

Joint Finance Committee:

I have been working as a PCW for 5 years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quitting - we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's. Please support the \$4.00 rate increase to agencies for MA Personal Care.

04-7-99

PCW Ylina Bonelik

Todd Palkowski PCW Testimony

April 8th 1999

Dear Legislators,

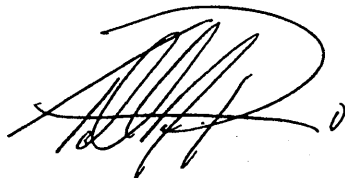
I am writing to you to encourage you to support the rate increase for Medical Assistance Personal Care, which will allow a \$4.00 hourly increase for Personal Care Workers.

For the past nine years, I have been using personal care workers on and off to increase my independent living functioning. When they are available, I am able to work full-time and live a full productive life. Some of the duties they have assisted me with are as follows: activities of daily living: bathing, hygiene cleaning, going to bed, getting me up, etc.

When they are not available, I struggle to make ends meet, I miss work, and I end up staying in a hospital longer than I should because a personal care worker is unavailable to assist me when I return home. In most cases, when workers have not been able to be secured it is because the worker found employment elsewhere for more money.

In conclusion, you can clearly see how Personal care workers are a vital part to me and many others in keeping us as tax paying, independent, productive members of our community. Therefore, I urge you to support the rate increase for Medical Assistance Personal Care, and raise PCW hourly wage by \$4.00 so we can decrease the shortage of PCW's and eliminate the "on-and-offs."

Thank you.

A handwritten signature in black ink, appearing to read 'T. Palkowski', with a large, sweeping flourish at the end.

Todd A. Palkowski

Joint Finance Committee;

I have been working as a PCW for 6 yrs. without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program the same is why good PCW's are quitting we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's. Please support the \$4.00 rate increase to agencies for MA Personal Care.

April 7, 1999
Dorothy Thomas

Joint Finance Committee:

I have been working as a PCW for 2 years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quitting - we just can't afford to work off these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's.

Please support the \$4.00 rate increase to agencies for MA Personal Care.

Date: 04/06/99

PCW signature: Polina Mulitsa



Independence First

The Resource For People With Disabilities

Dear Joint Committee on Finance:

One of our duties as Care Coordinators for Independence First is to supervise the work of Personal Care Workers. In our experience, the personal care workers are diligent and compassionate caregivers.

Through their efforts many individuals that are elderly or have a disability are able to live independently. We are concerned that the reimbursement rate to providers is not sufficient to provide a decent wage to retain quality caregivers in this field. A four dollar per hour increase in the provider's rate would allow our agency to compensate the personal care workers in a manner befitting the quality of their work. Our agency is committed to the premise that the increase be passed on directly to the personal care workers through wages and benefits.

The ability to live independently is a great privilege which the state of Wisconsin has generously supported in the past. Please continue to show concern and compassion for individuals with a disability and their caregivers, and support a four dollar per hour increase in MA Personal Care.

Sincerely,

Stacy Spence RN
Amalia Kefter RN
JODI HOSALE RN
Marge Schmidt RN

Shirley Munk RN
Margaret Aubry RN
M. Cheryl Paul RN
Herda Osburn RN



Joint Finance Committee:

I have been working as a PCW for 8 years. Without my help the people I care for could not live at their home.

Many agencies have closed because they can't afford the cost of a PCW program. The same is why good PCW's are quitting - we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW's.

Please support the \$4.00 rate increase to agencies for MA Personal Care.

Date 4/7/99

PCW Signature Angela Harris

Joint Finance Committee:

I have been working as a PCW for 5 years. Without my help the people I care for could not live at their home.

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The agency I work for has committed the increase in wages and benefits to the PCW's.

Please support the \$4.00 rate increase to agencies for MA personal care.

Date:

PCW signature: Eugene Shikhman

Joint Finance Committee:

I have been working as a PCW for 5 years. Without my help the people I care for could not live at their homes.

Many agencies have closed because they can't afford the cost of PCW program. The same is why good PCW are quitting - we just can't afford to work at these wages.

The agency I work for has committed the increase in wages and benefits to the PCW'S.

PLEASE support the \$4.00 rate increase to agencies for MA Personal Care.

04/07/99
PCW Sign. Yeva Kret

April 8, 1999

Assistive technology are devices ranging from pencil grips to power wheelchairs. It can help people turn on lights, use computers, read books, do homework, cook, clean, work independently, and so much more. Assistive technology enables people with disabilities to have access to employment, school, independent living and social activities with increasing independence. It helps people with disabilities attain goals that would otherwise be unattainable. However, in Wisconsin access to assistive technology by individuals with disabilities is in serious jeopardy.

Currently, Wisconsin residents with disabilities have access to a variety of services to help them attain necessary assistive technology through projects funded by the State Tech Act project known as WisTech. Funding for that project was reauthorized in 1998 through Technology Related Assistance to Individuals with Disabilities Act. However, funding was reduced and that project will receive a 50 percent cut, continue for the next three years and then end. In Wisconsin, there is no other comparable legislation or funding to provide technology related assistance to people with disabilities.

As an advocate with the Wisconsin Coalition for Advocacy on our assistive technology project, I work extensively with and on behalf of people with disabilities who are having difficulty obtaining the assistive technology they need to lead productive lives. I know first hand both the benefit assistive technology can have in an individual's life and the tragedy when it is unattainable.

I have worked with a 17 year old student who has cerebral palsy without the ability to speak on his own. Recently, he was able to work with his school district, the Division of Vocational Rehabilitation, and his county to purchase a communication device that is allowing him to have a voice for the very first time.

I assisted a 5 year old wheelchair user obtain an elevating seating system that allows him to independently move his chair to various heights so that he can eat with his family, work at school tables with peers, get into bed on his own, and use the bathroom on his own. He is a very happy and independent little boy.

Funding for assistive technology services is critical at the State level. Wisconsin residents with disabilities deserve the right to have access to assistive devices that will help them become independent, contributing members to our communities. WCA supports the continued funding of assistive technology services for Wisconsin Residents to include funding and appropriations for state-based assistive technology

programs through GPR dollars.

Once funded, assistive technology programs and services must include:

- ▶ Accessibility of assistive technology for individuals from all disability groups regardless of age, geographic areas and across environments such as independent living, education, employment and community integration.
- ▶ Consumer control and direction in planning, choice of services, providers, and consumer driven implementation of assistive technology services.
- ▶ Collaboration across already existing assistive technology programs.
- ▶ A system that places the primary focus on individual need.
- ▶ Development and implementation of state legislation appropriating funding for assistive technology services.
- ▶ Coordinate a systematic approach to making assistive technology, information and services available to citizens of Wisconsin.
- ▶ Funding mechanisms for individuals, not systems, that will include public, private, and individual resources (as appropriate) to obtain services and assistive devices.
- ▶ Build upon existing service delivery network and expand into new systems that are proposed as part of the redesigned state human service system.

Wisconsin citizens with disabilities are counting on you to help ensure that they have access to the assistive technology that they need to be productive members of our society. Please give them that opportunity.

Sincerely,

A handwritten signature in cursive script that reads "Terri Fuller Thomas".

Terri Fuller Thomas, M.S.
Advocacy Specialist

April 2, 1999

To the Members of the Joint Finance Committee:

I am the parent of a child who receives special education services through the Racine County School Office and reside in the Waterford School District. I am unable to attend this meeting due to a prior commitment. Please allow me to submit my input regarding the funding issue before us.

My 9 year old son has the diagnosis of autism and has been a part of state programming since age 2. In addition to school, he participates in a state funded behavior modification home program. Having a child with any disability is an extremely time consuming and labor intensive lifestyle for parents, not to mention the emotional strain it can have on family members and all who work with these kids.

