

# Retired and Senior Volunteer Program of Wisconsin

## Introduction:

The Retired and Senior Volunteer Program is part of a national program which involves people age 55 and over in providing volunteer service to community agencies, utilizing their many skills and talents to positively impact their communities.

## Current Status of Projects

Currently, there are:

17 projects serving 29 counties	12,833 RSVP Volunteers
	1,280,222 Hours of Service (1998)
	1,760 Volunteer Stations

The value of volunteer service is reported by the National Independent Sector to be \$14 an hour.

RSVP volunteers in Wisconsin generated \$17,923,108 worth of service to their communities in 1998.

### Current Funding:

Corporation for National Service (Federal)	\$ 739,795	32%
State Department of Health and Family Services	502,654	22%
Other: (includes local funding, grants, in-kind, and fundraising)	<u>1,048,955</u>	46%
Total	\$2,291,404	100%

RSVP needs increased financial support from the state to:

- Maintain volunteer services - especially in rural areas
- Respond to increased requests for volunteer services from nonprofit and public agencies
- Expand projects into additional counties.



### Request for increased state funding: (Contracts are awarded on a calendar year basis.)

#### 1. Current Projects

	<u>1st year</u>	<u>2nd year</u>	<u>1st Year</u> (6 mos.)	<u>2nd Year</u> (12 mos.)	<u>Total</u>
16 projects @	\$7,500	\$15,000	\$123,750	\$247,500	\$371,250
1 project* @	\$3,750	\$ 7,500			

Additional funding for 4 multi-county projects serving rural areas \$11,250      \$22,500

\$ 45,000	\$ 90,000	\$135,000
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#### 2. Expansion of current projects into contiguous counties.

10 counties @	\$10,000	\$20,000	\$100,000	\$200,000	\$300,000
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#### 3. Expansion - Addition of

1 new project @	\$25,000	\$50,000	<u>\$ 25,000</u>	<u>\$ 50,000</u>	<u>\$ 75,000</u>
			\$293,750	\$587,500	\$881,250

\* (A new Federally funded project in Appleton is requesting 1/2 of the amount requested by the other 16 projects this budget year.)

RSVP projects have a positive impact on the communities they serve:

- In the Western Dairyland project, 40 volunteers provided 20,385 trips to medical and social appointments for human service clients, elderly and disabled.
- In July, 1997, ADVOCAP's RSVP was awarded the first "America Reads" Programs of National Significance grant in the state. Teachers reported students involved had an increased desire to read and had a better attitude toward school in general.
- In Brown County, 900 students in 16 elementary schools learned about making good decisions, peer pressure and asking for help through the BABES program (Beginning Alcohol/Addictions Basic Education Studies), a colorful puppet program that teaches.
- The Racine project connects senior volunteers with at-risk youth as tutors and mentors.
- The Director of Volunteer Services, Franciscan Skemp Healthcare in La Crosse, states: "The Doll Project involves seniors making and donating cloth dolls for pediatric patients. I recognize that this program serves not only children, but seniors as well by giving them a sense of community with the doll maker groups and pride in the joy they give others through their craft."
- In Kenosha, RSVP volunteers prepare thousands of sandwiches each summer at the Salvation Army so that children get at least one decent meal a day.
- The Rhinelander Logging Museum is staffed by 84 RSVP volunteers who save the city \$28,413 per year (based on \$6.15 per hour).
- An RSVP volunteer assigned to the Head Start Program on the Red Cliff Indian Reservation not only to read to children but spent 60 hours sewing traditional costumes for the children.
- In Walworth County, many seniors needing/receiving Long Term Care could not remain at home without RSVP volunteers visiting and shopping for them. Grocery stores in the county do not, for the most part, deliver; and the few that do charge \$10.00 plus the order must be at least \$30.00. Few seniors can afford that.
- Because 5 Portage County RSVP volunteers spent 670 hours taking photos for driver licenses at the Department of Motor Vehicles, the office was more efficient, and customer waiting time was decreased. Staff were freed up to spend time with more complicated requests.
- Fourteen volunteers staff the Madison Police Department Information Desk and work on crime prevention projects. Police Chief Williams states: "Burglary rate in Madison have decreased, and improvements are being made in other areas. This is due, in part, to the fact that the RSVP volunteers have freed my officers to focus on more pressing matters."
- In Rock County, volunteers serve affordable, hot, nutritious meals and deliver meals to homebound seniors that keep seniors able to live in their homes.
- In Waukesha County, 600 seniors learned how to prevent scams from 8 volunteers in the TRIAD Program.
- In Douglas and Milwaukee Counties, RSVP volunteers provide telephone reassurance to seniors who live alone.
- In Outagamie County, 20 volunteers are involved in one-on-one tutoring and mentoring activities with children. This new project has joined a collaborative effort to further ignite a large mentoring movement in the Fox Valley. As a result of this effort, General Colin Powell will visit in April 1999 as the featured presenter at a summit on mentoring.

**Fact Sheet**  
**Portage County Retired and Senior Volunteer Program**  
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The mission of the Portage County Retired and Senior Volunteer Program is to provide opportunities for people age 55 and over to find meaningful involvement in the community through volunteer service, utilizing the skills and experiences developed over a lifetime to meet community needs.

1999 Budget

Federal Government (through the Corporation for National Service)	\$ 52,202
State Government (GPR through Wisconsin Bureau on Aging/LTC Resources)	\$ 19,770
County Government (through Portage County Board/Department on Aging)	\$ 38,198
Local (inkind)	\$ 5,036
<b>Total</b>	<b>\$115,206</b>

Background

- ◆ RSVP started nationally in 1965 and locally in 1976.
- ◆ Sponsored locally by the Portage County Department on Aging to serve all of Portage County.
- ◆ Part of the National Senior Service Corps administered federally by the Corporation for National Service.

New Initiatives Possible with Increased Funding

- ❖ Working with county social workers and staff from the Wisconsin National Guard, provide local mentors for at-risk youth who complete the Badger Challenge, a rigorous 22 week program designed to instill lifestyle changes and self discipline while getting the participants on track to earn a GED. The local mentor is required by the program and often difficult for the student to identify.
- ❖ Address the often negative stereotypes held by junior high school students and older adults by expanding volunteer opportunities at local junior high schools to include tutors in science labs, library assistance and recording textbooks for students with disabilities.
- ❖ Expand the successful America Reads tutoring program to two additional elementary schools that have a high percentage of low income students and/or lack necessary staff to provide specialized reading services.

Impact Examples

- ★ Because 8 Portage County RSVP volunteers spent 800 hours providing child care at First Home, a licensed facility for pregnant and parenting teens, the teens were able to attend school to complete requirements for graduation from high school. At a cost of \$7.50/hour for childcare this represents a savings of \$6,000.

- ★ Because 14 Portage County RSVP volunteers visited juveniles in detention each week, 481 juveniles spent time in a group setting talking with a concerned older adult. In addition 73 juveniles requested and received a one-on-one visit with a volunteer to set goals that address the behavior that resulted in detention. The volunteers report that it is in the one-on-one visits that the real work is done and positive change in attitude is more apparent.
- ★ Because 23 Portage County RSVP volunteers spent over 3200 hours preparing donated items for sale in a local thrift shop, low income county residents could purchase clothing and furnishing at reduced cost.
- ★ Because 5 Portage County RSVP volunteers spent 670 hours taking photos for driver licenses at the Department of Motor Vehicle, the office was more efficient and customer waiting time was decreased. Staff were freed up to spend time with more complicated requests.
- ★ Because 19 Portage County RSVP volunteers were certified as presenters in the Beginning Alcohol and other Addictions Basic Education Studies (BABES) program, 470 second graders at 8 elementary schools met puppets named Recovering Reggie and Donovan Dignity and learned about good decision making and asking for help.
- ★ Because 17 Portage County RSVP volunteers service over 1100 hours distributing commodity food, low income families received assistance in providing food for their families.

#### Results

In 1998, 694 RSVP volunteers in Portage County provided over 64,000 hours of service to community agencies. RSVP provides the agencies with comprehensive volunteer management assistance prior to recruitment and placement of volunteers. RSVP volunteers receive program benefits including aging and volunteer resource information, recognition of service, excess insurance coverage and travel assistance. These benefits provide older volunteers with the support they need to maintain their chosen level of involvement.

#### Clients Served

98 public and private nonprofit agencies and programs in Portage County use RSVP volunteers. Through these agencies the volunteers touch the lives of county residents from birth to old age. Those served include homeless or isolated people, people with Alzheimer's disease and other acute, chronic and terminal illness, frail older people, low-income families, teen mothers, at-risk youth, people with physical, mental and learning disabilities and refugees learning English.

#### Volunteer Activities

RSVP volunteers are active in Portage County in many diverse areas. Examples are: mentoring youth in the county juvenile detention facility and area junior high schools as well as the Alternative High School, teaching good decision making skills to second graders using colorful puppets, cuddling infants and toddlers at a group home while teen moms attend high school, responding to emergency situations through the local Triad Victim Assistance Program, providing clerical assistance to many nonprofit agencies, visiting nursing homes with a puppy from the local humane society, providing companionship to an older adult who is isolated and depressed.

April 13, 1999

## JOINT FINANCE COMMITTEE HEARING---STEVENS POINT, WI

Thank you Representative Gard and Senator Burke for the opportunity to speak to this committee today. My name is Reginald R. Westphal and I practice oral and maxillofacial surgery in Stevens Point at 520 Vincent Street. I am an independent solo practitioner with a staff of six and a half full-time employees. Thank you for bringing this hearing to Stevens Point because it greatly facilitates the process of government and demonstrates to us your concern and consideration.

I am here to speak in favor of the Governor's budget bill relating to the proposed changes for the Medicaid program; specifically the dental Medicaid program. I am pleased with the proposed budget increases for the dental Medicaid program, but I hope for much more. It is my sincere hope that we can all agree that this budget cycle is the time to do what is necessary and right for the children, the young people, and the elderly who are in great need of basic dental services in Wisconsin. I know we can do this!

