care, the Intergovernmental Transfer Program, the Medicaid nursing home formula re-basing and the seven percent wage pass through proposed by the Coalition for Quality Nursing Home Care.

### Family Care

Family Care should not be implemented until the pilot projects are concluded and the data can be thoroughly analyzed by an independent third party. I have studied the proposal and I do not believe that the full fiscal implications of Family Care have been realized. In Racine County, I do not believe that there are sufficient resources in the community to care for the clients. There is a terrible shortage of certified nursing assistants and it is predicted that a nursing shortage is approximately one year away. Wisconsin Home care Agencies are closing at an alarming rate due to insufficient Medicaid and Medicare reimbursement.

The Family Care Program may indeed be an innovative and successful alternative to the provision of long term care in Wisconsin. In order to make Family Care the best that it can be, I respectfully request that implementation be taken one step at a time and that the 1999-2001 budget include money for financing the pilot projects only.

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Written Testimony to the Joint Committee on Finance  
Submitted by Frances Petrick

### Medicaid Rate Increase

The Medicaid nursing home formula inadequately reimburses nursing homes. In 1997-1999 budget, there was a \$46.9 million cut from the formula. Most of this cut, \$41.8 million came from the direct care cost center. This is the cost center that provides the wages and benefits for nurses and certified nursing assistants.

The proposed budget includes a 1.77% increase to re-base the Medicaid formula the first year and a 1 % rate increase the second year. This re-basing of the Medicaid nursing home formula will result in a \$132,378. annual reduction in Ridgewood Care Center's Medicaid revenues.

I believe that this proposal is irresponsible. The proposed Medicaid re-basing of the nursing home formula severely impacts nursing homes financial viability.

At Ridgewood Care Center, 84 % of our residents have Medicaid as their payer source. For every resident who is on Medicaid, Ridgewood loses \$51.47 each day. Our annual Medicaid deficit is \$2,628,006.

Nursing homes that participate in the Medicaid program cannot deny admission to a resident on Medicaid. In fact to do so is illegal. We cannot make decisions on a prospective resident's ability to pay. Therefore nursing homes have no control over their census. Historically, revenue from the Medicare Program and Private Pay patients was used to offset the Medicaid deficit. This is no longer the case, as the average Medicaid population in Wisconsin nursing homes is 65 %.

The people in our nursing homes are depending on all of us to ensure that they are receiving quality care. In order to provide quality of care, nursing homes need to be reimbursed fairly. On what basis can a reduction in the Medicaid nursing home formula rates be justified? This Medicaid formula re-basing increase of 1.77 % is deceptive. It is not an increase, but a decrease. It is for this reason that I

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Written Testimony to the Joint Committee on Finance  
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respectfully request that the Medicaid Nursing Home rate be increased by 3.3 % each year or at the bare minimum at least at the rate of inflation.

### Intergovernmental Transfer Program

The Intergovernmental Transfer Program (ITP) was established in 1992. This program allowed the state of Wisconsin to use County homes; Title XIX allowable expenses to secure federal matching dollars.

County homes typically care for individuals with the most complex and challenging care needs that other nursing homes will not care for. These high need residents are also the high cost residents.

The Intergovernmental Transfer Program provided enough dollars for Wisconsin to fully reimburse the county nursing homes for their losses and had additional funds left over to use for other state expenses. In fact from, 1992 - 1995, that is how the program worked.

Unfortunately, since 1995 the amount of funds returned to the county nursing homes has decreased. The homes' expenses are not being reimbursed despite the fact that it is the losses from the county homes that is generating an increase in ITP.

This policy of utilizing more and more of these matching Federal dollars for purposes other than reducing the deficits of County nursing homes is driving County nursing homes out of business. . Our own Racine County Board has recently studied the future of Ridgewood Care Center. This will have an adverse effect on Wisconsin citizens in need of specialized care that is provided in these nursing homes. Also, this practice will eliminate the Federal dollars generated from ITP. If there are no County Homes, there will be no ITP.

It is for these reasons that I am respectfully requesting that at least \$72 million dollars of ITP funds be distributed to County nursing homes to reduce the operating deficits each year.