When he entered the Waterford school district, I was overwhelmed by how much is involved to ensure that my son received quality programming. Through the extraordinary efforts of RCSO in coordination with my local school district, I feel that everyone involved has done all they can to achieve that goal. We have had obstacles of little to no funding to implement certain areas of his education and I am astonished that we now have to face having funds cut even further!

Please, do not allow funding to be cut any further than it already is. Racine County School Office should be entitled to the funding that was not included in the Governor's funding provision. The taxpayers of Racine County should not be forced to pay more than its fair share of taxes to make up for an oversight on the part of the state.

Sincerely,

Maggie Kumbier

Maggie Kumbier
3122 Buena Park Road
Burlington, WI 53105

Community Aides can not continue to be cut without continuing impact on the consumers being served. I am the Director of a Community Support Program in Milwaukee County as well as one in Racine County. Transitional Living Services are serving 175 people with Severe and Persistent Mental Illness in Racine and serving approximately 300 people in Milwaukee. I have seen the difference that the cuts in budgets have had in the different counties. Racine County lost an excellent provider of CSP in Goodwill Industries due to insufficient funds. Who suffered? The consumers, one of which committed suicide during the transition/engagement phase. Services have also been cut in Milwaukee. Group Home beds have decreased CSP and TCM slots have decreased. We have run a certified community support program in Milw. since 1993. Last year my team in Milw had only 1 hospitalization for 60 people. These 2 programs show how consistent community supports create a decreased need for costly services i.e. hospitalizations as well insuring a quality of life that could not otherwise be achieved. I have submitted multiple written statements from some of our consumers who were unable to attend today's meeting. The one that struck me

most was the consumer who indicated that how she was affected by CSP was "life" and what would be the result if this program is cut was "death". This is a life and death budget cut that you are discussing. The mental illnesses that are affecting these consumers are will result in deaths, drug/alcohol self-medication & criminal justice involvement, if services are cut or eliminated. Please consider carefully the lives of your constituents that will be affected. Remember when dollars relate to lives we are all held accountable. Thank you for your time in reading this statement.

Sincerely,



Elizabeth Aldred

CSP Director

Transitional Living Services

Racine County and Milwaukee County

Ladies & Gentlemen I am addressing you because I feel that if the mental health is cut, the programs that are not cut will be overloaded. I have been ~~not~~ involved in several programs that are funded by you and I feel as well as others that they have benefited me. Without ~~these~~ programs like DVR, Division of Vocational Rehabilitation, I never would have graduated from Gateway Technical College, they helped me pay for my books, and get through college with special needs, like ~~to~~ special testing and textbooks read. Another program is Homes for independent living. I benefited from this ~~I~~ when I was getting out of Winibago and had nowhere to go. I was ~~able~~ able to stay there for 6 months, till I got back on my feet. Another program I benefited from was Goodwill. The CSP (Community Support Program) helped me to get on my feet as far as controlling my money and helping to keep my medicine controlled. In January T & S Transitional Living Services took ^{over} the goodwill or CSP program. When they started the Drop-in program, I started coming down and really having fun. This stopped

me from sitting on the couch at home and melting away. As for the Crisis Center, I used that, too. When I was in my own place and did not feel real safe or even suicidal, I could go there and get counseling, a safe place. If not for them I would not be here today. These are just a few of the places I have used and all of them have helped me in one way or another. That is ~~why~~ why I am pleading with you not to cut the budget of the mental health services

Jodine F Delray
(2)

To whom it may concern,

I am a mother of 3

children and I have a few problems that I was trying to deal with. I was facing 8 charges of truancy (my child not going to school) and at my wife and with trying to get my 2 younger children to school and trying to work a job at the same time. Finally with the help of Professional Services and working with them, things now are a lot better I can work my job and support my family. My 2 children are attending school full time and all day they are not skipping class or sitting at home. The charges I was facing are dropped and my family is a lot happier and so am I.

If it wasn't for Professional Services coming into my family I would of lost everything my job, my family and my home. →

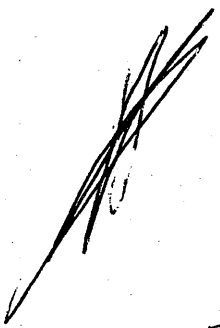
Everything I worked hard for the last 10 years was saved with the help of Professional Services.

Please keep programs like this one they really do help, more than you even know.

Thank You

Season Brown
3219 Victory Ave
Racine WI
53405

11/11/11 12:11:11



Hi, my name is Ryan C. O'Toole.
and I'm a client of PSN.
~~Scott Davis~~
Scott Davis ~~and his~~ is my
worker and friend. And I
believe they should continue
to proceed with their
work. Me and other kids
love to work ~~with~~ with them.
but it's more like playing.
Thank you for your time.
Have a nice. I hope to
continue with PSN.

Hi, my name is Sean
O'Toole I am also a
client of PSN. This is
my first ~~speech~~ speech
and I am very nervous.
So really all.

To: Kimberly Plache

If it was not for
these people I ~~would~~
would be detention
or in another home.

We can't stop these
~~programs~~ programs because
other kids need help
too. But I am still
in my home. They helped
me at school at home too.

Kayla Brown

3219 victory Ave
Kadme WI
53405

They helped me get back
in school because school
is verry important.
You have to stay in
school.

I, Patricia Bailey, personally feel that the Youth Outreach program has been done wonders for my son, Allan R. Johnson. His case worker goes out of her way to help my son who has behavioral problems and poor social skills. She tutors him, takes him places, and in all she makes him feel special. ~~My son is a very special child and I am proud of him. My case worker~~

How does that benefit me? Knowing my son has a "friend" who will take time ~~to help him~~ for him.

Patricia Bailey

Community Aids, Youth Aids

FAITH, MORALE, TRUST AND PARTNERSHIP
are on trial again.

It used to be we only threw away the sick and elderly. Now, it seems, children are being added to the list.

I am a disabled single parent of three boys and C.I.P., as well as Society's Assets have been very good to and for my family. The activities and support and friendship they've given us and the community has been invaluable.

Do you know how many adults and children have lost all faith in Government?

Do you know how many people have just given up?

It used to be when a new family moved into the neighborhood, they could expect a welcome wagon of food and new friends.

Today, instead of welcoming them, we're all on our computers to see if they're child molesters or serial killers.

No one feels safe anymore, No one trusts anymore. If someone is friendly, you wonder what they want.

This is NOT how I want my kids to view America.

Instead of building a future, we're burying it.

We're creating a society where the picket fences are being replaced with well-armed fortresses.

Do you wonder why? I don't.

If people are treated like animals or garbage long enough, then that's what you're going to get.

Animals bite and garbage carries disease.

Families in need of special services, as well as the agencies currently trying to ~~help~~ make a difference are being rewarded with abandonment, budget cuts and unemployment lines.

These budget cuts won't just affect the agencies and consumers. It will, in time, affect all Americans.

An ounce of prevention is worth a pound of cure. Intervention is cheaper than incarceration.

A penny saved is NOT a penny earned if we sacrifice our children for it.

You can MOTIVATE or INCARCERATE

You can EMPOWER or DEVOUR.

Show us an act of faith. Make us feel we're not wasting our breath.

Make a commitment to our children today, their workers and the community.

Show us some hope that society can be pro-social.

You can save lives and dollars by keeping our communities' agencies open and running.

This summer, whether the kids will be swimming and playing ball, or learning to use weapons and terror on the streets is in your hands.

Let's not give up one more child to gangs.
Let's not destroy another life with indifference.

Let's build that future and show all our children positive ways to live and function in society.

Thank you
Don O'Toole
3606 50th St #3
Kenosha WI 53144
(414) 653-8321

7321 Cliffside Dr (Community Impact)
Racine, WI 639-6113

Hi My name is Fran Wender
I am a mother of 4 biological children
and foster of unlimited.

We all need to keep in mind the
children of today are our leaders and
caregivers of tomorrow. What we give
OUR children today is what we will
get in return.

~~The at risk and in~~
The number of children at risk
and of need is escalating which in
itself is very sad, but a reality. I
believe we all need to look at ways
to put our money to good and efficient
use, not cutting programs or support
that is so needed.