**Step one.** We need to solve the paperwork problems which are slowly, but surely, destroying the dental Medicaid program. I am positive that we **can create a reimbursement system that is just as "user friendly" as any other dental reimbursement plan** operating within this state under the supervision of the State Insurance Commissioner. This will tremendously benefit the recipients of care. Delays of care will be reduced or eliminated. This will promote utilization. An efficient, responsive pre-determination system will ensure that the designated benefits you have legislated will, in fact, be provided on a daily basis to the needy. I can assure you that by creating a "user friendly" system we will automatically ensure increased provider participation. The paperwork problem, I believe, is the number one issue preventing delivery of dental Medicaid benefits; all other problems pale in light of this major roadblock. When we fix the reimbursement system the dental Medicaid program will recover and achieve the success we all are hoping for today. Why do I say this? The dentists of this state voluntarily donate tens of thousands of dollars in care to the needy each year without any compensation because it is a "user friendly" method of care provision. Yes, the current low reimbursement level is an important element of the dental Medicaid dilemma but, I submit to you, that the methods of pre-determination and reimbursement are just as important to us as providers of care. There is nothing that can overcome this "user friendly" roadblock except removal. We can do this!

**Step two.** The governor's budget increase is an essential "step in the right direction", and we applaud him for this. In 1981 25 million dollars was spent on dental Medicaid reimbursement. This year the state has projected only 9 million dollars in dental Medicaid expenditures! Currently only about 7 tenths of one percent of the Medicaid budget is spent on dental care. For our dental Medicaid program to achieve its intended goals this percentage must increase. This percentage must increase in order to provide the amount of care, and level of care, required in our great state. Continuing to increase this percentage each budget cycle will, over the long haul, provide increased access to care because it will encourage more dentists to participate as providers. You ask, "Why?" Let me explain. The overhead cost of most dental practices in this state is about 70%---nearly double that of the average medical practice. Compare this to a dental Medicaid reimbursement percentage of 55% in Portage County, according to the latest figures from the BHCF. Statewide the dental reimbursement figure is about 53%. Dentistry desperately needs your help to close this **critical "operational expense gap"** so dental providers can maintain fiscal responsibility within their respective practices while providing Medicaid dental services to those most in need of them. We need to shoot for a reimbursement level of 85% of "current" filed fees; a reimbursement level last used in 1981!

**Step three.** We need to create now an ongoing **long term DENTAL MEDICAID TASK FORCE** that will assist the legislature in implementing Steps One and Two. We, as a profession, stand ready to assist you and the legislature in this endeavor.

**Step four.** Let us not forget the future availability of dental practitioners for our state. Please be aware that the dentists of this state support the capital budget proposal for the state's assistance in building a new dental school at Marquette University. I received my dental training like the majority of dentists in Wisconsin; at Marquette School of Dentistry. If this were to change our state will suffer. We need this new educational and clinical facility to ensure that Wisconsin will remain a leader in dental education and maintain an adequate supply of dental care providers; dentists and dental hygienists. Please join with us in achieving this vital goal.

Thank you for your attention and the opportunity to address you today regarding the Governor's budget proposal for the upcoming state budget cycle.

P.S. Please see attached informational sheets.

## **SPECIFIC CONCERNS**

*The needy people of Wisconsin, especially the children and elderly, are increasingly experiencing pain and suffering. We must do something while there is yet time and the will to do it. Please help us to achieve this worthy goal.*

1. **FILED FEES need to be kept current** and not lagging years behind the actual cost of care delivery. Reimbursement "filed fee" levels are currently based on the "filed fees" of 1991 (for adults) and for the "filed fees" of 1995 (for children). We can do this!
2. **INCREASES IN THE REIMBURSEMENT RATE should not be delayed** several months into the budget cycle due to delays in implementation by the DHFS. We can do this!
3. **REIMBURSEMENT LEVELS MUST INCREASE to the 85% level of "current" filed fees** in order to encourage enough dentists to join the program and ensure adequate delivery of care. We can do this!
4. **MORE THAN A 10% INCREASE in the dental MEDICAID funding is absolutely required** to ensure long term program stability. You simply can not serve more people with fewer dollars each year and still expect the need to be met. We can do this!
5. **DELIVERY OF DENTISTRY IS INHERENTLY DIFFERENT FROM THE DELIVERY OF MEDICAL CARE.** This difference translates into large differences in the cost of delivery. Approximately 70-80% of dentists in Wisconsin deliver care as general practitioners; the inverse of medical care delivery which is high on the specialty end. These practitioners are, for the most part, solo operations or small partnerships. Their practices run like miniature hospitals as far as intensity of labor and scope of procedures. But, they are not hospital based or clinic based. Hence, the only operational funding for their practices comes from fees for service—this is what directly pays the overhead. No government grants or other moneys are available to assist them in offsetting the current "operational expense gap" (the difference between Medicaid fee reimbursement and their hard costs of care delivery). Every dollar lost has a direct impact on practice viability i.e. the business of dentistry. We can do this!
6. According to information the dental profession has obtained from the LFB, **THE LANGUAGE OF THE CURRENT PROPOSAL MUST BE CHANGED TO REFLECT THE MONIES THE GOVERNOR'S BUDGET PROPOSAL HAS ALREADY ADVANCED** for the dental Medicaid program. This will allow for \$2,973,900 to be added to the dental Medicaid funding for the first year of the biennium budget and hopefully about that same amount, or greater, for the second year. We can do this!

7. **THE SECOND YEAR "TIE-IN" OF "REIMBURSEMENT RATE INCREASE" TO THE FIRST YEAR'S INCREASE IN NUMBER OF RECIPIENTS TREATED** is not going to work. We need more time to convince dentists that the program has improved, get them certified, and train them in the paperwork before we will see any real increase in the number of dentists available to treat more people. It will take a little time, and real change, to convince them that we have changed our level of commitment and truly altered our course in a positive direction. We can do this!
  
8. **THE PAPERWORK LOAD SHOULD BE "USER FRIENDLY" AND NO MORE COSTLY OR CUMBERSOME THAN ANY OTHER DENTAL INSURANCE COMPANY NOW DOING BUSINESS IN WISCONSIN.** The huge paperwork burden has generated additional significant costs for providers, frustrating them to the point of leaving the program and deterring others from joining. The dental providers and their staff members have struggled beyond the limits of what is considered, to use a common insurance term, "usual and customary" in the business world. Nevertheless, they are a good group and will "try again" if a concerted, earnest effort is made to "fix it". We can do this!
  
9. **WISCONSIN CAN NOT AFFORD TO ALLOW ITS ONLY DENTAL SCHOOL TO FADE INTO OBLIVION.** We need to have a healthy School of Dentistry in Wisconsin. Marquette University is the logical partner in this venture; building a new dental educational and clinical facility. Every dollar the state spends will return multiplied to the people of Wisconsin. The state should support this effort to the fullest measure possible. The only caveat we might suggest is to locate the new facility out at the Medical College hospital / clinic complex. This would infinitely improve the dental school educational experience as it relates to facial and oral pain management, geriatric dentistry, pediatric dentistry, and hospital dentistry----areas of anticipated growth and need in the next century. Finally, there are possibilities for **coupling state funding support and/or tuition forgiveness with mandatory participation in the dental Medicaid program and/or practice location requirements in areas of demonstrated need.** This could help us solve the manpower distribution problem and simultaneously bring Medicaid dental services to the people who most need them in the poorer areas of the state. This is a WIN—WIN plan. And, we can do this!

4/12/99  
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Date: April 13, 1999

To: JOINT FINANCE COMMITTEE  
Co-Chairman Mr.Gard & Mr.Burke

From: Harland H. Kirchner  
Northern Wis. Area Education Center, Chair:  
Wisconsin Health Education System, Secretary

SUBJECT: WISCONSIN AREA HEALTH EDUCATION SYSTEM FUNDING

FIRST: Thank you for holding this hearing in Central Wisconsin. You saved me Three hours of travel time as well as mileage.

CONCERN:Federal Funds for Rural Health have dropped significantly for our next fiscal year. We need an additional amount of \$700,000 over and above the State allocation of \$800,000 to provide the services that we have been providing in rural health. I ask you to support that added amount so that we can continue to provide our distance learning and other "HEALTH" services.

An Example: A couple of years ago, some of us worked with the folks in our neighboring community of Marion and they received a grant to work with UWM on a pilot program to upgrade nurses. During that period they upgraded 35 nurses using video conferencing from Madison to the Clintonville Health Center. The funding and instruction was complete and therefore terminated. Nurses did not have to travel over 10 miles to get this training. This was a great savings in time and travel costs and they were pleased.

I believe that the continuation of these kinds of programs would result in many more of our health providers with an opportunity upgrade their skills and knowledge to help the many underserved people in North Wisconsin.

I believe that I am speaking for most of Wisconsin Rural People when I am making this request to assist in upgrading health care and a health information source for many of our residents.

To Assist in this shortfall of revenue, North Wisconsin AHEC has implemented a Membership Fee to access the HEALTH-NET Medical Information and Support. This should generate approx. \$15,000.

UWM as a Member of the Wisconsin AHEC System is considering providing courses of Medical Instruction on " The Ahec Network" to make it readily available thru AHEC across the State of Wis. A Fee Structure will be implemented for these Credit Courses. Other Members of WHES include Wis. Univ System Schools, The VTAE System Schools, Marshfield Clinic, Gunderson Clinic and many Hospitals, Clinics and Health Groups.

"Thank You for Listening."

P.S. Please also support "Badger Link" a vehicle to keep costs down and greater access to serve the people of Wisconsin.

**TAYLOR COUNTY  
HUMAN SERVICES DEPARTMENT**

To: Members of the Joint Finance Committee

From: Susan Hady, Director *SHH*  
Taylor County Human Services Department

Date: April 13, 1999

RE: **TESTIMONY ON 1999-2001 BIENNIAL BUDGET REQUEST**

Greetings from Taylor County. The Human Services Board would like to take this opportunity to convey concerns regarding the Department of Health and Family Services (DHFS) 1999-2001 State Biennial Budget Proposal. The so-called state and county partnership between DHFS and the counties is languishing and our efforts to provide input to DHFS have met with indifference. We no longer have a voice in matters which are vitally important to county boards, taxpayers, and constituents. The budget proposal submitted by DHFS reflects a lack of responsiveness in spite of repeated attempts by counties to communicate the consequences of state fiscal policies. Three major areas of concern for us include Community Aids, Youth Aids, and Long-Term Care Redesign (also known as Family Care).