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Written Testimony to the Joint Committee on Finance

Submitted by Frances Petrick

### Wage Pass Through Proposal

There is a critical Certified Nursing Assistant (CNA) shortage in Wisconsin. This is affecting how well a nursing home can provide care to the residents. Historically at Ridgewood, our wages and benefits offered to nursing assistants were higher than other nursing homes in the area so we did not experience any recruitment or retention problems. One and one-half years ago, over 100 applications for employment were waiting to be screened for an interview. In 1998, this dramatically changed. We actually had to advertise for nurse aides for the first time in 18 years. Today, we have no applications waiting to be screened for interviews, and we have vacancies on the schedule that cannot be filled with overtime or agency help.

For various reasons, CNA are leaving the profession and/or are not entering into it. A nurse aide's job is very demanding. As I am sure you must know, not everyone is cut out to be a nurse aide. First, you have to want to help people, have a great deal of patience and you have to know how to treat people. Being a nurse aide isn't a glamorous profession. You have to deal with many adversities in your daily job, such as death, suffering and pain. You have to handle medical waste and human body fluids. You have to physically exert yourself, lifting, carrying, and racing the halls to answer the resident's calls. We all know that job satisfaction is not entirely linked to compensation, but let's face reality. Nurse aides have to make a living and often must support a family on their income alone.

Last session, the Legislature passed bills to increase nursing home staffing. Unfortunately, the bill did not contain any additional funding for nursing homes to pay for the increased staffing.

Nursing homes are severely constrained in their ability to provide better wages and benefits for nurse aides, because of our heavy reliance on the inadequate Medicaid program. Typically, when a business experiences a shortage of qualified workers, the business responds by offering higher wages, enhanced benefits and improved working conditions. Ridgewood Care Center and other nursing homes cannot respond in this manner, because we cannot afford it. Our hands are tied. So we sit back and watch our qualified CNA'S leave to work at Wal-Mart, Pic & Save, and Burger King. The Department of Health and Family Services report a 54 %



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Written Testimony to the Joint Committee on Finance  
Submitted by Frances Petrick

turnover rate in full-time nursing home employees and even more shocking, a 76 % turnover rate of part-time workers. One of the necessities of providing quality care is to have a stable staff.

We need this 7 % wage pass through so we can continue to care for the elderly, infirm, and disabled patients in our nursing homes. Without the wage pass through, or a similar relief, nursing homes will be forced to refuse admissions or worse yet, accept admissions even though they do not have enough staff to care for the patients adequately. It is for these reasons that I respectfully ask you to support an amendment to include the Coalition's proposal for a seven-percent wage pass-through to nursing homes.

Thank you for taking the time to read my testimony and thank you in advance for your careful consideration. If you have any questions, please call me at (414) 554-2200. I will happy to speak with you on this matter.

## INTERGOVERNMENTAL TRANSFER PROGRAM

The facilities in Wisconsin that care for individuals with the most complex and challenging care needs are at risk of being forced out of business due to state policy. County nursing homes in Wisconsin have historically accepted the individuals who privately run facilities routinely turn away. Accepting these high-need, high-cost individuals obviously has an effect on a facility's bottom line.

In recognition of this unique nature of county homes, the Intergovernmental Transfer Program (ITP) was established in 1992. This program allowed the state of Wisconsin to use county homes' Title XIX allowable expenses to garner federal matching dollars.

This federal "matching" program provides enough dollars for Wisconsin to fully reimburse county homes for their losses and have additional funds left to use for other state expenses. From 1992-1995 that is how the program worked. Since 1995, however, despite continuous increases in the amount of federal funds coming to Wisconsin, the state has returned a decreasing share of those funds to reimburse county losses and utilized the difference to supplant General Purpose Revenues (GPR) (see chart).

(in millions)

Fiscal Year	County Nursing Home Certified Losses	Fed. Funds Received to Cover Those Losses	Funds Returned to Counties	Taxes Paid by County Property Taxpayers for Funds Received by State
1992-93	46.3	70.6	15.0	31.3
1993-94	43.1	65.9	52.1	-9.0
1994-95	48.1	72.1	55.7	-7.6
1995-96	52.2	77.3	37.1	15.1
1996-97	59.2	85.7	37.1	22.1
1997-98	63.6	91.0	41.7	21.9
1998-99	68.0	96.4	37.1	30.9
<b>Total</b>	<b>380.5</b>	<b>559</b>	<b>275.8</b>	<b>104.7</b>

As you can see, since 1995 an increasing portion of county homes' expenses are not being reimbursed. This is despite the fact that the amount of federal dollars these losses are generating is increasing every year.