When there are occasions for foster
parents to be together and discuss
accomplishments, concerns and frustration.
The top of the list is not enough
support and answers, when needed. We
as foster parents do not have the
legal right to make decisions, so we
need others to help us.

We are not educated as psychologists,
psychiatrists - We need professionals at
phones length.



You See People. We See Promise.

April 8, 1999

TO: Joint Finance Committee members

FROM: United Cerebral Palsy of Southeastern Wisconsin

SUBJECT: 1999-2001 State Budget Issues Relating to People with Disabilities

United Cerebral Palsy of Southeastern Wisconsin serves individuals with cerebral palsy and other disabilities in its programs of Independent Living, Respite Care, Employment Services, Information and Referral, and its Charlie Kapp Resource Center. As a primary provider of information and services to people with disabilities, UCP is concerned about the proposed 1999-2001 State Budget.

UCP actively promotes the advancement of the community services and supports that maximize the ability of people with disabilities to live independently and successfully in community settings. This State Budget is extremely discouraging in its treatment of these issues because it undermines the efforts of the last several years to strengthen the community service system which supports people with disabilities in their goals of living in their own homes in their communities.

While rate increases are proposed for State Centers for the Developmentally Disabled, nursing homes, and Department of Corrections, no community services for people with disabilities received rate increases or increases in numbers of people served. As a result, the Community Options Program, the Community Integration Programs 1A and 1B, the Brain Injury Waiver Program, the Family Support Program, and the Medicaid Personal Care Program remain stagnant with no provisions for serving waiting lists and no recognition of the demographic growth of people eligible for these services.

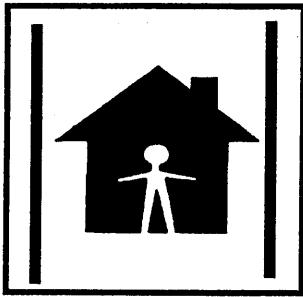
Added to that dismal picture are major funding cuts in Community Aids, a crucial funding source for many community services for people with disabilities, the elderly, and people with limited incomes. The impact of Community Aid cuts is worse in Milwaukee due to the method used by the Department of Health and Family Services to calculate decreased funding. In Milwaukee County programs such as Respite Care, supported and community employment, and supported living are funded, in part, through Community Aids dollars.

As an agency that provides a wide array of information, support, and services to people with disabilities, it is extremely difficult to know where to start to make the upcoming State Budget more "disability friendly". Individual and family needs run the gamut from supported

PAGE TWO

Respite, Family Support, and Birth to Three to supported living and employment. Considering the status of disability related funding in Governor Thompson's proposal, virtually anything would be an improvement. We ask that you, as the Joint Finance Committee, take a hard look at this budget and make adjustments to insure that the "Community Promise" is honored.

Attached is a summary of the ABLE Coalition agenda and the top issues of concern to UCP and ABLE members with regard to Milwaukee County.



The **ABLE** Coalition

"Advocating for Better Community Living Environments for People with Disabilities and People who are Elderly."

THE ABLE AGENDA ON THE 1999-2001 STATE BUDGET:

"FUND THE COMMUNITY PROMISE IN THE NEW MILLENNIUM"

*The Full Citizenship -
A Coalition of 71 Organizations
414-329-4500 (Voice)
414-329-4511 (TTD)*

*The Older Adult Services Provider
- A Coalition of 75 Organizations
414-291-7500*

*ARC Milwaukee
414-774-6255*

*Center for the Deaf &
Hard of Hearing
414-790-1040*

*National Multiple Sclerosis Society
- Wisconsin Chapter
1-800-242-3358*

*IndependenceFirst
414-291-7520 (Voice/TTY)*

*United Cerebral Palsy of
Southeastern Wisconsin
414-329-4500 (Voice)
414-329-4511 (TTD)*

*Wisconsin Coalition for Advocacy
414-342-8700 (Voice/TTD)*

The ABLE Coalition represents the combined voices of advocates who care about persons who are elderly and those with disabilities. We believe that powerful economic and social forces have converged to create the environment for a major expansion of community-based long term care in this budget:

- ✓ **Fact:** Wisconsin is enjoying record prosperity, employment and state surpluses.
- ✓ **Fact:** As documented in the LTC Redesign process, there is a bias in Long Term Care funding toward institutional care. Not enough funding goes to *community-based* long term care.
- ✓ **Fact:** The shortfall in community funding makes waiting lists continue to grow.
- ✓ **Fact:** Census figures show a 74% national unemployment rate among persons with severe disabilities. There are more than 100,000 residents of working age in Wisconsin who have a severe work disability. With record low unemployment rates in the general population and employee shortages, Wisconsin employers are looking for alternate hiring pools.

For waiting lists and the funding bias to be addressed, we need a major infusion of new dollars in community-based programs like COP, Community Aids, and Family Support. This would level the playing field and build the infrastructure to make Long Term Care Redesign work in the New Millennium. Without a major infusion, Redesign may be unrealistic and therefore difficult for many people to support.

With sufficient investment in employment and training programs for persons with severe disabilities, we can decrease the unemployment rate among this group and provide new resources to employers.

"Invest in Individuals not Institutions"

FOR THE 1999-2000 BIENNIUM, THE ABLE COALITION SUPPORTS:

❖ LONG TERM CARE REDESIGN ("FAMILY CARE") ❖

A Single Entry Point for long term care services and the development of a LTC system in which the funds follow the individuals. ABLE is concerned that consumers continually be brought into the discussion of the ongoing development of Family Care. At this time, ABLE supports the Survival Coalition's modifications to the DHFS Family Care proposal. Regardless of what happens to any Family Care legislative proposals, ABLE supports having a plan for allocating the resources currently in the budget to other community-based long term care programs in the event the legislation fails.

❖ PROGRAMS TO SUPPORT COMMUNITY LIVING ❖

Community Options Programs (COP, COP-W & CIP): Increase funding to serve the 8,000 individuals on the waiting list. Estimated cost: \$50 million GPR dollars over the biennium.

Brain Injury Waiver: Full funding for all existing Brain Injury Waiver slots and additional funding to pay for all HCFA approved slots for the biennium.

❖ MEDICAL ASSISTANCE ❖

Co-Payments: No additional MA co-payment burden to SSI/DI recipients.

Personal Care: ABLE supports the Wisconsin Coalition of Independent Living Centers' initiative to raise the Medicaid Personal Care Services reimbursement rate by \$4.00 an hour to \$15.50/hour. This rate increase is necessary to ensure that Personal Care Workers (PCWs) earn a liveable wage and to enhance the viability of this profession and service. Estimated cost: \$23 million dollars over each year of the biennium (\$9.5 million GPR dollars and \$13.5 million federal dollars).

❖ SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI) ❖

Provide parents with disabilities receiving SSI the pre W-2 grant levels for the care of their dependent children. This assistance, known as the "Caretaker Supplement" (or C-Supp) should be funded with TANF dollars. Estimated cost: \$9 million in GPR and \$17 million TANF in FY 00, \$100.3 million GPR and \$16 million TANF in FY 01.

Maintain the current State supplement payments to individuals receiving federal SSI support, allowing federal COLA increases to pass through to individual recipients.

❖ LIFESPAN RESPITE ❖

ABLE supports the initiative of the Respite Care Association of Wisconsin to pass the Lifespan Care Bill. The Lifespan Care Bill would a) establish a statewide vehicle to coordinate efficient, consistent, quality respite care in Wisconsin; b) allocate funds for start-up costs and maintenance; and c) increase families'/primary caregivers' respite care options and availability. Estimated cost: \$250,000 in GPR dollars.