**COMMUNITY AIDS**

Our largest source of general purpose state revenue for human services is the Community Aids allocation. This funding is particularly important because it is not earmarked, which permits county agencies the flexibility to use these funds as dictated by local needs. Community Aids provides funding for state-mandated and court-ordered services. Examples include foster care, child abuse and neglect services, and programs which serve the developmentally disabled and mentally ill. While the demand for these services increases year after year, the Community Aids allocation has either remained flat over the past three state budget cycles or has been reduced. This has forced counties to raise property taxes in order to make up the shortfall.

**Recommendation**

We are requesting that the DHFS proposed cuts in Community Aids be restored, and that an annual increase in Community Aids should be implemented commensurate with the rate of inflation. We cannot overemphasize the importance of the Community Aids allocation since it is the foundation upon which we build our agency budget.

### YOUTH AIDS

The Youth Aids allocation provides funding for juvenile delinquency services including placements at Lincoln Hills, other out-of-home placements, community services and delinquency prevention efforts. This program was established in 1979 and the allocation to counties has been based on the funding formula that was developed two decades ago. This formula is now outdated and needs to be revised. Additionally, state funding for juvenile delinquency services has been outstripped by growing caseloads and expanding needs. In Taylor County, for instance, we needed an additional \$78,000 in Youth Aids revenue in order to pay our bills in 1998. This shortfall in state funding will have to be made up by local property tax dollars. This is a substantial amount of money for a small county with limited resources.

### Recommendation

We endorse the proposal of the Wisconsin Counties Association that the state provide an additional fifteen million dollars through an updated Youth Aids formula as well as an additional ten million dollars to the Community Intervention Program which funds prevention efforts. We also believe there needs to be an annual inflationary increase to keep up with rising costs of purchased services and juvenile correctional facility charges.

### FAMILY CARE

The Department of Health and Family Services have been working on a redesign of the long-term community care system including the Community Options Program. County concerns regarding the redesign effort have not been well received by DHFS. We are very frustrated over portions of the proposal which are unrealistic and unworkable, reflecting a lack of understanding on the state's part as to how all the components fit together to enable the system to be viable. We are fairly certain that DHFS lacks an appreciation for some of the consequences of their proposed changes.

Three of our most serious concerns include the lack of adequate funding for the new system, the new earmarking of 22% of Community Aids dollars for resource centers, and the proposal to privatize the care management portion of the system. The state's goal to create a privatized managed care system has been opposed by our citizens who have voiced their opposition at our annual public hearing.

### Recommendation

We are strongly advocating that the Family Care Program be deleted from the Biennial Budget Proposal except for the portion concerning pilot projects. We recommend that all pilots be given adequate time to be thoroughly tested and evaluated by all stakeholders.

Members of the Joint Finance Committee

April 13, 1999

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Additionally, a thorough analysis of the results of the pilot counties needs to be completed by an objective, unbiased, and independent organization other than DHFS. We also strongly recommend that the Alternative Model proposed by the Coalition of Wisconsin Counties and Advocacy Groups should be included as a pilot. The Alternative model builds upon and enhances rather than destroys the current system. Upon completion of the pilots and prior to the passage of legislation which would propose a statewide implementation of Family Care, public hearings should be conducted throughout the state to allow all parties to bring concerns to the attention of the state legislature.

The plethora of unfunded state mandates such as the recent requirement for caregiver background checks, administrative hearings for substantiated perpetrators of children and the elderly, and the need to establish rehabilitation review panels, has created a fiscal crisis in counties throughout the state. Unfunded mandates and rising costs of juvenile corrections and other human services are placing tremendous burdens upon the resources of counties. We need additional dollars in Community Aids and Youth Aids in order to meet these demands.

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**TESTIMONY BEFORE THE JOINT FINANCE COMMITTEE  
STEVENS POINT, APRIL 13, 1999**

My name is Harry Pokorny. I am the President of the Portage County Coalition of Aging Groups; a member of the District 7, Coalition of Wisconsin Aging Groups Executive Committee; and an Alternate to the Governing Board of CWAG.

I wish to speak about three items in the 2000-2001 Proposed State Budget. They are Family Care, the Community Options Program, and Specialized Transportation for the Elderly and Disabled.

Family Care, as envisioned, would be great for the elderly and disabled of Wisconsin. It proposes one-stop shopping at a Resource Center, where the persons and their families will be given the information they need to make an informed decision about the type of care they need. This overall view is exciting and exemplary, because it would allow a person to easily find out what is best for themselves. Right now, there are over forty federal and state programs for people in need of long term care., if they need public assistance. There is no, or little, provision for someone who needs partial or no public funds. Anyone who needs long term care, or their caregivers, has to find out about these federal and state programs; what each covers; the extent of that coverage; who to contact; what forms need to be filled out; who can fill out these forms; if an interview is needed and who has to be interviewed; where the request has to be sent; the wait period for a decision; and so on. Unless you have had to go through this process, you cannot begin to imagine how time consuming and exhausting this process can be.

With Family Care, someone needing help has to make only one contact, the Resource Center. From there on, they are guided through the maze. The person needing the care is given the options available to them, makes an informed decision as to the best care available, and it is implemented through the Care Management Organization. Best of all, it doesn't matter if the person's care is to be funded entirely, partially, or not at all with public funds. That is why it is so important to fund the Family Care Pilot Program as proposed. It would pool all of the monies available for long term care, and the money would follow the person. The person would have a choice in their own care.

The pilot counties are just establishing their programs, working out the bugs, and establishing Care Management Organizations. They need the expansion and funding as proposed in the budget to make this a viable plan. The elderly and disabled of Wisconsin are counting on your support to help them have a choice in determining their long term care, thus helping them to live as full a life as possible. Family Care gives them hope. Don't destroy it.

Until Family Care is implemented state-wide, the elderly and disabled are relying on the Community Options Program. Unfortunately, the proposed budget does not

increase the number of people served by this program. There are almost 11,000 elderly and disabled people waiting to be helped by this program.

Nursing homes are essential in the caring of people. However, it should not be the first choice of care as it is now. The 11,000 people on the COP waiting list says that these people do not need the highly skilled care nursing homes provide, but rather, with some help, can remain in the community, at less cost to themselves and to the public.

The present system is biased toward nursing home care. The size of the waiting list means that persons needing long term care who do not want to go into a nursing home, have to wait three, four, or more years to get the help they need. My sister, who has Cerebral Palsy, lives in Milwaukee County. She waited over five years to get into the COP program. She, like others on the waiting list, could have gone into a nursing home at any time, but she wanted to be independent and live in her own apartment. Therefore, she struggled for over five years to cope, while waiting for the little help she needed.

The elderly and disabled who need some help to live alone, have three choices: wait up to five or more years for the help they need; be institutionalized; or die. There is a need for nursing home care, but someone who needs a little help to live alone, should not be forced into that setting.

The whole waiting list of the elderly and disabled could be eliminated for \$45 million over the biennium. This amount would be matched by over \$65 million in federal funds under the COP waiver programs. This money, while a significant investment, is only 13% of the tobacco settlement money. Florida, Massachusetts and New Jersey have proposed using tobacco money for elderly programs, especially for long-term care. The Coalition of Wisconsin Aging Groups has passed a resolution calling for the tobacco settlement money to be used for smoking prevention programs and for health care. COP is an ideal program for these dollars.

Since 1993, I have been advocating for adequate funding for the transportation needs of the elderly and disabled. It was grossly underfunded in 1993, and it still is in 1999. According to the proposed budget, it is to continue to be grossly underfunded through 2001.

The proposed budget calls for a 3.5% increase in FY2000 and a 2.1% increase in FY2001. That is, in FY2001, there will be \$500,000 more than in FY1999. The total amount spent on elderly and disabled transportation will still be less than one-half of one percent of the DOT budget.

In February, 1995, the DOT released the results of a study it did called "Translinks 21". It stated that "*Translinks 21 includes a \$195 million increase above the current levels over the entire 25 year period for the County Elderly and Disabled (Section 85.21) Program. This funding will provide 2.6 million additional one-way*

*trips per year—double the current level*". To meet this goal, the DOT would have had to increase the 85.21 budget an average of \$7.8 million per year beginning in FY1996. However, the FY1999 total budget is only \$9.2 million and the proposed budget for FY2001 is \$9.7 million , or almost \$47 million less than what the DOT said was necessary.

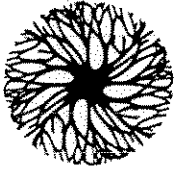
In the DOT's "Wisconsin State Highway Plan 2020", the DOT wants to spend an average of one billion dollars a year more for highways and bridges over the next 20 years, but it proposes to increase spending on the transportation needs of 25% of the population an average of only \$250,000 per year. However, its own study says that it should be increasing the 85.21 spending by over \$8 million per year.

The elderly and the Disabled of Wisconsin ask you to note their plight, the ignoring by the DOT, and at least double the funding to \$18 million per year.

As you can see, Family Care, Community Options Program, and Specialized Transportation for the Elderly and Disabled are all interrelated. All three help keep people in their homes and community instead of institutionalizing them. Family Care needs to be expanded as proposed to help give people an informed choice in their long-term care; the COP waiting list has to be eliminated so that the elderly and disabled can lead as full a life as possible; and the elderly and disabled should get their transportation needs met so they can participate fully in their community.

Thank you.

Harry Pokorny  
1902 Tamarack St.  
Plover, WI 54467  
(715)341-3212



5721 odana road • suite 105 • madison wisconsin 53719 • phone 608-277-7477 • fax 608-277-7474

## Wisconsin Primary Health Care Association

Testimony of Greg Nycz

Director of Family Health Center of Marshfield, Inc.