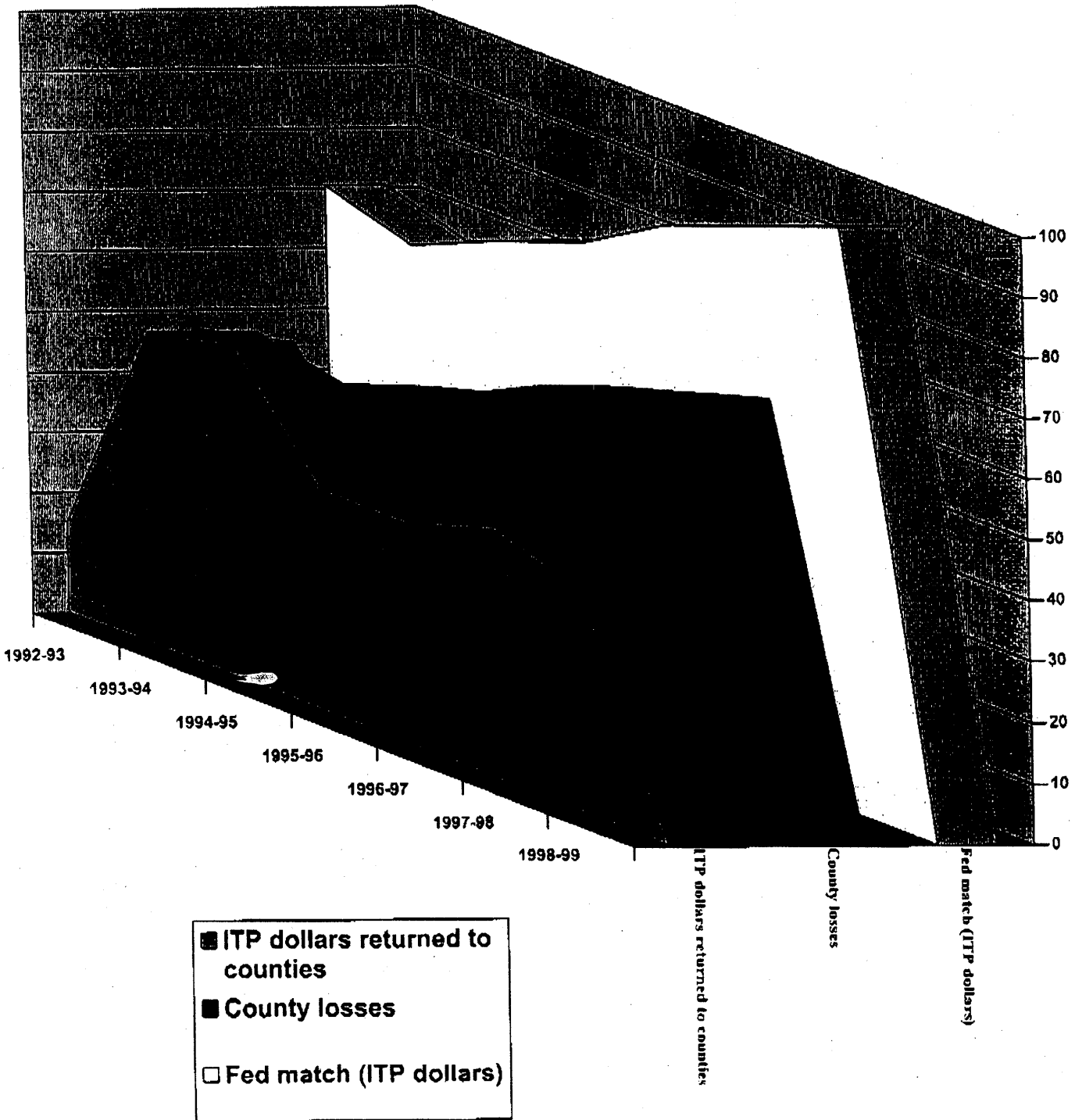
The policy of utilizing more and more of these federal dollars that are "matching" the county home losses for non-county home purposes will ultimately force county nursing homes out of business. That would be a tremendous mistake for everyone involved. First, there would be a void for people with intense needs that have historically ended up in the county nursing home. Second, the tens of millions of federal dollars that Wisconsin is receiving every year via the county nursing homes would disappear.