FOR THE 1999-2000 BIENNIUM, THE ABLE COALITION SUPPORTS:

❖ COMMUNITY AIDS ❖

SHORT TERM: Full restoration for the lost federal funding in Community Aids. Estimated cost: \$8 million dollars, including \$2.9 million in emergency contingency funds;

LONG TERM: The establishment of a work group to address the issues of Federal funding cuts within Community Aids funding and the impact on Wisconsin communities.

❖ EMPLOYMENT OPPORTUNITIES ❖

Restoration of \$3 million in GPR over the biennium to the Division of Vocational Rehabilitation to maximize employment training and placement opportunities. ABLE supports increases in community aids to increase supported employment opportunities.

ABLE supports the following with regard to the Wisconsin Works (W-2) program:

- ❖ The expansion of child care subsidy eligibility to children with disabilities or chronic health conditions (estimated cost of \$1.5 million TANF dollars);
- ❖ Disregarding SSI as a source of unearned income when determining W-2 program eligibility;
- ❖ Eliminating the barrier to receiving W-2 grants for parents who have a prior employment history and are caring for a child with a disability;
- ❖ The expansion of W-2 supportive services to include intensive case management and benefit counseling for parents with disabilities;
- ❖ The elimination of W-2 time limits for families headed by a parent with a disability who is unable to work yet ineligible for Social Security;
- ❖ The elimination of W-2 Transition category or an increase of the W-2 Transition grant to equal that of the Community Service Job (CSJ) income level;
- ❖ The full funding of Kinship Care, to facilitate faster eligibility determinations (currently takes 8-12 weeks) and to provide Kinship Care assistance as of the date of application.

❖ TRANSPORTATION ❖

Eliminate Wisconsin Statue 59.968 (9) (b) which poses a barrier to cross-county paratransit services and the full implementation of the ADA. ABLE supports an increase in funding for the 85.21 program. Estimated cost: \$16 million from DOT resources over the biennium.

❖ TECHNOLOGY ❖

Increase funding to maintain and capacity-build the WisTech program, AgriBility and the Parent Education Project for persons with disabilities. The investment is critical as long-term federal funding is scheduled to decline over the biennium. Estimated cost: \$343,000 in GPR dollars.

ABLE supports an initiative to establish a \$1 million dollar low- or no-interest loan fund for persons with disabilities in need of adaptive equipment and/or other mechanical, technological or structural accommodations.

**THE ONLY WAY FOR LTC REDESIGN TO WORK IN THE YEAR 2000
IS TO START TO FUND IT NOW!**

I PSG/CIP

7 APRIL 1999

TO WHOM IT MAY CONCERN:

My NAME is LENNY DIXON, I AM A PATIENT AT THE "ONCOLOGY HEMATOLOGY ASSOCIATES CLINIC" IN GURNEE, ILLINOIS. I'M ALSO A TERMINAL COLON & LIVER CANCER PATIENT. AND IF IT WERE NOT FOR THE WONDERFUL PEOPLE AT "PRO. SERVICE GROUP", I WOULD BE HERE

IN PERSON TO CONGRADUATE ALL OF YOU FACE TO FACE FOR HELPING MY FAMILY TURN THEIR LIVES AROUND. YOU HAVE HELPED US THROUGH A REALLY ROUGH TIME IN OUR LIVES WHICH ISN'T OVER YET. I WOULD NOT BE AT MY CHEMOTHERAPY TODAY! IF WERE NOT FOR YOU WONDERFUL PEOPLE, THANK YOU EVER SO MUCH FOR SAVING MY LIFE AS WELL AS HELPING OUR CHILDREN GET STARTED BACK ON TRACK. AND WITHOUT THESE PEOPLE GOING ABOVE & BEYOND THEIR CALLING OF DUTY {MR. TOM MARTIN, MISS TAMMY, ZAR ECK I ALSO - VAL CHRISTY} 😊 I WOULD NOT BE ALIVE TODAY! I WOULD LIKE TO THANK THEM WITH ALL MY HEART. THEY REALLY DO MAKE A DIFFERENCE IN PEOPLE'S LIVES SO I WOULD HAVE TO SAY BUDGET CUTTING WOULD BE A VERY BIG MISTAKE, BECAUSE THEY ARE ALL A LOT OF FAMILIES HAVE TO DEPEND ON. REMEMBER WE ARE ONLY ONE FAMILY" I'M SURE THERE ARE 100th OF FOLKS THAT NEED HELP AND NO WHERE TO TURN. MY FAMILY AND I WOULDNT RECOMEND NO ONE ELSE BUT THE NAMES + MORE WE COULDN'T ABOVE, BECAUSE
OVER mention

II

they ARE SO polite & KIND! AND VERY good
with CHILDREN. I KNOW because my kids,
don't just ADAPT to MANY people, but YOUR
STAFF THAT WORKS WITH US OUR GREAT.

THANK YOU ALL AGAIN VERY MUCH
FOR EVERYTHING. GOD BLESS AND
KEEP YOU ALL, FOR ALL OF US THAT
NEED YOU...

YOUR'S TRULY
THE "DIXON" FAMILY
MARY, LENNY, MISSY, SAMMY
NEDDIE & COARIE

PSG/CIP

TO WHOM IT MAY CONCERN,

FOR THE THOUGHT OF TAKING THE FUNDING OUT OF PROGRAMS FOR KIDS AND ADULTS THAT NEED EXTRA HELP. I THINK THAT THE PEOPLE SUGGESTING THIS PLAN SHOULD REALLY BE RE-CONSIDERED AND THINK ABOUT THE DECISION YOU'RE MAKING. FOR INSTANCE, A CHILD HAS A PROBLEM WITH BURNING THINGS IN THE HOUSE AND ANOTHER HAS A PROBLEM WITH SUICIDE. SAY THERE WERE ONLY 3 YOUTH COUNSELORS AND 2 COUNSELORS WERE OFF BECAUSE OF BUDGET CUTS AND ONLY 1 COUNSELOR WAS ON DUTY.

SHE DOESN'T KNOW WHICH ONE TO HELP. THAT'S WHY WE NEED ~~PAR~~ YOUTH PROGRAMS LIKE PSG AND CIP. ALSO, THE SHALOM CENTER REALLY HELPED MY FAMILY. WITHOUT THE SHALOM CENTER, WE WOULD BE ~~ON~~ THE HOMELESS THAT'S WHY YOU CAN'T TAKE FUNDING OUT OF THESE PROGRAMS. THE SHALOM PROGRAM HELPS PEOPLE GET A PLACE TO STAY AND FOOD IN OUR MOUTH. WHY WOULD YOU TAKE THIS AWAY FROM PEOPLE WHO NEED THIS? THE SHALOM CENTER ~~GET~~ HELPED GET MY FAMILY INTO COUNSELING. LASTLY, MY YOUTH OUTREACH WORKERS FROM LINCOLN NEIGHBORHOOD CENTER HELPS ME STAY IN SCHOOL.

Courtney Lewis
McKinley Middle School
7th grade 14^{age}

PSG/CIP

My name is Lisa Miller and I would like to tell you a little bit about myself. I am a single mother of a 19 month old child, Joshua.

I have had assistance from PSG to help me take care of Josh. and move into my own apartment.

During my time with PSG I have gone through some rough personal experiences which I have felt comfortable sharing with my workers.

During these times my PSG workers were always a phone call away and within minutes were there to help me out.

I would like to tell you that these programs are important in my life.

Thank you for listening,
Lisa Miller

PSG/CIP

To Whom it may Concern

Professional Services Group

Came in to my family for help in Jan. 99. The reason they came, was I asked for their help to help me with my children to listen to me.

help me take them to counseling.

I need them to do activities with my older children. I have a big family (7 children)

Amy & Mike has helped me with my children they have behavioral problems and my son is very positive and really likes doing things with Mike. Amy works with my girls and they love her.

I'm afraid if these services are no longer the same my children will go back to the way they were before they came into our ~~lives~~ lives.

My other son Jason is in foster care and he will be coming home and my husband will be coming home ~~also~~ and Jason has problems. I need all the service they provide

So we can have a pleasant and
happy family again.