On behalf of Wisconsin Primary Health Care Association

Joint Committee on Finance Public Hearing

University of Wisconsin – Stevens Point

April 13, 1999



My name is Greg Nycz. I am the Director of Family Health Center of Marshfield, Inc. I am here today representing the members of the Wisconsin Primary Health Care Association. Our mission is to promote access to comprehensive community-oriented primary health care services for medically underserved communities in the state. Our members include health care providers from rural and urban Wisconsin who provide care to individuals who are financially, geographically, and/or culturally isolated from traditional health care services.

I want to call your attention to three issues of concern in the budget - dental access, the DHFS Well-Woman Health Screening program, and supplemental payments to health care providers who can prove an increase in the level of uncompensated care they've provided over the past year. For your information, I've submitted this testimony in writing to the page staff.

The lack of access to dental services for Wisconsin residents is reaching a crisis level. We support a multi-faceted approach to improving access to dental services for all the state's population. Modifying the Medicaid dental system (an issue I am convinced you have heard much about) is only one step to ensure that all Wisconsin residents have the ability to find dental providers who are willing and able to serve them. We are requesting \$500,000 in each year of the biennium to support creation and expansion of dental practices that serve all people regardless of insurance status or ability to pay. The state's federally qualified health centers, the model upon which to base this program, are already providing a significant amount of dental care to Medicaid and uninsured residents. In Medicaid for example, health center dentists constitute less than one-half of 1% of all dentists in the state but provide an estimated 7% of all Medicaid dental services statewide. We request state funds to expand health center dental services and encourage development of new practices in areas not currently served by health centers. These funds should be earmarked for any providers who are committed to caring for all individuals without regard to insurance or financial status.

Additionally, we recommend curriculum changes within Marquette University's School of Dentistry to focus on delivery of oral health services to all the state's populations - people who have both public and private insurance, those who don't have any insurance, and those who speak different languages. A public health focus for our state's only dental school is a critical piece of any educational system that desires to adequately train and prepare new providers for the challenges of caring for our state's diverse population. We believe that with the state's increasing financial support of Marquette's Dental School, an expectation that graduating dentists accept Medicaid patients to assist the state in complying with the federal equal access

provisions of the Medicaid law is reasonable and makes for good public policy. After all, the state pays for Medicaid coverage and has a right to strongly encourage, wherever and however possible, dental providers to see those patients.

Our second issue of concern is the Department of Health and Family Service's Well Woman Health Screening Program. In the last budget, the Legislature approved a well-women health screening grant program. Funds were intended to be used to provide health screening, diagnosis, assessment and health education for women's health risks and would have been targeted to low-income, underinsured, and uninsured women. Applicants for these funds would have been required to have experience in the development and provision of health screening services to underserved populations. The Department, however, chose not to implement the program the Legislature passed, but instead intended to use the funds to reimburse health care providers, certified under an expanded Wisconsin Women's Cancer Control program. Unfortunately, DHFS did not spend any of the \$600,000 appropriated in 1997-98 for this program. It is our understanding that providers were not even certified until February of this year. We request that the Committee either direct the Department to comply with the last budget's plan or at a minimum, direct the Department to add \$600,000 to its current year appropriation for provider reimbursements for this year to ensure that women who need these services can get them.

And finally, the budget contains funds for outpatient services provided by hospitals who are experiencing increasing financial burdens related to providing more services to Medicaid recipients and other low-income individuals with little or no insurance. The Governor's budget acknowledges this problem by providing a supplemental outpatient payment to acute care hospitals. We're here to tell you that all outpatient clinics are experiencing increasing numbers of uninsured and we request the Committee's help to expand this budget language and appropriation to allow all outpatient providers who can prove an increase in uncompensated care to take advantage of this funding.

Thank you for your time. I would be happy to take any questions.

TO: MEMBERS OF THE JOINT FINANCE COMMITTEE  
FROM: TOM BRAUN-SPEAKING ON THURSDAY, TESTIFYING AS TO HOW THE  
DISABLED GET TREATED HERE IN WISCONSIN. (4/15/99)

What I gave in the three minute talk was only a summarization.  
In this paper I will give a more detailed accounty.

1. 10/26/86 I fell 20 ft from a white oak, and lay unconscious  
under that tree for three hours. (The time was calculated by just  
before the end of shooting time for bow deer and citing the time  
of the citation, minus 3/4 hour for the walk and crawl out to the  
1/2 mile distant road.

I used my bow as a crutch. I knew I had something seriously  
wrong/broken at about the area that my lower two bones hooked on  
the spine. Later xray by Dr. John Deleury showed two compression  
fractures there. When I got to the road the only place I could  
sit down was to get my legs down over the road bank to relieve the  
pressure in my spine.

Wardens John Buss and Gary Grayling of the DNR stopped<sup>ed</sup> gave  
me a ticket for having my bow out of the case, even though I explained  
that my case was still up in the tree, and explained what had happened.  
After 5 requests from me for an ambulance or for them to take me  
to Richland Hosp., they drove off and left me there to die. They  
came into the hearing in which the ticket was dropped and testified  
that I looked ok to them, as the reason they refused to call an  
ambulance. They committed perjury to cover their illegal act.

I was out of the country, as the Plaintiff in a suit in WV  
in which I had been fired as an R.N. for complaining of at least  
six deaths on the dialysis unit at WVU, from 1988-1992.

2. I was asked by Maternal Grandmother Clara Duren to care for her after her reattachment-of-colon-and-removal-of-mass here at Meriter that I set up vs. Richland Hosp. Her children made a 24 hour coverage mandatory. I did it for three months then hired two others.

Paul Duren who was witnessed under a bed in an upstairs bedroom as an adult, with the bed pushed up against the wall, was seen repeatedly pushing and poking a 3/8" type dowel stick into the breast, rectal and vaginal areas of his puberty age niece. It was this Paul who arranged a very loud yelling at Clara on the afternoon of her birthday, 12/13/92, telling Clara she had no choice but to go to the Nursing Home at Pine Valley, Richland Center. Dr. Robert Smith conducted a personal, verbal-coherent, physical exam of Clara in, 12/14, the E.R. of Richland Hospital, as Paul and his siblings said falsely that all the bruises on Clara (actually from her 1 fall in her bedroom during the night transferring from bed to commode) were put there by me. Dr. Smith sent her right back home, as she was the boss of her care and he found the bruises-that all her children knew were due to the fall,-were due to the fall. This enraged Paul. I couldn't arrange for Mrs. Green to come to sit with Clara and my go to church, without my door handle being broken off, my lights turned on and my back axle dust caps packed full of the kind of sand used to sand roads. (St. Boniface 1/16/93 Saturday eve. Mass). Calls all hours of the night until Clara said to turn it off after 10p.m. Someone running up to bang hard on the outside of the house at 2:45a.m. right at the point as I was sleeping on the couch. Much else, this was just a taste.

Paul went to Andrew Sharp County Prosecutor who waited till my birthday, then on the Sheriff Shram report it said, "Andre Sharp directed me to designate Tom Braun as unwanted guest in that house."

In Fed. Court later Sharp filed several affidavits in which he perjured saying he never designated anyone to make me an unwanted guest in that house. He lied repeatedly and perjured many more time in depositions when first said he never directed anyone to designate me the unwanted guest in that house, and then testified several times that what he had testified to was totally true. He was then shown the copy of the sheriff report. Sharp then said testifying that he might have directed the sheriff to designate me an unwanted guest in Clara's house.

Actually the Sheriff said get your stuff and get out in one hour or you are going to jail. When I asked on what, he said he'd think of something.

Because the state thought I would fight it, they took out a restraining order. You have to understand that Clara's children were preparing to stop at nothing to get as much of her two \$17,000 C.Ds. as possible.

The hearing was in two parts March 10 and April 15, 1993. In the first hearing they came in and testified falsely that I had beat her up. Please remember this was my own family.

Craig Chicker's wife Cindy (Craig is police chief) told me as a former class mate of mine at Viterbo in LaCrosse and head of Med Records at Richland Hosp. that an interpretation of the situation said that Clara's 12/14/92 exam in the ER was critical and for me to subpoena that record. All of the testimony focused on the last week of Nov.-first week of Dec. 1992. The record was subpoenaed, Judge Houck said it was "irrelevant" saying there was no testimony given that dealt with any of the possible facts on the record.

Judge Houck then found me guilty of beating up my grandmother. His ruling was totally false, but it was conducted to put a very dirty negative stigma on this disabled person.

I came to Madison and in May 1993 I called the Justice Department and was put onto a "Civil litigation" line and talked in the morning with a female atty. She said to call back in the afternoon. Since I had a microcassette tape recorder I used it in the afternoon. She said, "Mr. Braun, you have to understand that you have no rights in Circuit Court." When I asked her why, she said she did not have time. I have filed two open record request to Matthew Frank-her administrator and he has told me that he does not know who worked for him

3. 12/20/94 the 16th stop in 2½ months. If you doubt what I say, ask Rev. Dick Sisson of Gateway Community Life Church, and who made the Big High Point church what it is. I sat with Dick at IHop on Odana on Saturdays of Dec. 1994 asking how to get the cop stops stopped. I told him they were getting more numerous and violent and I did not think I would survive them. Ann Hartwig atty-Managing atty of Legal Action on Mills St. was asked the same thing, the same time. I was taking Mike Andersen to work at Golden Guernsey Dairy on Fish Hatchery. I drove at a very constant speed of three over, having told Mike that he was going to be about 4 minutes late, as we had moved a car to a different parking space previously. Our hands were greasy and oily. To cover up the real illegal reason they stopped us, Stetzer and Whipperfurth said I was driving "erratically". They also lied that my taillights were out. I profiled, when I got out of Meriter Hosp., my intact taillights against the Wisc. State Journal story of Bucky arriving for the Rose Bowl.

As Mike and I had come over the hill by Post Road, (a police car on the right upper side of Fish Hatchery had started to come down to the curb even before we were  $\frac{1}{4}$  mile from it), I said to Mike, "Mike look at that State Patrol car down there (ahead of us down over the hill) blocking off, cutting us off in both lanes. This was the same Off Kreuger that testified for the State Patrol on Thursday. In Kreuger's report, he falsely said that he did not get there until after I had been on the ground for awhile. When I first stopped in the Dairy lot, I told Mike to go to work, that I would try to take care of this. I stepped out, closed my door and tried to lock the door. Immediately I was being shoved forward by one cop, leaving the keys hanging in the lock. I had been wacked off my bike by the wife of an atty who ran the stop sign on Hancock, right in front of St. Pat's church the month before. Due to a large muscle being relocated in my lower rear back, I was still getting Physical Therapy at UW. Stetzer lied in his report, saying I looked when I stepped out like I was going to run. Taking slow, small steps being careful not to twist my back was not looking like I was going to run.