Counties are simply asking that the state reimburse the county homes' losses that were utilized to generate the federal funds. The state can do this and still have a significant amount of money left over to use for its purposes. This would seem to be a win-win situation. If the state's greed, however, continues to drive decision-making, the "well" will dry up for everyone concerned - most importantly for those currently receiving care that isn't offered anywhere else.

**PROPOSAL:** Amend Wis. Statutes s. 49.45 (6u) to read:

**Notwithstanding sub. (6m), from the appropriation under s. 20.435(5)(o), for reduction of operating deficits, as defined under criteria developed by the department, incurred by a facility, as defined under sub. (6m)(a)(3), that is established under . 49.70(1) or that is owned and operated by a city, village or town, the department shall distribute to these facilities at least \$72 million in each fiscal year...**

## Diversion of ITP dollars from counties (in millions)



Good morning(or afternoon)

My name is Ross Boone. I live in Kenosha County in the Village of Twin Lakes.

I am a member of:

the Kenosha County Commission on Aging,  
the Board of the Southeastern Wisconsin Area Agency on Aging,  
the Senior Action Council,  
the Coalition of Wisconsin Aging Groups,  
the State Aging Advisory Council,  
and the Wisconsin Retired Public Employees AFSCME Chapter 7.

I speak in support of the Governor's proposed Family Care plan.

I support the proposal because I want each citizen to be living in their own home for as long as possible. And, I want whatever services the citizen does receive to be supplied in the least expensive way. I believe the Governor's Family Care proposal is a step in the right direction.

The first step was the Community Options Program. The big problem with Community Options is that services provided under Community Options are not an entitlement, but services provided in a nursing home are an entitlement.

As I understand it, the proposed Family Care plan includes a request for a waiver to obtain Medicaid funding. The plan would be to have federal, state, and county dollars follow services, not locations, as happens at present.

The dollars would not be restricted to only services supplied in a nursing home location. Not only does this give the citizens and professionals more options, it is cheaper to provide services when there are more options. The Community Options Program demonstrates this.

So, if I need help with taking medications, or eating, or bathing why should I be restricted to getting Medicaid dollars only if I am in a nursing home? If it is cheaper to give me the same services in my home, why should the state require me to go to a nursing home to access the dollars?

In addition to having dollars follow services to more locations than just nursing homes, the Family Care plan calls for making evaluations and decisions about appropriate services in local resource centers that are separated from the point of delivery of services.

We presently have an Aging and Disability Resource Center in Kenosha County. We want to keep it. My understanding is that it would be more comprehensive under the Governor's proposal.

I think that the Governor's Family Care plan should include the long term care councils it originally had. They would provide local oversight and could replace the long term support committees of the Community Options Program.

Also, I think the title, Family Care, should be changed I do not know what it should be called, maybe something to do with community. But, it is really not a proposal for Family Care.

In summary, I support the Governor's proposal. It really can give more options and provide services cheaper.

THANK YOU!

*Ross Boone*

2106 - 63RD STREET  
KENOSHA, WISCONSIN 53143

to whom ever this may Concern  
My Family have been involved with communitied  
Impact. for a long while, I'm happy with the services  
I get from them with my Childrens. I have two daughters  
that are in the program, they seems to want to  
help the Childrens that need help, give them a  
lot of things to get involved with, show them  
how to grow up, and be young women's and-  
mens, the staff that take up time with my kids  
are so nice, with them, they do things with -  
my girls that I can't do with them like do -  
activities with them get them to do things  
that I would love to do with them but I  
cant because I have other Childrens, and  
I work full time at a Nursinghome and I'm  
not always home for them, some of them even  
do house checks on my kids that are on-  
house arrest, We all need a Communitied Impact  
for families like ~~my~~ mines and a whole to lots  
of other families,

Betty platt  
& family



4-5-99,

to who ever this may concern,

My family has been with communited impact for some years. they have helped me so many time with my ~~family~~ family. My Girls seem so much in control when they are in their life's I have 2 kids that are enbowed with them now, they give me suport when I need them. when I need to talk about something, about my kids in trouble, they do to - court, and do things with them that I really don't time to do with them I think that there should always be a communited impact program for families like - mine, with kids that need ~~comitism~~ help from others - who seems to care and understand how a family is ~~supose~~ to be, with each other, we need more help like communited impact services, My two daughter's name are Tanika Cooko & Melanie Cooko, 14-15 years old I know that they need communited impact and so do I because I have 3 younger kids, to bring up and ~~if~~ if there's no communited impact what am are they - gonna do when they get into some trouble & just do to court and have none to speak up for them, have noone to have time to talk to them, or no help at all ~~to~~ We need to have communited impact around a little longer.