I need Mike & Amy help with the
schools and all activities. I also
need help with transportation.

I also need Mike & Amy to provide
anger management with my boys.

When I tell my boys Mike not
caring because he has emergency
they are upset I feel my family
need all the service they provide
So please keep them in my family
my son doesn't talk about suicide
any more. I love my children I
believe we need their services.

Thank you for reading my letter
and if you have any questions me
you can call me. Thank you

Sue Whiteaker
654-5482



March
of Dimes
Saving babies, together

Birth Defects Surveillance in Wisconsin

Cost Estimate

To fully implement an active birth defects surveillance system, approximately \$500,000 per year would be required. This cost estimate is based on making this system a very comprehensive one. The breakdown is as follows;

8 medical record abstractors at \$25,000 + fringe = \$250,000

1 medical records supervisor at \$32,000 + fringe = \$40,000

1 program director at +/- \$50,000 + fringe = \$62,500

2 clerical support staff at \$18,000 + fringe = \$45,000

1 database manage/programmer at \$40,000 + fringe = \$48,000

1 epidemiologist, already on staff

Travel expenses for data abstraction and data quality = \$25,000, primarily for mileage, if staff worked out of the Division of Public Health regional offices, this might be somewhat reduced

Computing services = \$15,000 (+10 notebook computers to start out)

Total Annual Funding Needed - \$490,000

Rationale for Funding Request

The eight abstractor estimate is based on the Centers for Disease Control (CDC) estimate that one abstractor can do approximately 8,000 - 10,000 births per year. It might prove necessary over time to increase the supervisor/field support staff but one is probably sufficient at first. Also, if the appropriation is annualized, phasing in the abstractor staff would be advised as the first staff will need to be trained, probably out of state, then help train the others.

Variables to consider include:

Where program is housed - If it were at UW or the Medical College of Wisconsin, there might be some aspects that could be done more cost-effectively

How workload is assigned among abstractors - How often each hospital is visited (I.E. daily,, weekly, monthly) based on birth volume or number of neonatal intensive care nursery discharges.

Geographic Challenges - Abstractors may be able to do records abstraction on only 8,000 cases per year because Wisconsin is such a large state.

For more information contact Amy Richardson at 414-886-8977 or amymod@aol.com

Testimony on Birth Defects Surveillance
Wisconsin Joint Finance Committee

My name is Ann Grittinger. I am a volunteer and part time employee for the Great Northern Lakes Chapter of the March of Dimes Birth Defects Foundation. Thank you for the opportunity to present testimony today on behalf of the March of Dimes support of increased state funding for a comprehensive birth defects surveillance program in Wisconsin.

The mission of the March of Dimes Birth Defects Foundation is to improve the health of babies by preventing birth defects and infant mortality. A birth defects surveillance program will improve the health of our babies by counting the number of babies born with defects and pointing to ways we can prevent or treat congenital conditions.

The need for expanded birth defects surveillance programs has existed for many years, but the tragedy of operating without one was recently brought to national attention by the crisis in Brownsville, Texas. In that community, a cluster of birth defects was detected only when a nurse recognized that, in one 36-hour period, three babies had been born with anencephaly - a fatal defect in which a large portion of the brain and skull are missing. She then contacted the Texas Department of Health and an investigation was initiated.

Because Texas did not have a birth defects surveillance program, it took five years to discover that Cameron County had a rate of neural tube defects three times that of the national average. Even then the cluster was discovered only by chance. We too could be completely unaware that a cluster of birth defects is occurring in Wisconsin in epidemic proportions. Without effective surveillance of birth defects, there is no way that we can learn of these clusters, let alone prevent them.

Our state cannot afford to let clusters of birth defects go undetected. Birth defects are a major health problem, occurring in children of all races, economic classes, and in every part of the state. Birth defects are the leading cause of infant mortality. In Wisconsin, every year, it is estimated that 200 babies die as a result of birth defects. We know this from infant death certificates, but we do not know how many infants are born with and survive a birth defect.

There are model programs that show how surveillance and research can be combined to study the relationship of birth defects to factors such as nutrition, tobacco use, occupational hazards, and toxic substances in the environment. Only a quality state birth defects surveillance system will accurately identify birth defects and provide data that can be used to study causes.

Successful birth defects surveillance programs in some states and other countries have helped prevent repeats of the thalidomide tragedy by

identifying early on a problem with another prescription drug that could have caused birth defects worldwide. Counting and studying birth defects clusters also led to identification of Fetal Alcohol Syndrome, after generations of damage.

A strong birth defects surveillance program would include:

- active surveillance of some or all areas of the state
- routine analysis of data
- investigation of clusters
- use of information in planning prevention and treatment services
- published reports to share with others
- provision of information to families and communities

A state birth defects program would provide data needed to investigate the cause of birth defects, assess progress of prevention and evaluate the need for services. Surveillance systems enable health officials to monitor infant health and look for clusters of birth defects. The detection of birth defects should not be left to chance.

The March of Dimes urges you to protect communities throughout the state with enhanced birth defects surveillance and research. Additional funding is needed to restore our program to full capacity. The volunteers and staff of the March of Dimes look forward to working with you to prevent birth defects.



PREVENTING EVEN ONE CASE OF SPINA BIFIDA ANNUALLY
WOULD PAY FOR AN ACTIVE BIRTH DEFECTS SURVEILLANCE SYSTEM IN WISCONSIN.

BIRTH DEFECTS SURVEILLANCE FACT SHEET

POLICY ISSUE:
EACH YEAR IN
WISCONSIN NEARLY
2,000 BABIES ARE
BORN WITH BIRTH
DEFECTS.
ALTHOUGH A STATE
STATUTE EXISTS
FOR BIRTH DEFECTS
SURVEILLANCE,
WISCONSIN'S
SYSTEM IS NOT
ADEQUATELY
FUNDED OR
STAFFED TO TRACK
THESE BABIES.



**MARCH OF DIMES
RECOMMENDS:
COMMIT
\$400,000-500,000
IN THE STATE
BUDGET FOR BIRTH
DEFECTS
SURVEILLANCE
TO SUPPORT DATA
COLLECTION,
ANALYSIS, QUALITY
IMPROVEMENT, AND
EDUCATION/
PREVENTION
ACTIVITIES.**

THE HISTORY OF BIRTH DEFECTS SURVEILLANCE IN WISCONSIN

◆ THE PAST

Wisconsin's Birth Developmental Outcome Monitoring Program (BDOMP) was established by law in 1988, based on the 1984 Healthy Birth Task Force recommendation to "strengthen current efforts to collect, analyze and utilize maternal and child health data." In the ten years since Wisconsin's BDOMP was established, the state has not fully invested in this important program.

◆ THE PRESENT

BDOMP currently resides in the Division of Public Health within the Program for Children With Special Health Care Needs with GPR funding for one FTE position. Work is underway to rewrite the current legislation to more adequately meet this growing public health need, however, a major financial commitment must be made to ensure that state public health planners have accurate data for health prevention and service planning to prevent birth defects.

◆ THE FUTURE

An active case-find Birth Defects Surveillance system would require a total staff of 6-8 to support data collection, analysis, data quality improvement, and education and prevention activities. Also needed are enhanced computer hardware/software including notebooks for personnel reviewing medical records at hospitals on-site, funding professional consultation and technical assistance.

THIS SYSTEM WOULD:

- ◆ Provide data on the incidence and prevalence of birth defects
- ◆ Develop baseline data for research on long-term effects of birth defects
- ◆ Target public health resources
- ◆ Evaluate public health programs and services

WHY IS THIS A NECESSARY STEP?

◆ ECONOMIC IMPACT OF BIRTH DEFECTS:

Birth defects cost billions of dollars per year for health care and special education services in the United States. A state investment in birth defects surveillance would work to reduce future state health care costs through birth defects prevention. **SOME FACTS ABOUT BIRTH DEFECTS:**

- ◆ Children with birth defects account for 25-30% of all pediatric hospital admissions.
- ◆ The National Centers for Disease Control and Prevention (CDC) cites birth defects systems (and resulting targeted prevention/education services) as a leading contributor to reducing birth defects.
- ◆ Accurate data are essential for estimating the economic impact of birth defects.