Stetzer got on one side, Whipperfurth got on the other, and with their hands and forearms at about shoulder height, they pushed me back and forth between them several times trying to get me to fight them. I was having trouble keeping my balance, being thrown back and forth. Mike in the car watching this later said, "Tom why didn't you fight them, you just stood there like a big dummy and let them beat on you."

I told him, that I knew what time it was. Kreuger and Kinderman (Town of Madison) were about 10-15 feet away with their guns drawn waiting for me to throw just one swing. I am a Martial Artist, they

knew that. When it became clear that I was not going to fight them, they stopped throwing me back and forth. I was yelled at to put my hands on top the car. I turned to do it, and immediately one officer grabbed the tops of my shoulders whipping me around. I remember the eerie feeling of having 4 officers there with guns pointing at me and nobody was patting me down. I expected bullets immediately. I was yelled at <sup>to</sup> turn around and face the officers. As I started to turn, one of the officers again grabbed my shoulders and whipped me around. As I stood there with my hands down at my sides looking at them, they sprayed me with Pepper Spray. I got a long and full burst of it. I turned almost around to try to protect myself from further blows that I would not see coming. I brought my hands up to my face to touch, then remembered that touching only makes it worse, so I held my hands in front of my eyes as protection. I was grabbed by the shoulders and turned to face away, just slightly from the front direction of my car. I felt two forearm and fist heavy blows into my shoulder blades. They propelled me forward. I was tripped and then my hands gathered behind me as I was falling. I could feel two people pushing me hard forward towards the asphalt. I remember hitting then I was out. Coming to I was full in my airway of phlegm. I tried to rock to clear my airway. One officer got on my legs at the knees to stop the rocking. I felt the officer on my knees move up grab the handcuffs, put his knee in my back at the rear belt level and by picking up on my handcuffs drove my face forward on the asphalt.

They tried to put me in the squad, there was so much pressure in my spine, legs, hips. The xrays show that the compression fractures were reinjured, my two lowest rib bones were closely not attached .

They called an ambulance. I got to the hospital, Meriter. I had to use an urinal. I asked for one repeats. I heard Mary Gutzman <sup>R.N.</sup>



walk over to Stetzer and tell him that I had asked for a urinal. I heard Stetzer say, "Well, we'll have him walk in there." Wheeled over to the door of the ER bathroom, as the Dr. was trying to determine my leg weakness and pain, spine pressure, they told me that the edge of the door way was as far as they were going. They shoved me up and forward. As pain swelled, I tried to make it. I got to the bowl and braced my legs on it and urinated. The next thing I knew I was on the floor, in so much pain that I could not move. They started banging the door against my head. Lifting me back in the chair, I was admitted. The hemotoma at my rear belt area receded over the next month. The pain in my compression fractures has never gone away. The fire burning pain in my rear belt area with every step with a cane for the next month finally went away.

Stetzer falsely said in his report that I refused to put my hands on top the car. Part of the reason they had to spray me, they falsely said. They said I had "swung and lunged at them". The ER sheet shows that I was found on the floor of the ER bathroom. How did I get there? Figure it out.

Just because I said 16 stops in 2½ months does not mean that there weren't alot more, just not as concentrated.

4. My landlord, trying to find anything he could to evict me stole property out of my apartment and would not return it. I filed a theft report with Off. Zulke in the parking lot of Woodmans east two days before Christmas 3:00am as I was picking up cans. The cops did nothing. I went down to his shop the next day, plus put a notice on his door in Janesville to have my property back by noon. The cops told me to leave. I came back the day after Christmas and they invented a warrant to put me in jail, the case has been

dismissed. If you doubt what I say call Pat Stangle-atty. I was in jail for 5 days. I take Brand name Tegretol since May 1980 from Bartleson at Mayo. The jail refused to give me that all the five days. On the second false jailing I developed a rash to a pill they said was all they had. I thought I would be agreeable and all I got was a rash, up my arms, my neck, my legs, my trunk. I showed the rash to Off. T. Benisch. Benisch did nothing, hid the rash fact. On this 5 day jailing of Dec. 26-30 1997, I went into a deep depression which was quite normal for me by Monday. My ulcer started bleeding, didn't keep any food down from Sunday morning. Monday a.m. Vandermollier came into break skin on my previously cracked sternum. The stain of blood shown the size of a circus peanut in shape on my thermal top that I wore all five days. Larry Vincenski witnessed the wound on Dec. 31, 1997. Sometime late morning, early afternoon, the door of the cell opened and I heard the word "Court". I had already told Dep. Kahle, Richter and Freeman that I needed to get out for an eviction hearing on Tuesday morning. As soon as I told Kahl, I knew I should not have told her. Now with the door of the cell opened, I hustled as much as I could off the ledge, and started through the open door. I heard, "Whoops guess not", from Kendrick, Halfman and Vandermollier. The heavy cell door was then shoved back into me, knocking me to the floor. I heard them laughing hardily as they went left back down the hall. They lied, I found out later that they falsely told Meuer that I had refused to come to Court.

Everyonce in awhile, the old blood that was in my stomach would mix with new blood and the whole mess would come right back up.

I told Freeman about the trick Kendrick Halfman and Vandermollier played on me to keep me in jail throught the eviction hearing. He said, to be right near the door when they start to call for court.

I slumped down right there, with my head against the door and except for Freeman allowing me to call Ray Pottebaum to go to the Small Claims before the hearing tomorrow to tell them I was in jail, I slept right there until the door opened Tuesday about 2p.m.

Ray went before the hearing date and time the next morning and informed the small claims I was in jail. He was informed by the clerk that there would be no hearing. 15 minutes after he left, they had the hearing and evicted me illegally.

On Tuesday, as I was standing in Meuers Court room for arraignment, blood came up and I had to cradle it in my hand so as to not drip on the tape on the "x" on the floor.  $\frac{1}{2}$  hour later I was in the lobby and had to ask someone how to get an ambulance. Meuer entered a "Not guilty plea for Mr. Braun.

Between the first and second jailings (two days each) someone went into a Walgreen's and as I was getting all brand Tegretol, this other person took out a prescription in my name in the generic. I had a letter from Dr. Loving at Madison Community Health on Park that was addressed on file for both the third and 4th jailings. In neither of these did I get the correct med. Others I saw did not get meds they were supposed to.

5. July 13, 1998 eviction in which I brought a letter from Sharron Sova, Accountant at Stop and Go Regional stores on Fish Hatchery telling how a money order with the numbers ending 837 had been purchased on 7/3/98 in the amount of \$450. I also brought the copy of outside of the metered envelope on which it had been stamped and canceled "July 4, 1998". Within this envelope were the Money Order 02-521716837, and the reissued check in the amount for Money Order 02-301729954 from Sandy Cosman, supervisor at Integrated Payment Services, Englewood Colo., for May rent that had just disappeared.

I also brought to the July 13, 1998 hearing the stub of the Western Union money order on which I had designated truthfully to whom it had been sent-Montana Bound Partners Inc. I also brought the papers which accompanied the reissue check. Judge Callaway, as he has done me dirty since 1995, said in the transcript that I was playing games with my landlord, and three different times said the case was "dragging on too long." Callaway evicted this disabled person even though I proved I paid my rent by the due date of the 5th of the month.

This led to an illegal eviction in which I was made homeless for 8 months through the toughest part of the winter. Agent Kay said to work to get Callaway off the bench. (FBI)

By July 20, 1998 the landlord had accepted the rent from me by hand delivery and in the mail again for July and May but he was still proceeding with the eviction, illegally.

By July 20, 1998 the deep depression in counseling at Lutheran Soc. Services had John Nupert tell me to focus on just a few things each day. I finally could go get my mail. In the mail was a letter from Notary Jean Ewing returning my July 4 1998 envelope, my July 02-521716837 money order, and the reissue check for May rent. My landlord would not listen. His attorney would not listen. The actual eviction, and the taking of all my things happened on July 27. Nobody would listen, they were too busy making a disabled person homeless illegally.

I filed a Motion for Reconsideration of the Verdict with duty Judge Schwartz. He sat on his thumb. I filed a Writ of Mandamus with Duty Judge Schwartz and he did nothing. I filed a Motion to Set Aside the Verdict with Higginbotham. He lied to me saying "It was dead before it got in the door." I filed an Emergency Motion to set aside the Verdict with Higginbotham with a medical report

to be attached and assured it would be by Higginbotham's clerk. The report from Sarah Rowe P.A. Madison Community Health saw flea and spider bites on the waistband area of me from sleeping in old cars those 5 nights in a row of rain. The report was not attached. Higginbotham tried to physically block me from filing that report. The same day he said, "I can't tell what is old and what is new evidence." after looking at a July stamped in by the Court July 7, 1998 Writ of Restitution, a July 14, 1998 order stamped in by the Court of Callaway's order, and the two notary's affidavit that was stamped July 30, 1998 by Jean Jo Fausig and was written and began "On July 30, 1998, Thomas Braun came to me... " written by notary Jean Ewing.

Judges Schwartz, Higginbotham and Callaway-when he returned from 30day vacation, and now on March 25, 1999 Judge Eich of the Court of Appeals have all referred to these Notarys as untruthful, the letter and affidavit they filed as being lies.

They did this just so they could make me homeless for 8 months and cause the theft of all of everything I owned.

I ask you, the JointtCommittee on Finance to subtract at least one million dollars from the amount for salaries for Circuit Court from last years amount and do not give any raises this year. I ask you to take this money and give it to some of the neediest schools where testimony was given of crumbling walls, and Carol Crauleys lack of anyone to work one on one with at least 6 children in her room who are state-mandated to receive one on one.