Concern, Betty Platt  
and family,

Apr 8, 1999

To Whom it May Concern,

As a single mom of 4 children - three of them teenagers ages 18, 17, and 15 who I consider at risk concepts. I am currently receiving services from Kenosha County ranging from in home therapy to being involved with the Dept. of Long Term Care and Aging. I was diagnosed in 1997 with Systemic Lupus and Rheumatoid Arthritis and Depression. I receive

Social Security Disability  
and require such services as  
help with housekeeping, getting  
to and from Medical Appointments  
and having adaptive equipment  
in my home. I strongly urge  
you to re-examine cutting  
the funding for this program  
and not give it to be jacked  
to house inmates.

Respectfully,  
Stephanie Hollick

To Whom It May Concern,

I'm writing to tell you how important Community Impact Program means to myself. I have been given wonderful support. I've had a lot of problems with my child & the faculty of this program has become involved and helped solve problems within our household. I've worked with this program on 2 different occasions, and both times we've had great communication in fact the program allowed me someone to talk & vent to. We believe all these programs are very beneficial to our children. My brother is a foster parent and some of his children are or have been on these programs, I find it especially important to keep these programs functioning for these children.

Community Impact is our line of communication within our family. All have been very wonderful to us.

Thank You Jackie Tubbs

4-8-77

To Whom it may concern;

I am a homeless woman with 3 children ages 11, 10, 7 years. I am currently living in the Shalom Emergency housing center. I am also enrolled in W-2 program.

I am getting a High School Diploma and studying computer programs.

The father of my children lives in Florida, has no contact or pays no support for his children. No one cares or does anything about his ~~abandonment~~ abandonment of his children leaving us penniless & homeless.

Without these programs my children and I will never make it. We will live in poverty continuously, because I haven't got the education to support my children. If you take our money and use it for prisons you might as well build a lot of them for higher

Crime rates from people  
like us who are  
struggling to survive  
and earn a better living  
and way of life!

Sincerely  
Jacalyn Miller  
Jacalyn Miller

4.7-99

To whom it may concern:

My name is Karen Jefferson and my nephew Dawson Travis is in an state program Kinship, E.D.G.E., it would hurt if there is an cut or drop on any of the said programs. So please support these programs because it means a lot to these children.

Yours Respectfully,  
Karen Jefferson



of Racine

818 Sixth Street Racine, Wisconsin 53403  
(414) 634-6303  
Fax: (414) 635-2640  
email: arcrac@execpc.com

April 8, 1999

To: Members of the Joint Finance Committee

The Arc of Racine is an organization that advocates on behalf of children and adults with developmental disabilities and their families. I am writing on behalf of our board of directors and members to comment on several areas of the governor's proposed budget and urge your support for much needed change.

**Family Care:** We believe that the reform of the current system is needed but we urge caution in making sweeping changes. We believe that building on what already works should be the approach. We especially believe that the system should *not* be privatized but should remain part of county based services. An alternative proposal written by disability groups is available and we urge that you adopt it.

**Community Aids:** The proposed cut in community aids, added to the lack of any increase in such funding in recent years, has put a burden on counties. Our county's ability to adequately meet the needs of people with disabilities will be lessened. Unfortunately there are many adults that live in Racine County that are cared for by families, rather than institutions and they are most at risk when community aids funding is decreased.

**Family Support:** Even though there are over 1,800 families on a waiting list statewide (over 100 in Racine County) no increase is proposed. Families, that once institutionalize their children with disabilities, need supports so that children can continue to live at home. We ask that the program be fully funded so that no family must "wait" for services.