◆ COST SAVINGS OF PREVENTING BIRTH DEFECTS

Based on a lifetime per patient cost of \$294,000 for spina bifida, the 31 Wisconsin cases reported in 1995 would cost \$9,114,000. While aggressive public health education is needed to prevent neural tube defects, Wisconsin lacks a surveillance system that would aid in monitoring and evaluating such an effort.

◆ HOW FOLIC ACID CAN PREVENT SOME BIRTH DEFECTS

Each year, approximately 4,000 pregnancies in the United States are affected by a defect of the spine (spina bifida) or brain (anencephaly), also known as NTDs (neural tube defects). The B-vitamin folic acid can help to prevent 40 to 70 percent of these birth defects every year. However, according to the Centers for Disease Control and Prevention (CDC), most women do not consume enough folic acid daily to protect against these serious birth defects. **Public health education is needed.**

FOR MORE INFORMATION PLEASE CONTACT:

Dr. Russell S. Kirby, Associate Professor and Coordinator of Research for the University of Wisconsin Medical School - Department of Obstetrics and Gynecology Sinai Samaritan Medical Center - Milwaukee - Phone: 414-219-5610 Email: r-kirby@whin.net

Ms. Amy L. Richardson, March of Dimes - Phone: 414-886-8977 Email: amymod@aol.com



March
of Dimes
Saving babies, together

Birth Defects Surveillance in Wisconsin

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Geographic Challenges - Abstractors may be able to do records abstraction on only 8,000 cases per year because Wisconsin is such a large state.

FOCUS / HEALTH CARE

State funding shift limits services to disabled

By David Schuyler

The state's Division of Vocational Rehabilitation plans to increase its reliance on funding sources that waste money and will cause reduced services, say advocates for people with disabilities.

The Wisconsin Division of Vocational Rehabilitation administers the federal Vocational Rehabilitation Program, which assists people with disabilities in finding and maintaining

Thompson administration relies on new funding to reduce state costs; advocates complain of delays

employment.

In the 1999-2000 biennial budget now being formulated by Gov. Tommy Thompson, the Division of Vocational Rehabilitation will continue to decrease its reliance on state money, according to the Department of Workforce Development secretary's office. The DVR is a division

of the DWD.

Advocates for people with disabilities claim that funding the division through these "third party agreements" means less money for counselors to spend on individual services.

"It's ridiculous to try to fund the program the way they want to fund it," said Charlene Dwyer,

disability advocate representative and past chair to the state Rehabilitation Planning and Advisory Council.

DVR counselors work with clients to provide services as part of a vocational rehabilitation plan.

Services can include disability assessments, vocational or psychological evaluations, training, college education and job placement.

The population of people with disabilities in Wisconsin is estimated at 100,000, according to 1996 figures. In the federal fiscal year ended Sept. 30, 1998, the DVR served 34,532 people.

In the same fiscal year, the DVR placed 4,643 people in jobs, including 3,632 in wage or salaried positions, 344 in supported employment requiring a job coach, and 238 self-employed, said Rick Hall, DVR program specialist.

MATCHING FUNDS

As the administrator of a federal program, the DVR is funded primarily with federal dollars. In order to capture the federal money, how-

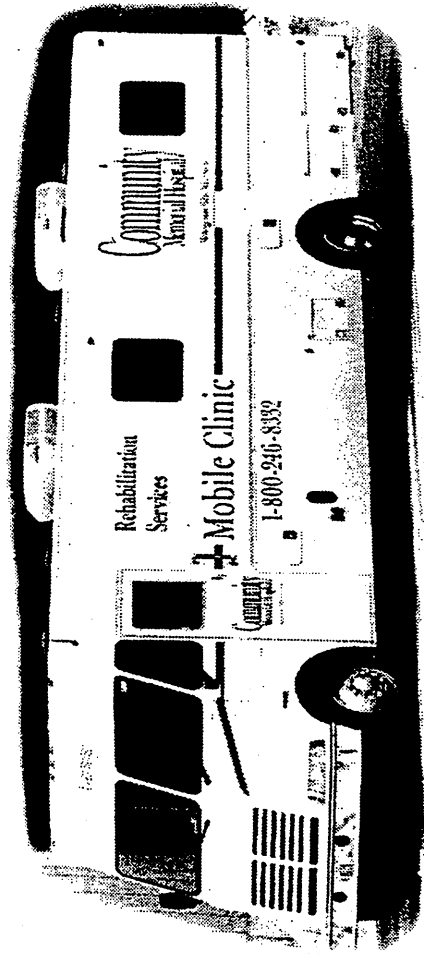
"It's ridiculous to try to fund the program the way they want to fund it."

— Charlene Dwyer,
Rehab Planning/Advisory Council

ever, the state must provide matching funds equal to about 22 percent of the federal allotment, which is about \$46.7 million in the current fiscal year, Hall said.

Another option available to capture the allot-

**Inside You'll Find Everything You Need
To Improve Productivity, Morale,
And Reduce Employee Health Costs.**



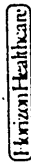
(Plus it fits in your parking lot.)

Community Memorial Hospital's Mobile Rehab Clinic brings worker rehabilitation right to your work place, on your schedule. This saves employers both time and money. We're committed to helping workers return to maximum potential. The Mobile Clinic helps employers through:

- Decreased travel and mileage expenses
 - Lowered indemnity payments
- Decreased lost work time and employee turnover
 - Decreased medical/rehabilitation costs
 - Decreased travel time

And in addition to rehabilitation, our staff of occupational and physical therapists and vocational counselors, can help workers avoid injuries before they occur. At Community Memorial Hospital, we know healthy workers make a business strong. For more information on how the Mobile Rehab Clinic can make your work place healthier, happier and more efficient, call the Worker Assessment & Rehabilitation Center at 253-7086 today.

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Memorial Hospital

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MENT, WHICH IS ABOUT 10 PER CENT OF THE BUDGET FOR THE FISCAL YEAR, HALL SAID.

Another option available to capture the allotment is what is called third party cooperative agreements. A third party is a state agency other than the DVR, a local government agency or a nonprofit organization which contributes money to the DVR to be used as state matching funds.

In recent years, the percentage of the state's contribution of matching dollars has been reduced, leaving the division to rely more heavily on third party match, said Robert Stuva, executive director of Rehabilitation for Wisconsin Inc. in Madison.

From about 1994, the growing federal allotment began to outstrip the state's ability to generate matching funds, he said.

"To handle that, the department began to put out calls for money from other public agencies," Stuva said.

The problem with third party match is that it limits the options DVR counselors have in serving clients, said Stuva.

"The agency that puts up the matching does call the shots as to what types of services that money can provide," he said.

Those services, many advocates say, don't necessarily serve the people who need the most assistance.

COLLEGE CONNECTIONS

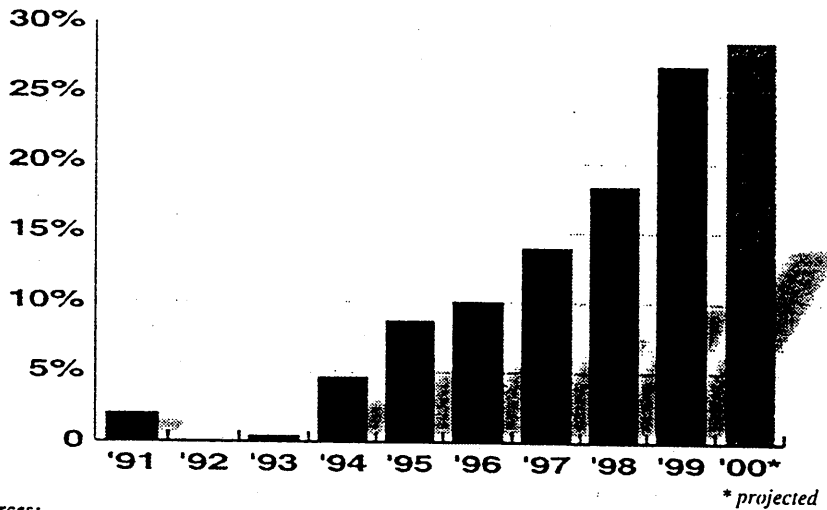
Approximately 60 percent of the cooperative agreements made by DVR are with community colleges and universities, Stuva said.