Attached will be a copy of the affidavit of Notarys Jean Ewing and Jean Jo Fausig per the payment of my rent by July 4, 1998.

Jean Jo Fausig per the payment of my rent by July 4, 1998.

I certify the truth of all these statements contained herein.

Thomas C. Braun

4/20/99

Seal, Sworn and subscribed this 20 day of April 1999

My commission expires the 24 day of Feb 02.

Scott P. Dwyer

Notary

**NEVAC INC.**

**COMMERCIAL REAL ESTATE ACQUISITION, DEVELOPMENT, LEASING & BROKERAGE**

Independent Member of the NEVAC Group of Companies

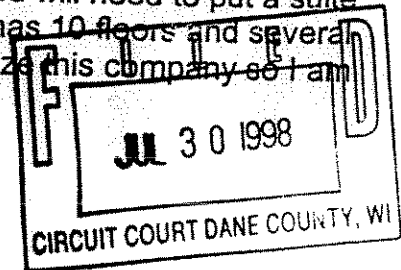
Notarized this 30 day of July  
1998. by Jeanne J. Jausig  
My Commission expires  
5/1/2000

July 7, 1998

Dear Sir:

If you would like this to get to the proper company you will need to put a suite number or floor to the address. This office building has 10 floors and several tenants. The landlord of this building did not recognize this company so I am returning your envelope and enclosure to you.

NEVAC INC.



To Whom It May Concern:

On July 30, 1998, Thomas Brown came to my office at 122 W. Washington Ave, 10th Floor & asked if I was the one who wrote the above letter returning <sup>(1)</sup> checks and a money order (exhibit 65+62). This was a courtesy by me instead of just putting them back into the mail system. Please see exhibit 66 showing the letter envelope addressed to him by me. My title here at Nevac Inc. is administrative assistant.

If you need verification my boss

Jeanne Jausig ext 128

122 West Washington Avenue, 10th floor  
Madison, Wisconsin 53703  
(608) 251-6400 FAX: (608) 251-6800

is Christine Landis  
VP-Finance. 251-6400  
ext-123

Exh  
65

WESTERN UNION MONEY ORDER INTEGRATED PAYMENT SYSTEMS INC. - ISSUER Englewood, Colorado

02-521716837 82-40/1021

4702 Thursday July 9th

PAY EXACTLY NOT GOOD OVER \$500. PAY TO THE ORDER OF

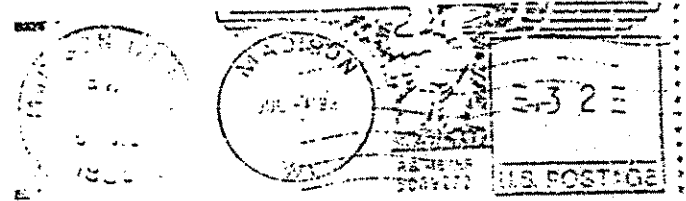
Montana Bound Partners de Thomas A Braun

W P.O. Box 259309 Madison, Wis

PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE. AUTHORIZED REPRESENTATIVE

Western Union Money Order is a service mark of Western Union Financial Services, Inc. / Payable at Northwest Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado

⑆102100400⑆ 40025217168375⑈



Montana Bound Partners Inc  
122 W Washington Ave  
Madison, Wis

Exh  
64

So Rand ~~et al~~

Integrated Payment Systems Inc.  
6200 S. Quebec St.  
Englewood, CO 80111

INTEGRATED PAYMENT SYSTEMS

82-1021

Integrated Payment Systems Inc.  
6200 S. Quebec St.  
Englewood, CO 80111

INTEGRATED PAYMENT SYSTEMS

82-40 1021

06/11/98

81-002178012

2633625

MONEY ORDER REFUND CHECK  
RE M/O 02-301729954 REF. 061198-60972-0

\*\*\*\*\*450.00

U.S. DOLLARS

THOMAS A BRAUN  
PO BOX 259309  
MADISON WI 53725

THE ORDER OF

*Ch. Braun*

NORTHWEST BANK - GRAND JUNCTION - DOWNTOWN GRAND JUNCTION COLORADO

ISSUED BY INTEGRATED PAYMENT SYSTEMS INC., ENGLEWOOD, COLORADO 80111

⑆0323⑆ ⑆102100400⑆ 70810021780126⑈



NOTICE Do not cash this Money Order for any person from whom you are not able to recover your payment. Should this item bear any unauthorized signature, it is void. If the signature is altered, issuer will not stop payment hereon or charge back against any endorsement.

ENDORSE ABOVE THIS LINE

EXH  
1/15

SERVICE CHARGE  
If this Money Order is not used or cashed (presented for payment) within three (3) years of the purchase date, there will be a non-refundable service charge where permitted by law. The service charge will be deducted from the amount shown on the Money Order. The service charge is twenty-five (25) cents per month from the date of purchase, but not more than twenty-one (21) dollars.

DO NOT WRITE / SIGN / STAMP BELOW THIS LINE  
DEPOSITORY BANK ENDORSEMENT

X Thomas Li Braum  
Pay to the order of  
Madison Board Partners Inc  
MAD 95  
MAD

Thomas Braun  
PO Box 259309  
Madison WI 53725

66  
Exh

33725+9309



**STATE BUDGET BILL**  
**IDA's**  
**Section 1334 page 702**  
**Section 1292**

My name is Mary Sann and I am a former Displaced Homemaker, member of Displaced Homemaker/Single Parent Advisory Committee, Legislative Chairperson for the Wausau Catholic Deanery which consist of 22 churches, on the Peace and Justice committee for our church and Community Chairperson for womens church council.

I would like to ask for your support of a new program that is in the State Budget Bill called "**Individual Development Accounts**". (This new program is located at Section 1334 of page 702 of the state budget bill.

I will briefly explain how IDA "Individual Development Accounts" works, who it will help, and why this program should be supported.

**How it works.** A low-income person opens up a savings account that is designated for use in asset building activity such as buying a home, starting a business or for post-secondary educational expenses. The state funds plus the funds raised by community action agencies would be used to match deposits made by the client in a 2:1 basis. The community action agency will also provide budget counseling and financial training to program participants. What makes this program so unique is the fact it is the first in the nation to be a state wide program.

**Who it will help.** It is good for low-income people because it helps give hope emotionally and financially of dreams to become reality.

Assets make a difference in social and economic development.

Some of the key benefits of the IDAs program are:

- \* Create long term thinking and planning.
- \* Accumulation of assets is the key to development of poor households.
- \* Improved self-esteem and greater confidence in the power of saving and investing.
- \* Increased knowledge and experience in managing family economics which in turn will be able to be passed on to the children.

**A personal perspective** of being divorced in 1985 and having to go on AFDC I used the system to get an Associate Degree in Marketing. It helped me off the welfare roll, but still considered low income do to personal circumstances.

With a program like this I would be able to go back to school receive more education and be able to start my own business which would enable me to be a more valuable person to the community and society.

**I ask you**, The Joint Finance Committee, on behalf of the poor to support not only the creation of this IDA Program at the recommended \$1.3 Million but also to consider increasing the funding level to \$3.8 Million for the biennium. When the Budget Bill was written, it was assumed that Wisconsin could obtain \$4 Million from new federal funding for IDAs. However, Wisconsin can obtain only \$500,000 from federal funding for the biennium period. Therefore, we need \$3.5 Million from the State Budget. CAPs will raise the other \$1.5 Million for the program.

**Thank you** for your support of this bill on behalf of the poor and all caring people of the poor.

My name is Laurie Jorgensen and I have worked for the past 8 years in the field of domestic violence as a Legal Advocate. I worked in Marinette and Oconto Counties and currently work in four Central Wisconsin Counties. I also serve on the Justice Committee of the Governor's Council on Domestic Abuse and sit on the Wisconsin Crime Victim's Council by appointment of the Attorney General.

I am here to speak in support of the amendment to the budget that would provide monies for civil legal services. This is a tremendous need in Wisconsin. During my years as an advocate, I have attended countless court hearings with victims of domestic violence. All hearings related to divorce, custody, child support, and restraining orders are considered civil. In many of these situations, low income victims of domestic violence end up representing themselves because they do not have the money to hire an attorney. Yet, they are unable to articulate the legal reasoning behind their need for protection for themselves and their children.

Every time victim service providers conduct surveys of needs, the need for legal service monies is one of the top two priorities listed by both victims and domestic abuse programs. Perpetrators of domestic violence are often tenacious about fighting for custody of their children, and victims left without options return to violent situations so that they do not lose their children or put them at risk. Many attorneys that work with low income clients do it as pro bono or do it at cut rates. Other attorneys are reluctant to get involved in divorce and custody cases with low income families because they know it is unlikely they will be paid.

There is often a misperception that victim service monies, such as VOCA or VAWA, assist with civil legal needs. But those funds are reserved for needs related to the criminal process and can't be used for many civil law issues. So, many victims who receive support and positive outcomes in the criminal arena are then left on their own to fight for safety in the civil legal arenas without legal representation.

The laws and legal remedies available in the courts should be available to everyone, not just those who can afford it. Money set aside for civil legal services assist our most vulnerable citizens and help insure that access to the courts is fair. The proposal to create a state grant to assist with civil legal services will be a welcome step in addressing this problem.

As a representative of  
Nutrition for the Portage County  
Coalition of Aging, I strongly  
support an increase of 3.6  
million dollars in the state budget  
to support nutrition for the elderly  
in the state of Wisconsin. That  
increase would enable many elderly  
citizens to receive benefits who are  
now neglected due to lack of funds.

Lorraine Dudley  
2902 Rice St.  
Stevens Point, Wis. 54481

# TRUST CAMPAIGN RECOMMENDATIONS

Based on Centers for Disease Control research; use one-half of the projected tobacco settlement:

- \$25,000,000 for advertising to counter the effects of the \$100,000,000 the tobacco industry spends in Wisconsin each year promoting its products
- \$22,000,000 for cessation services to help more than 1,000,000 Wisconsinites stop using a drug which is more addictive than heroin or cocaine . . . a drug which takes most users more than five attempts to quit before they are successful.
- \$25,000,000 for local community-based health promotion efforts for proven programs to reduce tobacco use.
- \$8,000,000 for research and evaluation so Wisconsin has the best information, the most current programming, and the most effective means to reduce the deadly effects of tobacco addiction.

