

FROM: **Deanna Yost**, 80775 McCoulogh Rd. Washburn WI 54891 (Employee at NEW HORIZONS NORTH-Adult Services Agency-Ashland, WI)

DATE: 3-26-01

RE: Current Issues as an Employee in the Human Services Industry

Dear Members of the Joint Finance Committee:

I am an employee at New Horizon's North in Ashland Wisconsin. I love my job. I am committed, spiritually and philosophically, with what I am doing. I provide supports to persons with disabilities in their homes and at jobs in our community.

As a mother of a child with a disability I believe that in my work efforts I am keeping strong the beliefs that all members of our community are valuable and can contribute. My son, Toby, receives supports that require skilled and consistent staff and it has showed. The successes he is reaching were only dreams a few years ago. He's got a job, albeit a very limited job, but he is proving, once again, that there is a place for a person with a severe cognitive disability not only in his community but within the workforce. However, as is the case with most Direct/Human Services how do you make this known? How do you evaluate what's right, what's ethical? How do you measure outcomes of life quality? How do you get your point across to doubters, to nay-sayers, and unfortunately to those who hold to the belief that group homes and sheltered workshops are where people like my son belong.

The people that support my son are my co-workers. My co-workers, like myself, are dedicated to the strong principles of normalization-that is that each person regardless of a disability has a right to live and work in their communities, and to grow and develop. Currently there is a crises occurring at New Horizons which is shadowing the future of consistent valuable supports. Currently employees at New Horizons cannot afford health insurance and **wages are also not increasing**. **We cannot afford to have insurance and continue to work here** nor are some of us able to do without insurance. Many of us are here out of commitment to the principles and philosophy of our mission but when your own family's well-being is at risk even this strong magnet to the work cannot hold. And let me emphasize to you that it would be devastating to my son to lose his supports at this time.

The county has listened time and time again to family stories regarding the value of our agency and from the co-workers who have brought up living wage issues. With zero increases in **Community Aids** the county simply doesn't have the funds. We need help from you.

How easy it is to squash the efforts begun by those who saw a dream for persons with disabilities-you strangle funding and the trickle down eventually reaches the very constituents who are already struggling and unheard. It is as easy however to renew hope for parents and families and staff who are linked to the lives of those they support (because you see we are talking about people):

Please increase Community Aids to the essential programs that keep persons with disabilities where they belong-in the communities in which they live AND to keep agencies with strong community roots funded to ensure stability and quality.

Thank You!

Bayfield County Memorial Hospital, Assoc. DBA
Northern Lights Health Care Center
706 Bratley Drive Washburn, WI 54891
(715) 373-5621

March 26, 2001

To: Joint Committee on Finance

My name is Gary Dalzell and I am the Administrator of Northern Lights Health Care Center, which operates a 75 bed not-for-profit skilled nursing facility and a 13 unit RCAC apartment in Washburn. I send you greetings from beautiful Bayfield County and welcome all of you to Northwestern Wisconsin.

I represent the 88 elderly residents who live in our fine facilities, 120 staff members, 10 Board members and approximately 75 volunteers, many who would like to be here today but are unable.

The message I bring today is for the legislature to provide increased Medicaid dollars in the 2001-03 budget in order for nursing homes across our state to meet the cost of providing health care services to our residents. The Medicaid funds allocated in the past have been woefully inadequate and have not kept up with costs. A report compiled by BDO Seidman indicate that in the 1999-2000 fiscal year, the average nursing home alone lost \$300,000 or about \$11 per patient a day and just 17% of the state nursing homes receive Medicaid payments that allow them to meet the cost of care they provide to their Medicaid residents. I assume that those numbers have increased in the past year.