The majority of the services provided by those institutions are tutorial and interpreting services for DVR clients, said Linda Vegoe, coordinator at the Client Assistance Program in Madison, a federal program which addresses complaints from DVR clients.

Vegoe's concern regarding third party con-

Third-party funding

The Wisconsin Division of Vocational Rehabilitation has relied increasingly on third-party funding sources outside the state government in recent years.



Sources: Rehabilitation Services Administration, Legislative Fiscal Bureau, Department of Workforce Development

tracts with the educational institutions is that the people who are able to use those services aren't high priority clients.

"They would probably fall on the lower end of the scale," she said.

Advocates also say that the resulting reduction in general purpose money, which can be used at a counselor's discretion, would result in fewer available services.

Proving that point is difficult, they admit.

"There's been some real service delays," said Julie Alexander, who is independent living services and advocacy coordinator at IndependenceFirst, a Milwaukee nonprofit organization that assists people with disabilities in living on their own.

"(The delays) are there," she said. "It's just hard to document."

The Rehabilitation Services Administration, the federal agency overseeing the states' vocational divisions, recently completed a draft report on alleged service problems experienced by DVR clients in early 1998. The final report will be completed once the DVR has the opportunity to respond to the RSA's findings, Vegoe said.

The percentage of DVR services paid for with third-party funds was about 2 percent in 1991, according to a 1995 report from RSA. By 1998, that figure grew to 18.3 percent, according to a state Legislative Fiscal Bureau report.

FREEZING STATE'S SHARE

The percentages are rising not only because of the increasing amounts of third-party funds, but also because the state has frozen its share

of the money for case services at 1997 levels.

The state's contribution for 1999 fiscal year will be the same as that in the last two years, said Lenn Schneider, DVR budget analyst.

And the trend is expected to continue.

The Department of Workforce Development plans to increase its reliance on third-party funding in the next two years, said Jan Van Vleck, special assistant to the secretary's office at the Department of Workforce Development.

In federal fiscal year 1999, the DVR is expected to receive 27 percent of its case services budget through third-party contracts. In 2000, the percentage will rise to 28.7 percent, Van Vleck said.

The division is relying more on third-party funding due to budget cuts across the board, Van Vleck said.

The governor has asked all departments to suggest cuts of 5 percent in their budgets, said Mark Bugher, secretary of the Department of Administration.

The administration also believes that the third-party funding is good for the state.

"This does provide an opportunity to help reduce the reliance on taxpayers," said Bob Hanle, team leader for the education and training team in the state budget office of the Department of Administration.

"This is a legitimate way of capturing federal money," he said.

It is still possible for the Thompson administration to pump more state money into the DVR.

"It's not too late for the governor to add to the budget," said disability advocate Dwyer.

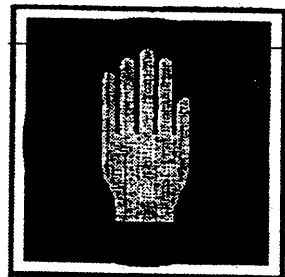
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- ❖ Shampoo

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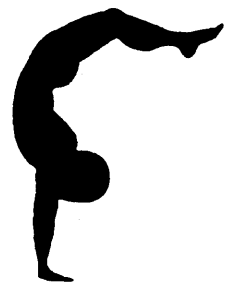


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Good Morning,

Thank you for the opportunity to share my viewpoints on the proposed pharmacy budget cut.

If I may, I would like to spend just a minute and give you a little background on myself. I am a pharmacist, having graduated from the University of Wisconsin in 1970. I owned my own pharmacy for 17 years, and since 1990 have been the Pharmacy Director for Group Health Cooperative of Eau Claire, which owns and operates 5 pharmacies. When prepaid medicaid expanded in 1996, we opened up our pharmacy program, and I now act as a pharmacy benefit manager to 320 pharmacies covering a large area of Wisconsin. I feel I have a unique perspective on pharmacy reimbursements because I am able to set the rates, and then observe what effect those rates have on our pharmacies. Like you, I also have to walk that tightrope between being ethical and fair to our provider pharmacists and at the same time fiscally responsible to those who employ me. ~~The black and white world I thought existed when I was a pharmacy owner turns out to be mostly gray. However, in my mind, the issue of decreasing pharmacy reimbursement is definitely a single color.~~

I believe there are two separate issues to decreasing pharmacy reimbursement. What it does to the overall drug budget, and what it does to the provider pharmacies.

I have a simple slogan I use when dealing with reimbursement formulas. "Prescription prices are high because drug prices are high". I expect our pharmacy benefit to increase 21% this year. This is an amazing number, and my boss practically swooned when I told it to him. If I could somehow convince all of our pharmacy providers to work for (free) the pharmacy budget would still increase 13%. Yes, only 8.1% of our drug budget goes to reimbursing pharmacists for dispensing medication and all the personal care that goes with it. So if we cut the pharmacy reimbursement by 10% (a disastrous number I might add), the total pharmacy budget would decrease less than 1%. ~~As a counter example, the new antiarthritic drug Celebrex is expected to add 3% to our overall drug budget. One drug!~~ So while I applaud anyone trying to decrease the drug budget (~~or as we used to say during the 70's "decrease the rate of increase"~~), I believe the pharmacists are targets because compared to drug companies they are "easy pickin". And what is worse, a huge decrease in pharmacy reimbursements will have a minimal effect on the overall drug budget.

I want to state that when I talk about community pharmacies, I have a very large tent. Wal-mart, Walgreens, Shopko, K-Mart, Target, and other chains are definitely included in my definition. These organizations all have people who live and work in their community. They donate to charities, pay taxes, and support other local businesses. Being fair to them is about more than just being fair. We reimburse our provider pharmacies, including our own, at a rate several dollars above the current proposal. Yet I'm amazed when I see how tough on pharmacies even our reimbursement rate is. ~~When I enter our own pharmacies the word Ebenezer seems to be on everyone's lips.~~ I honestly fear that my whole profession is going to become a loss leader, and that patient care will be the loss in loss leader. I can guarantee you that Medicaid pharmacy reimbursements, as they now stand, are no pot of gold for pharmacists. Please don't harm a valuable group of professionals, especially since it will have hardly any effect on the problem you seek to cure.



Bob Wildenberg
Director of Pharmacy Services
Group Health Cooperative
Eau Claire

Members of the Joint Finance Committee, thank you for the opportunity to address you today.

My name is Ken Schaefer. I am a Pharmacist and work for Shopko Pharmacy. Shopko Pharmacy has 42 pharmacies in the state.

I am here today to discuss the proposal that seeks to cut \$7.5 million dollars in state funds from the MA Drug component of the Department of Health and Family Services' portion of the budget. The total cut to the pharmacy budget actually amounts to \$18 million dollars per biennium due to the federal matching funds that the state receives. If the proposed decrease results in a cut to the already low pharmacy reimbursement rates, many pharmacists across the state will no longer be able to service Medicaid patients. This is not crying wolf but an unfortunate reality.