## THE ADMINISTRATION'S RECOMMENDATION

- The Centers for Disease Control recommends a range of \$28,000,000 to \$80,000,000 for an effective prevention program for Wisconsin. This is a per capita range of \$5.50 per person to \$15.70. The administration's recommendation is roughly fifty cents per capita.
- There is no public health official with credibility or integrity who believes that the administration's funding recommendation is adequate, equitable, or rational because there is no public health basis for the funding recommendation. The public health community without exception supports the CDC recommendations because they are based on solid evaluation, research and experience.
- The argument that the settlement money will go to fund Medicaid and Medicare expenses related to tobacco use is simply an accounting deceit. Badgercare, for example, was funded prior to the tobacco settlement. Claiming that the tobacco settlement is targeted to those programs simply supplants dollars previously committed to Medicaid with tobacco dollars. Most importantly, playing this shell game will not reduce the need to continue to spend millions of state dollars on tobacco-related health care. Playing the shell game will not reduce the number of teens who start smoking next year and end up dying all too early. Playing the shell game will not help even one community reduce its tobacco use or implement a successful tobacco prevention program.
- The public overwhelmingly supports the targeting of funds to health promotion and tobacco prevention.

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## JOINT FINANCE COMMITTEE ACTION

Sufficient tobacco settlement dollars must go for health promotion and prevention efforts. This is an opportunity for courage and farsightedness. It is not the time for financial shell games or trickery. \$56,000,000 is the **minimum** biennial CDC recommendation for an effective prevention program. There is simply no constituency or rationale for any less.

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# **TOBACCO FACT SHEET**

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## **PREVALENCE AMONG YOUTH**

- More than 75% of cigarette smokers become addicted to nicotine before the age of 17. Tobacco addiction is a childhood disease.
- 40% of Wisconsin children age 14-17 are smokers - higher than the national average.
- 115,000 Wisconsin adolescents are regular smokers -- yet they are under the legal age for purchasing cigarettes.
- Wisconsin adolescents consume approximately 14.4 million packs of cigarettes per year. This represents 3.1% of the packs sold in the state and about 29 million dollars in gross sales to minors.

## **AVERAGE AGE OF INITIATION**

- 75% of current adult smokers started smoking before their 18th birthday. The younger a child begins using tobacco, the more likely s/he will be unable to quit. [Office of the Inspector General]
- Nationally, among high school students who had ever smoked, about 25% smoked their first cigarette by the 6th grade, 50% by the 8th grade, 75% by the 9th grade, and 94% by the 11th grade.
- In Wisconsin, 9% of eleven year olds and 34% of seventeen year olds were smoking cigarettes in 1991.

## **YOUTH ACCESS**

- 85% of youth 12-17 years of age, who buy their own cigarettes, buy them at convenience stores and gas stations.
- Minors working with an undercover buying operation conducted in Wausau in 1994 were able to illegally purchase cigarettes in 34 of 48 attempts.

## **END RESULT**

- 7,800 Wisconsin people died prematurely last year from smoking-related diseases.

~~Cindy~~ Glodowski River Pines Center  
Cindy

Why am I here? I'm here for the future. The future of the residents and those that care for them. I started working as a CNA at age 17 while I went to high school. I heard it all. The most common comment was "I'd never do that especially for what they pay you!" But, you want to know the truth. I didn't do it for the pay I did for the residents. As a young adult I thought I knew it all but, what I have gotten back <sup>the most</sup> in the last 19 yrs of working at River Pines was love, gratitude, ~~the~~ laughter and a lot of interesting stories about the ~~lives~~ <sup>lives</sup> of the residents. I will admit there are draw backs such as family members <sup>their</sup> and <sup>and</sup> guilt and expectations; even the hard to handle residents but Thank God there are special people out there who really care about people; not the money, otherwise they would be in a factory somewhere. Its time we give the people who care; have hearts for the future what they deserve, After all, these special care givers give each and all of us more than that. Its called love and compassion And thats what we need in the health field.



Host Drug Master File

Cut Ext.:  
Code: PROZ10 Brand: PROZAC 10MG CAP DIST  
Sub: Generic: FLUOXETINE HYDROCHLORIDE  
NDC: 00777-3104-02 Pack: 100  
STD: - - Pack:  
GPI: 58160040000110 Dec:  
UPC#: Unit: CAP New Store: Y Verb: TAKE  
Strn: 10MG UPC: Store Gen: Unit: CAPSULE  
MFG: DISTA DESI: 2 SUBS Srch: Route: BY MOUTH  
Lot#: Equiv: Brand Pct:  
ExpDays: Sched: 6 MAC: / / Y  
Expires: / / Reorder: AWP: 252.41 01/14/1999  
DC Date: / / Price: J Region: 1 Cost: 213.49 84.58 % M  
CostUpd: 04/12/1999 Comp: Y Std: 252.41 100.00 % Y  
HostUpd: 03/29/1999 Multi: N Reg: 252.41 100.00 % N  
LastUpd: 04/12/1999 Warehs: Group: Wel: 252.41 100.00 % Y

FIND UPDATE ADD SEARCH PAGE 2 OPTIONS CUT CLEAR  
rug Record Updated

Shown above is a print screen of the entry for Prozac 10mg in the drug file. You will notice the AWP (Average Wholesale Price) of \$252.41 and the Cost (Acquisition) of \$213.49. Notice next to the Cost of \$213.49 field the 84.58 % which represents the cost as a percentage of AWP. If we were purchasing at AWP-18%, the figure would be 82%.

If we dispense 30 capsules, the cost (\$213.49 x .3) is \$64.05, while AWP-18% is \$62.09. If we add the dispensing fee of \$4.38 to the \$1.96 we lost on the cost of the drug we find we made \$2.42 with a gross profit margin of 3.78%.

If we dispense 60 capsules, we lose \$3.92 to cost, add a fee of \$4.38 and produce a profit of 46 cents with a gross profit margin of 0.36%.

With an average cost of filling a prescription in the \$4.50-\$5.00 range, Copps would lose \$4 every time we filled 60 Prozac 10mg for a Medical Assistance patient.

# **THE COPPS CORPORATION**

**2828 Wayne Street  
Stevens Point, WI 54481  
715-345-8325 Voice  
715-344-7378 Fax  
Jay V. Wolfe, RPh  
Pharmacy Director**

Senator Kevin Shibilski  
Representative Julie Lassa

The Copps Corporation requests your assistance in eliminating a Medicaid budget proposal which attempts to balance the Medicaid budget on the backs of Wisconsin pharmacists.

We have recently learned the Wisconsin Medicaid officials have proposed to slash pharmacy provider reimbursement drastically in the next state budget. The current reimbursement rate is AWP-10% plus a dispensing fee. AWP is the average wholesale cost which is determined nationally by averaging the listed wholesale price from major drug wholesalers. A discount off of AWP reflects the marketplace in that few, if any, pharmacies buy at wholesale. To survive, pharmacies must be big enough to negotiate a discount off of wholesale. The current AWP-10% is an attempt to determine a more accurate acquisition cost. Generic, multi-source drugs are not reimbursed at an AWP-10% rate, but rather a Maximum Allowable Cost (MAC) which is typically determined by HCFA.

The proposed rate is AWP-18% plus a dispensing fee. I can tell you that The Copps Corporation will fill a half million prescriptions in Wisconsin this year, and we will not have an acquisition cost of AWP-18%. A reduction in the discount from 10% to 18% is not only drastic, but fails to address the marketplace reality.

One can only assume that a reduction in the dispensing fee means Medicaid believes pharmacists in Wisconsin are providing too much service to Medicaid patients. In an era where health care officials proclaims the many benefits of pharmaceutical care in reducing the total cost of care, it is unique that Wisconsin wishes to diminish that care.

Pharmacy in Wisconsin already struggles with a hopelessly inadequate and outdated Medicaid claims processing procedure. Pharmacists submit paper or tape claims to EDS which processes the claims and returns remittance advices with rejection notices some weeks later. Long after the customer is gone, pharmacists know that they have a problem. Medicaid in other states have been providing point of sale adjudication for years, giving the pharmacist the results while the patient is still in the pharmacy. Yes, Wisconsin Medicaid will begin testing this soon in a few counties. Meanwhile, pharmacists daily deal with write-offs for claim problems they will never be able to collect on.

As taxpayers, we all would like to see the Medicaid budget reduced. Reducing the budget by paying pharmacists less than cost or less than reasonable is likely to reduce the amount of pharmaceutical care available. Many providers who cater primarily to a Medicaid population will be forced out of business. Many providers will discontinue providing services to Medicaid patients. Others will reduce the quality and quantity of service and care. Long term, the results will be the same as with the oil filter commercial: "You can pay me now, or you can pay me later." Instead of paying for the \$5.99 oil filter, you can pay for a new engine. Instead of paying a reasonable fee for prescription service, you can always pay for the emergency room.

As taxpayers, we are impressed with the Wisconsin Works program which reduces the Medicaid budget by putting people to work. This is +the right direction to go.

I hope that you will support a realistic reimbursement rate for Medicaid providers, a rate which will allow continued access for Medicaid recipients to the most cost effective sector of health care.

Sincerely,

Jay V. Wolfe, RPh  
Pharmacy Director

cc: Governor Thompson

New address as of 4/23/99  
Craig & Karen RAHM  
5248 Crocus Ct.  
Stevens Point WI 54481  
(715) 343-1902

Name:  
Craig & Karen RAHM  
2511 6th St So.  
Wis. Rapids WI  
54494  
(715) 423-1439

We are the parents of three sons, Levi - age 10, Josiah age 8 and Isaac age 6. Levi and Isaac have been diagnosed with Autism/Pervasive Development Disorder. After receiving the required MMR (measles, Mumps, Rubella) shot, both boys' speech literally disappeared. They became locked in their own worlds of silence and they developed behaviors because of their inability to communicate. Both boys received services from Birth to Three and Early Childhood through our school district. Levi had difficult years but has made remarkable progress - his speech returned in small chunks, <sup>and is fluent now,</sup> and currently is in the 4th grade receiving support services ~~for~~ 40% of his day. Autism is the most severe learning handicap.