At Northern Lights we are doing somewhat better but in 1999-2000 we still had a \$121,000 shortfall with Medicaid funding or about \$7.13 per patient day. In the past two years, we received less than a 3% increase in Medicaid reimbursement which falls far short of inflation and the increased cost of operations. Yet our costs have increased by 12% during the same time. We have found it necessary to increase the hourly wages paid to our staff in order to compete for employees in a shrinking but yet highly competitive labor market and also to allow us a better chance to retain our staff. As an example, we have increased our starting CNA wage from a meager \$5.64 per hour in 1996 to the current wage of \$8.51, a 51% increase. This has helped stabilize our nursing staff but has put us 7% over the direct care maximums allowed under the Medicaid formula. This means that a greater share of our nursing costs will not be recognized and paid by the Medicaid Reimbursement formula.

As we speak, we are faced with a 73% increase in our group health insurance premium on top of a 66% increase last year. Our liability insurance premium increased 68% in the past year even though we have not filed any claims. We all know what our fuel bills have been like this Winter. Costs continue to spiral upward but yet Medicaid reimbursement continues to shrink and Medicaid deficits continue to escalate.

In order to keep our doors open, we had found it necessary to charge our private pay residents higher daily rates than we receive for Medicaid residents. Medicaid and private residents receive the same services. This year we charge our private pay residents \$140 a day but we receive \$100 a day for residents covered under Medicaid. In essence this is a 40% surcharge passed on to our private pay residents. Unless things change, we will have to continue this policy and hope that our private pay residents don't go somewhere else. The trend has shown that our private pay population has declined in the past four years and our Medicaid residents have increased, not a good trend.

I wish I could stand before you and tell you how wonderful our Medicaid reimbursement program is in Wisconsin. But I can't as the nursing home funding program is in deep trouble. The BDO Seidman report states that Wisconsin payment limits related to its costs are the lowest in the country. The state has lowered direct care payments from 13% above the state-wide medians in 1989 to a mere .3% in 2001. The report also shows that since 1994, the state has decreased Medicaid GPR dollars by \$34 million or 7% while federal funding dollars have increased by \$58 million or 7%.

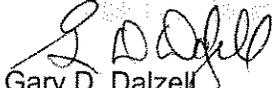
The Governor's budget provides an additional \$115 million in 2001-02 and \$157 million in 2002-03 to the Medicaid Program to help address the crisis in nursing home funding. These funds would come totally from federal dollars through an intergovernmental transfer program that must receive federal approval. No new state GPR dollars are included in the budget. If this program is approved, then Wisconsin nursing homes stand a chance to recoup some of the losses incurred in recent years and also to provide a 4% rate increase in 2002-03. It has been projected that direct care would be funded at 104% of the median compared to the current .3%. I ask that the legislature take steps to assure that these federal IGT dollars get to the nursing homes as agreed upon by the nursing home industry, The Wisconsin Counties Association, the Department of Administration and the Department of Health and Family Services.

It is well past the time that the nursing home crisis is addressed regardless of what the feds do with IGT. If IGT dollars are not secured, it is estimated that GPR needs to be increased \$46 million in 2001-02 and \$63 million in 2002-03 to meet the Governor's nursing home budget. The state can no longer continue to decrease the amount of GPR into the Medicaid Program.

Our area legislators, Senator Jauch and Representative Sherman, are well versed with the current situation in our nursing homes. Mr. Sherman has visited our nursing home in the past and has shown a sincere concern for our problems. Mr. Jauch knows the nursing home industry very well and I feel that he has the best interest of nursing homes in mind. I encourage the members of this committee to visit a nursing home in your district if you haven't recently and talk to residents, staff and families and to fund adequate dollars to fund the Medicaid Program.

Thank you.

Sincerely,



Gary D. Dalzell
Administrator

To Whom It May Concern:

I am Darryll Boyd, a 52 year old with physical disabilities and limitations. At age 4 I contracted Polio. This was a years before the Salk vaccine was available I have had 18 Major Surgeries and spent my childhood in & out of hospitals. I am now paralysed from the waist down and have weakness in my arms. I have spent my lifetime fighting to stay out of institutions.