**School Funding:** The burden on local schools to provide special education services continues to grow. Even with the federal and state laws mandating services, school districts are not able to meet the needs of children who need special education. The nationwide average

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The Arc of Racine  
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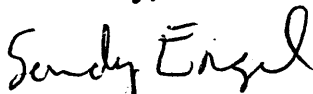
reimbursement rate is 56%. With the proposed "freeze" of funding, it is expected that our rate will be 25%. We are asking that the reimbursement rate be 50%. We also urge that the statutory language requiring the state to reimburse at 63% be retained.

***Lifespan Respite Care Initiative*** Families biggest need is respite care and finding people who will provide such care. We are asking the this new initiative be added to the budget to address the needs of families who are in desperate need of help in caring for children with severe disabilities.

***CIP/COP:*** The governor's budget proposes no new COP slots, no new CIP 1B and 1A slots and no increases in rates. The same is true for the brain-injury waiver program. We ask that funds be added and allocated the way the citizens of Wisconsin want--services which enable people to be part of community life.

Several other states have recently invested substantial funds in legislation that has been aimed at ending waiting lists and providing much needed services in the area of disabilities. We ask that you find ways in the budget to make Wisconsin more responsive to the needs of citizens with disabilities.

Sincerely,



Sandra Engel  
Executive Director

Youth & Comm. Act

I am a foster parent, homeowner in  
Heno County. Last yr. we spent 17,000  
above the stipend we were given for foster  
care payment as well as 5000 in property  
taxes. This was still not enough to  
give my children what they needed.

There are waiting lists for programs

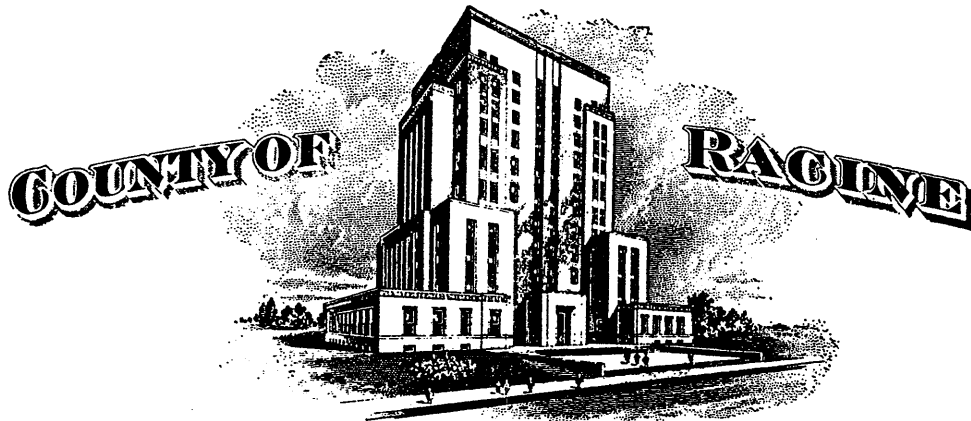
that are needed for these children  
to do their fair share of the program  
terms. They are our future and  
we cannot help them now unless future  
will all of our lives.

Shirley J. Smith

3317-86<sup>th</sup> St.

Hammond, WI 53142

414-697-9319



COUNTY EXECUTIVE  
JEAN M. JACOBSON

730 Wisconsin Avenue  
**RACINE, WISCONSIN**  
53403

PHONE 414-636-3118

April 8, 1999

To the Honorable Members of the Joint Committee on Finance:

I want to take this opportunity to welcome the Joint Committee to Racine County, and to thank you for holding this hearing here. While this County is home to two of you, Senator Plache and Representative Porter, all Senators and Representatives are paid with the tax dollars of all the citizens of Wisconsin. By bringing State Government to the people, as opposed to staying in Madison, you are demonstrating your knowledge that your "employers" live in all parts of this great state and your willingness to listen to what they all have to say.

The specific purpose of this letter is to ask you to remove from the Governor's proposed budget those statutory changes relating to the full implementation of Family Care. Here are my reasons for that request:

- ❖ **The statutory language is not necessary at this time.** Over the years, Wisconsin has developed a responsible way of examining changes in human services programs. Ideas are developed into pilot programs, which are implemented in different counties over reasonable amounts of time. This system allows the strengths and weaknesses of the programs to evolve and become evident, and permits the programs to be reworked with that knowledge. When the programs are finally adopted statewide, via the implementation of new statutory language, every county knows that they have been tried and found to be successful. That is not the case this time. The statutory language included in the budget fits pilots that have not had a chance to show how they work or if they work. The legislature will only have to do the job again later, changing the language to fit the way the pilots show us the program should be run. Only language specifically necessary to run the pilots needs to be included in this budget.