Isaac has been another serious matter. at 6 1/2 he is basically nonverbal - has delayed development - <sup>no sense of danger,</sup> and is not potty trained and <sup>has</sup> poor communication skills.

Our main target is family Support funding - <sup>which is frozen,</sup> We believe ~~it~~ it is not funded to the fullest extent and not everyone who is qualified is on the program - some basically for lack of the knowledge of the plan's existence.

Our family is moving from Wood Co. to Portage Co. because of the educational program available in Portage Co. as a result we will no longer be able to receive

Family Support not because my children don't qualify but there is an approximate 3 year waiting list. My boys will lose approximately \$6,000 of support over the next 3 years.

These monies were used for the following areas:

A) Respite care

B) Educational materials, seminars and educational resources to understand Autism and the different learning styles these children have.

C) Sensory items for their deficits such as having textile touch problems - sensitivities to light and sound.

D) Cost of materials is always much higher:

i.e., - Specialized Swing \$180<sup>00</sup>

tricycle \$150<sup>00</sup>

books / videos \$35 - \$50 each.

F) Other medical care not covered by insurance.

E) YMCA programs to meet their fine and gross motor needs.

Isaac's pullups alone has cost the family approx.

G) Fence, home alterations, modifications to insure the safety of these special needs children \$150 mo. forcing us to seek the Katie Beckett program a form of Medical Assistance. We feel the Committee needs to insure those families who have been receiving benefits continue even if they move to another county for better educational programs and Children Services for their families.

Thank You

TESTIMONY OF  
ROBERTA JOHNSTON, 2702 Thornapple Rd, WAUSAU  
IN SUPPORT OF ONE PERCENT  
FOR PREVENTION. I represent Healthy Families,  
a home visitation program for first-time families. I share  
with you some SUCCESS STORIES (June 1998) from a first-time  
family whom I visit.

(Not real names)  
John and Mary are the parents of a nine month old child. They continue to grow by increasing their understanding of child development. The mother completed the Ages and Stages to measure the gross and fine motor skills, and the social and problem-solving skills of their child at four, six, and eight months. Their child's development is on target. Both parents look forward to learning about their child's development. This knowledge has improved their ability to provide for his physical and emotional needs.

The mother had questions about introducing solids. She learned about when to introduce various foods by placing food models to match the appropriate month from birth to one year. She reviewed what she learned by reading a hand-out about the same topic.

The father and mother began a book of pictures from magazines for their son. They placed the pictures behind plastic on a photo album page which they cut in half. Finally they joined the pages with yarn.

The family has a medical home. Their child's immunizations are up to date. The parents have talked with a marriage counselor. The mother also talked with a psychiatrist and started medication.

John and Mary have participated with the Healthy Families Portage County Program for nine months. They continue to visit or call the family home visitor and to learn more about the healthy development and nutrition of their son.

## SUCCESS STORIES (September 1998)

In September John and Mary reached a long-term goal. They moved into their own apartment! It has two bedrooms, a kitchen, dining room, living room and a bath. They plan to take their son to the park nearby. Before the move they were living in a small two bedroom apartment with Mary's parents. The living arrangements were very crowded.

John attained a personal goal. He works full-time at a local plant and is very busy during canning season. Mary tracks their spending and manages the checkbook. She also contributes to the family income when she babysits for relatives.

Their son reached a developmental milestone with their support. He is now walking! He is also eating table foods with them. John and Mary have many books for him, and he enjoys turning the pages of cardboard books.

Mary continues to see a psychiatrist and take medication. She asks the family home visitor to take her to her appointments.

A highlight of the past three months is the one year birthday of their son! The parents gave a party for relatives and friends. Mary says that they are satisfied with the Healthy Families Program and benefit from the support.

JOINT FINANCE: Senator Brian Burke, Rep. John Gard, Co-Chairs

Committee Members: Senators Burke, Decker, Jauch, Moore, Shibilski, Plache, Cowles, Panzer; Representatives Gard, Porter, Albers, Kaufert, Duff, Huber, Ward, and Riley

Greetings to the members of the Joint Finance Committee,

My name is Janis Ribbens. Last week I attended a meeting asking the community's input about the new Family Care proposals. I was asked to come to this meeting and tell some of my and my husband's personal experiences with the health care system.

Before starting I want you to stop me at any time to ask questions that help clarify what I am saying. This is my first government-type informative meeting and I might use some definitions or words that make sense from my end of the health care system, but not from your end.

I just browsed the DHFS web site in order to refresh my memory and give me insight in to what you might need to hear today. I want to cover two areas that effect me and my husband daily.

First, I want to express my support for the Family Care reforms and ask you to give Family Care the financial support it needs. My husband and I are both quadriplegics and have received Home Health Care Services for 15 years. We manage our cares in such a way that we only need, together, 46 hours of Certified Nursing Assistant care, 4 hours of Personal Care Worker care and 6-9 hours of Supportive Home Care services per week. That is 56-59 hours of people in our home, helping us, per week. I don't know what that works out to dollar-wise, but I know that that has to be less than what 2 quadriplegics would cost to receive care at a Nursing home. I know helping people like my husband and I stay in our home and community saves money.

Also, the Family Care reforms sound like they will help in another area of our life. My husband and I were both disabled as teenagers and therefore are both receiving SSI and Medical Assistance. Neither of us earns an outside income. We presently deal with the multitude of funding sources, the weird restrictions on what can be done by each type of caregiver, and the continuous problem of recruiting qualified people to do a job that needs more than just a warm body to show up. What I have read about the idea of Family Care sounds as if someone who had dealt with what we deal with actually came up with an idea that makes sense. Presently, we receive 3 separate types of care provided by three separate categories of care givers, paid for three separate ways. First, Certified Nursing Assistants who work for a Home Care Provider. (They are paid for through Medical Assistance from the state.) We also receive Supportive Home Care. (These workers I hire directly and they are paid by COP and/or COP waiver directly from our county.) My husband receives several hours of Personal Care Worker time each week. ( These workers are paid by the Home Care Provider with money from COP and/or COP waiver from our county)

The Family Care reforms sound like they are going to work on this strange way of dividing the tax revenues again and again and sending the money through more and more people before it gets to perform the job it was intended for--helping elderly and disabled people stay in their homes and communities.



Second, I think that the government reimbursement to Home Care Providers needs to be looked at carefully, and separately, from the Family Care reform. Even if Family Care doesn't become fully functional for several years, the pay for Certified Nursing Assistants and Personal Care Workers needs to be increased. We (my husband and I) went through another round of the low staffing fun just this late winter and early spring. Our Home Care Provider had (and has had at different times) a very difficult time finding people willing to work the variety of hours, the variety of cares, and the variety of locations for the pay they could offer. Somehow more of the money that is being spent with the intent of helping the elderly and the disabled must go to those people providing these personal services.

I know that in Wisconsin in particular, and in the United States in general, employers are having a difficult time with recruiting employees due to the low unemployment rate. But as the State of Wisconsin is seriously considering getting people care in their homes so that they don't need the more expensive (and much less appealing) nursing home alternative, they need to consider, seriously consider, raising the pay of these Certified Nursing Assistants and Personal Care Workers. These workers, particularly the ones who work in Home Care, must be more than efficient. They must be knowledgeable about a wide range of health concerns. They must be dedicated and reliable--they are on their own in the client's home. They must be reasonably friendly--they spend time in people's homes. They must be very flexible--their clients get well, get sick or sicker--therefore their hours or the homes they go to aren't the same from week to week. They must be open to different ways of doing tasks--each individual client has individual needs. The people who choose to do this type of work need proper recompense. I don't want to believe the example of what certain jobs are paying that I was told at last weeks meeting about Long Term Care. Is it really possible that people get paid more to take care of animals at a zoo than they do when they take care of human beings?

And lastly, yes that's more than two issues, but this is important, and directly related to the importance of a pay raise for Home Health Aides and Personal Care Workers. Are you aware that the Home Care Providers can drop any client who has a hospital stay of over three days? This is outrageous. This needs to change. A client in the Stevens Point area needed to go to the hospital for more than three days. When he called his Home Care Provider (which happens to be my Home Care Provider) to tell them he would be coming home from the hospital, they told him they weren't providing his cares any longer--they were too short-staffed. When I called my social worker to ask about this, she said it's legal. She also suggested I don't get sick enough to need hospitalization. How can this be legal? Isn't it discrimination towards people who need occasional hospitalization? How is a person supposed to get better while they must deal with the stress of not knowing if they will be able to go back to their homes after a hospital stay?

Thank you for your time and consideration. I will leave a copy of this that includes my email address and such in case you have other questions that I might be able to answer.

Janis Reis Ribbens  
1441 Ashwood Dr.  
Plover, WI 54467  
715-344-4807  
Email: [jribben@coredcs.com](mailto:jribben@coredcs.com)

## *To the Joint Committee on Finance*

Our daughter, Megan Isensee, turned 18 this year. Megan is mentally and physically disabled. She will be eligible to remain in the school system for the next three years and will be living with us during that time. From an early age, we have instilled in Megan the expectation that she would be moving on with her life after she completed school, just like her siblings.



We are willing to give Megan a helping hand to get started with her adult life. Our vision is to have Megan lead a full life, which includes having a decent place to live, a job, and recreational opportunities. Because of her disabilities, this will be impossible for Megan to achieve without some assistance beyond that which we can provide.

Will that help be there, or will it take a crisis – such as the death of my husband or I – for society to help Megan live a complete life? The waiting lists for the programs that could help Megan are already hopelessly long. The bureaucracy associated with getting into these programs is disheartening.

Please help. There are thousands of handicapped adult citizens like Megan already on waiting lists who need support beyond which they themselves, and their families, can provide. Like Megan, these citizens need assistance now, not when a crisis occurs. We need programs that are user-friendly. We need adequate funding for services. We urge you to fund these programs to meet the needs.

*Pauline Walker*

**Pauline Walker  
2831 Piney Avenue  
Wisconsin Rapids, WI 54494**