Please do not force pharmacy into becoming the new "dentists" of Medicaid. Dental MA reimbursement rates were cut so low years ago that most dentists could not, and still do not, service MA patients. In Wausau the majority of the dentists do not take MA patients. Wausau does have a federally funded clinic named the Bridge Street Clinic that does provide dental services. But what will happen to the state when there are no more federal dollars to fund the clinic? In this budget, an increase in dental reimbursement rates is being proposed to lure dental providers back and help ease the access problem. However, in the same budget, pharmacy reimbursement is being severely threatened, and this could create an even greater shortage in pharmacy services than the current dental shortage that DHFS is trying to solve!! It is unfortunate that DHFS has apparently not learned from its past mistakes.

Members of the committee, I realize that \$7.5 million dollars is a big hole to fill, but at some point the merits of the case and the concerns that are being raised must outweigh the funding dilemma. Plain and simple, any cut to pharmacy reimbursement is extremely dangerous and threatens the availability of pharmacy services throughout the state. For years pharmacies have been closing in Wisconsin at an alarming rate. Others have had to decrease services to stay in business. I fear that any further cut to MA pharmacy reimbursement will truly be the reason pharmacy backs away. It will be "in short" a business decision. A pharmacy can not afford to provide MA services at a loss.

It is also important for you to know that the pharmacy services I am referring to is not solely based in the dispensing of medications. Pharmacists in Wisconsin provide numerous intangible benefits to all patients along with services that directly result in decreased costs. For example, pharmacists prevent thousands of dangerous drug interactions and allergic reactions, work with patients to optimize medication efficacy and compliance, and collaborate with physicians to better manage patients' drug therapies and disease states. Studies show that these types of pharmacist interactions save billions of dollars every year in the U. S. The MA patients of Wisconsin cannot lose access to the beneficial and specialized kind of health care that only pharmacists can provide. In many cases we are the health care providers whom have the most access to these patients in need of very specialized services.

In conclusion, it is very important to note that pharmacy's concerns about this budget proposal are not about a broken promise by the governor, they are not about decreased profits and they are not about reimbursement rates failing to keep up with inflation for the past 15 years. No, pharmacy's concerns about a cut to MA reimbursement center solely on patient care and pharmacy's future ability to provide Medicaid patients with the care and pharmacy services that they need. If any cut goes through the future availability of these services will be in great jeopardy, and the state will lose far more (in both quality of citizen life and money) than it seeks to save. Please eliminate this costly and dangerous proposal.

EDGEWATER HAVEN FACT SHEETS

WRITTEN TESTIMONY - JOINT COMMITTEE ON FINANCE PUBLIC HEARING,

APRIL 13, 1999, BETWEEN 10:30 am and 5:00 pm IN STEVENS POINT, WISCONSIN

1. Edgewater Haven received approximately 75% of it's cost in Medicaid revenues to care for it's frail elderly guests. Our private pay skilled rate of \$125.00 per day is 31.4% greater than the \$95.13 Medicaid daily rate, compelling the private resident to subsidize our Medicaid deficit.
2. The anticipated Medicaid rate increases of 1.77% and 1% during the first and second years of the 1999-2001 state budget, respectively, are woefully inadequate to offset targeted cost increases of between (3) and (8) percent for supplies and equipment during the same period. How will we be able to hire additional staff needed and increase wages for present staff if we cannot adequately meet the financial demands imposed by inflation?
3. Presently, the turnover rates for our staff (by position) are as follows:

Part-time Registered Nurse	33%
Part-time Licensed Practical Nurse	150%
Full-time Certified Nursing Assistant	17%
Part-time Certified Nursing Assistant	130%

In addition, we routinely utilize between 150 and 200 hours of expensive staff overtime to meet resident care needs.

4. Our pay scale is relatively restrictive as determined, to a large measure, on the reimbursement we receive from Wisconsin for our services provided to Medicaid (70% of Total occupancy) beneficiaries. By position, historical hourly rates by position are:

A. Housekeeping, Laundry and Kitchen

	<u>Hourly Rate</u>		
	07/01/96	07/01/97	07/01/98
Probation	6.59	6.79	6.99
60 days - 2 years	7.01	7.22	7.44
2 years - 5 years	7.25	7.47	7.69
5 years - 8 years	7.48	7.70	7.93
8 years - 12 years	7.56	7.79	8.02
12 years - 15 years	7.93	8.17	8.42
15+ years	8.10	8.34	8.59

B. Certified Nursing Assistants, Therapy Aides

Probation	7.68	7.91	8.15
60 days - 2 years	7.87	8.11	8.35
2 years - 5 years	8.08	8.32	8.57
5 years - 8 years	8.28	8.53	8.79
8 years - 12 years	8.37	8.62	8.88
12 years - 15 years	8.76	9.02	9.29
15+ years	8.91	9.18	9.46

C. Cook

Probation	6.64	6.84	7.05
60 days - 2 years	7.26	7.48	7.70
2 years - 5 years	7.50	7.73	7.96
5 years - 8 years	7.73	7.96	8.20
8 years - 12 years	7.82	8.05	8.29
12 years - 15 years	8.19	8.44	8.69
15+ years	8.35	8.60	8.86

D. Cook's Helper

Probation	6.59	6.79	6.99
60 days - 2 years	7.14	7.35	7.57
2 years - 5 years	7.37	7.59	7.82
5 years - 8 years	7.58	7.81	8.04
8 years - 12 years	7.67	7.90	8.14
12 years - 15 years	8.05	8.29	8.54
15+ years	8.21	8.46	8.71

E. Maintenance Man	07/01/96	07/01/97	07/01/98
Probation	7.67	7.90	8.14
60 days - 2 years	8.47	8.72	8.98
2 years - 5 years	9.15	9.42	9.70
5 years - 8 years	9.38	9.66	9.95
8 years - 12 years	9.49	9.77	10.06
12 years - 15 years	9.87	10.17	10.48
15+ years	10.02	10.32	10.63

F. Maintenance Man Assistant

Probation	6.99	7.20	7.42
60 days - 2 years	7.69	7.92	8.16
2 years - 5 years	7.97	8.21	8.46
5 years - 8 years	8.19	8.44	8.69
8 years - 12 years	8.30	8.55	8.81
12 years - 15 years	8.67	8.93	9.20
15+ years	8.84	9.11	9.38

G. RN - LPN	Starting Wage	Average Wage	Highest Wage
RN	16.46	17.50	19.69
LPN	12.18	12.98	13.21

Staff Shortages

In each of the following staff categories, on average, these positions were budgeted but the facility was unable to fill in 1998,

Position	Ave. Starting Hourly Wage		Budgeted FTE Positions	Ave. # of Vacant FTE Positions	Average Length of Time to Fill a Vacant Position
	1997	1998			
a. CNA	7.68	7.91	49.0	1-2	6 weeks
b. LPN	11.83	12.18	5.6	.5	1 year
c. RN	15.98	16.46	14	1	3 months
d. Dietary Aide	6.59	6.79	8.9	0	30 days

Recruitment Techniques Used

Which of the following recruitment methods are you currently utilizing? For those methods used by your facility, please rate their level of success ranging from; 1-unsuccessful; 2-moderately successful; and 3-very successful. Please circle each method you use:

	Unsuccessful	Moderately Successful	Very Successful
a. Advertising in local publications	①	②	③
b. Other publications	1	2	③
c. Sign on bonus for new employees	1	2	3
d. Recruitment bonus for current employees	1	2	3
e. On-site training for Nursing Assistants	1	2	3
f. Shift differential	1	2	3
g. "Weekend-only" differential	1	2	3
h. Higher wages in lieu of benefits	1	2	3
i. Flexible scheduling	1	2	3
j. Outreach to students	1	2	3
k. Linking with community through colleges	1	2	3
l. Tuition reimbursement/assistance	1	2	③
m. Professional image of Nursing Assistants	1	2	3
n. Use of regional pools	1	2	3
o. Transportation to and from work site	1	2	3
p. Child day care	1	2	3
q. Other (please describe)	1	2	3

① LAUNDRY
HSP/PA
MAINTENANCE

② NURSING

③ DIETARY
③ DIETARY

③ CNA'S

(TURNOVER
CONCERNS)