- ❖ **Family Care does not have widespread support.** Many aspects of the program being piloted now have not received the support of associations representing the potential consumers of the program, their advocates or the counties which will administer the program. The concerns of these groups, so integrally involved in the entire process, need to be addressed as the pilots progress. The fact that the concerns exist at their current levels should indicate that the final language in the budget is likely flawed and will require some adjustments as time passes.
  
- ❖ **The inclusion of the language creates mistrust.** Once the language in the budget relating to long term care is passed, the whole idea of "pilots" can be scrapped and the new program implemented in all counties at once – with no trial period. Since this program, as indicated above, does not have – except as a pilot idea – the support of many stakeholders, you must realize that it looks like the Department of Health and Family Services is trying to steamroller its ideas over the people it claims to serve and to work with. These important relationships can be preserved if the language that would enable the program to be imposed at once is eliminated.
  
- ❖ **The language creates the potential to take county government out of the Family Care picture.** Wisconsin has chosen to administer Human Services on a county level even though the great majority of other states do so on a statewide basis. One reason we do it the way we do is that we recognize that county government is closer to the people receiving the services and is more responsive to their concerns. After all, they are our relatives, friends and neighbors. Put yourself in their shoes: if a problem arises with this new and untried system, who would you rather call – a local official whom you know, or some CEO for an insurance company who neither lives nor works in your community? Take counties out of Family Care, and I can assure you that costs will increase – look at how much more it costs the state to administer the programs it "took away" from Milwaukee County – and satisfaction will decrease.

I do not want any of my objections to including the unnecessary language to give you the idea that I oppose the redesign of Long Term Care. On the contrary, on behalf of the Wisconsin County Executives and Administrators Association, the Wisconsin Counties Association and the Wisconsin Counties Human Services Association, my staff and I have participated on numerous committees and stakeholders meetings relating to this project. We fully support the pilot projects

Joint Committee on Finance

April 8, 1999

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and we fervently hope and believe that the end result will be a system that better cares for its intended consumers.

This is essential because those consumers are among our most vulnerable citizens – the elderly and the disabled. This program will impact on how they live, where they live, what level of independence they have and what level of care they receive. It will determine the service delivery system they will interact with for the rest of their lives. Surely, these people deserve the best program we can develop. They do not deserve one that may look wonderful on paper but has never been proven in actual use.

Frankly, I do not understand the rush to implement the new Family Care program. Wisconsin's Human Services system is considered one of the best in the nation. Programs developed here are regularly copied throughout the nation. In the state, I am pleased to say, the Racine County Human Services Department is recognized for its excellence. We have piloted many state programs in the past, are doing so now, and fully expect to do so again in the future. We support the pilot program idea and its careful and thoughtful administration.

I urge you, if you care for Wisconsin's elderly and disabled, if you want to preserve the excellent reputation of our Human Services System, if you want to keep Counties as your allies in the provision of those services: Please remove the unnecessary statutory language related to Family Care from the biennial budget.

Sincerely,



Jean M. Jacobson

Racine County Executive

President, Wisconsin County Executives and Administrators Association

The following testimonials are provided for you from parents that have participated in various home visiting programs in the county. The first letter was sent to the home visitors two years after the mother's involvement in the program. This mother got involved in a voluntary home visiting program after the death of her husband. She has three children and was involved in the program for approximately ten months at which time she moved out of state. The second letter was written by a mother who was very new to the community. She became involved in a voluntary home visiting program and was visited about once a month. This family found the information, support, and resources needed to get acclimated to the community. (See attached letters)

The following are quotes from parents participating in home visitation programs provided throughout Fond du Lac County. Names have been changed to preserve confidentiality.

When asked what they like about the home visitation program they replied:

"Everything...especially the baby proofing. Some things I didn't think of made Seth safer."

"Like to do the parent and child activities"

"I do more activities with Susie now, because you showed me how"

"I like to see how my child develops...from the different age groups"

"You being there helps relieve stress for me after a busy day"

"You show me how to play with the kids when they are so demanding after work"

"I wish you could come twice a week"

"Other parents experience the same things I do"

"I like to know that my kid is developing on track"

"Talking about the frustrations without feeling inadequate"

"Refreshes things you know, but neglect"

"Sometimes I had problems fitting it in my schedule, but all in all when it was over I had a good feeling, somewhat like church on Sundays"

"Interacting...child's behavior improving...family participation"

"Thank-you for helping our family"

"Meeting and talking about ways to work things out"

"Discussing and showing us how to parent"

"Gave us the strength to use our parenting skills"

"They took me to places (showed me) where things were" (Community resources)

"They had special parenting programs"

"They showed us there are more ways to teach kids the rules"

The home visiting programs in Fond du Lac County have increased parents' awareness of child development, increased communication and problem solving skills, provided structure to often chaotic households, taught non-violent child rearing techniques, empowered parents, connected families to community resources, provided parents the opportunity to network with other parents, offered individual and group activities pertaining to various areas of development, and offered parents a chance to voice frustration with parenting in the safety of their own home. Because home visiting programs are received in such a positive, non-threatening way Fond du Lac County is convinced that we need to provide more services that are considered preventive in nature. We believe that we have the greatest impact at the birth of a child. This is why funding for primary prevention is so important to us. Please read the following position paper that explains why the 1% is so needed in Fond du Lac County.

This Position Paper represents the view points of the home visiting program, Parents as Teachers, of Fond du Lac County. Parents as Teachers represents a partnership including: Fond du Lac County Social Services, Fond du Lac County Birth-3, Fond du Lac County Public Health, University of Wisconsin Extension, The Family Resource Center of Fond du Lac County, WIC, Fond du Lac and North Fond du Lac School Districts, and Head Start of Fond du Lac County. This is a county-wide initiative with the primary objective of facilitating a universal easily accessible home visitation program.

Although, specialized home visiting programs exist through Public health, Department of Social Services, The Family Resource Center and Birth to Three, the demand for services has increased; limited resources have slowed most program growth and development. Program specific eligibility criteria, limited capacity to serve, waiting lists, decreased funding, and staffing restrictions have prevented universal access to many programs, particularly Parents as Teachers. With all of the efforts in the county combined, we are able to serve less than 25% of families wanting or needing services. Additional funding would allow this county to expand the scope of the universal accessible home visiting program, allow flexibility to individualize programs, and expand the Family Resource Center to serve other families in the county thereby impacting families in a positive way.

The Parents as Teachers program of Fond du Lac County believes that each child living in this community has a right to be safe, nurtured and cared for, allowing his/her optimal development. This early home visiting program recognizes that parents are our most valuable resource in achieving these rights for our children. We believe to build successful families, our community must create an environment in which parents can meet the needs of their children. Parents as Teachers provide services to families with prevention of child abuse and neglect as a driving force. Participating parents obtain the skills and access to resources needed to be the best possible parents they can be.

Whereas, the State of Wisconsin adopted 1997 Act 283 (Truth in Sentencing Act) which requires the Department of Health and Family Services to "submit a request for funding for child abuse prevention efforts in an amount equal to or greater that 1% of the total proposed budget of the Department of Corrects" and the focus of the funds from Act 283 should be on primary prevention of child abuse and neglect, which means preventing abuse before it happens in the first place. We believe communities need support to work with and build on research-proven successes of home visitation programs and family resource centers. We also believe that communities need to use strategies which reach out to all families beginning around the time of birth. Please consider increasing funding home visitation programs because of the positive impact they have on the families in communities.

Therefore, be it resolved that the Parents as Teachers program of Fond du Lac County supports efforts to increase state resources to enable our Department of Human Services to develop and expand primary child abuse and neglect programs. We further believe that we need to preserve, maintain, and build on primary prevention initiatives that already exist in the state. We urge the Governor and Legislators to implement the directive in Act 283 and allocate to counties the equivalent of at least 1% of the Department of Corrections Budget. We are asking you to support the 1% for prevention that was adopted in the Truth and Sentencing Act. This money would have a significant impact on families living in Fond du Lac County and throughout our State. Thank-you for your consideration of this most important primary prevention initiative. You may contact Kristeen Christian, Parents as Teachers Coordinator at (920) 929-3464 with any questions.