I live alone in an old family farm home near my extended family. My niece, Tammy, who has Down's Syndrome regularly assists me. I have numerous other nephews and nieces living nearby. I interact regularly with them and they see me as an inspiration. I have the ability to mentor them with my everyday living skills and artistic work. This is valuable for all of us. In spite of my physical limitations I am of value to these young people. If I were placed in an institution, I would be unable to see & work with them regularly. I would feel cheated and they would also be cheated. Even though my arms & legs are limited, I have my mind to offer.

I applied for the Community Options Program 8-17-01 and was immediately placed on the waiting list. In spite of being # 36 on this list, I am told to expect a 3 to 5 year wait. If my family were not living close and willing to be supportive, I would not be able to live alone. I would be in a nursing home. My life is much too valuable to waste. In a nursing home I would feel captured. I have no doubt I would be saddened and withdraw into depression rather than interact productively with others in my family.

If services could be offered to me now, I would regularly go to swim therapy and massage therapy. I have no doubt this would prolong my strength. I would like to maintain my quality of life in order to keep on helping others.

Even though I have no legs to walk through life, I want to walk through life with my mind. I especially want to accompany the children. Please don't cheat me and others with disabilities

who have the mind to help others.

Please contact me if I can assist in any way with my time or opinions. People that need you are counting on you. Please don't let us down. Please help me maintain the life and abilities I have left rather than shutting me away.

Don't consider me a beggar for myself. I plead also for others with needs who want to live a life giving what they are able with whatever little they have left. Please consider this with your mind and heart.

Respectfully yours,

Dwight H Boyd
W1535 Larson Road
Hayward, WI 54843
715 766-2292

TESTIMONY OF JEAN LAIER

Member, AARP Wisconsin Government Affairs Committee

Before the Joint Committee on Finance
March 26, 2001
Superior, Wisconsin

Good morning. My name is Jean Laier. I live in Hayward and I am a volunteer member of AARP's Government Affairs Committee.

I am here today to ask you to include the provisions of Senate Bill 1, also known as Wisconsin Care, in the state budget that you are considering.

AARP Wisconsin recently invited members to describe the painful decisions that the high cost of medication forces them to make every day.

A member in Fond du Lac, herself a stroke victim, told of the daily arguments between herself and her husband about whether they can afford her daily use of the nitro patch prescribed by her doctor. The nitro patch, which costs \$100 a month, is just one of seven medications she's supposed to be taking.

A member in Williams Bay told us, "Drug costs are really killing us! We have to decide at times what we (can) do—eat, get gas, or get our medicines. Sometimes we just stay home because we can't get any of the above. We are not privileged to have drug coverage. It is too expensive!"

A member in Oconomowoc told us, "Drug prices are so high. My medication is several hundred dollars a month. I have to decide—eat and renege on my medication or take medication and not eat. I am constantly taking from my savings. My pension does not cover all this."

It goes on and on.

Wisconsin has a proud history of leading the way on many issues of conscience, but we are lagging behind many other states on prescription drug benefit.

Some legislators have argued that Wisconsin would be penalized if it were to enact a prescription drug benefit before the federal government acts. But no federal program will pass that penalizes states that have tried to help their own seniors. States which already have a prescription drug benefit in place include Michigan, New York, New Jersey, Illinois, and at least twenty others. No one knows when the federal government will act, and Wisconsin seniors simply cannot afford to wait for help any longer.

AARP Wisconsin supports Wisconsin Care for many reasons. Most important, though, it has no deductible for low-income seniors. And it acknowledges that the cost of medication is also hurting moderate- and middle-income seniors who don't have coverage by also helping them to stay healthy and independent.

Research shows that money saved in prescription drug coverage always results in higher rates of admission to nursing homes. Untreated or undertreated conditions get so bad that people can't look after themselves any more and end up in institutional care. Those are costs that no one can contain.

Wisconsin Care is a just and compassionate response to what has become a public health emergency. Wisconsin seniors need Wisconsin Care now.

As a member in Colgate told us, "I am presently paying \$456 per month for (health) insurance and have a \$2000 per year deductible. My prescription drugs are supposed to be covered. However, my most important drugs, for Parkinson's, are excluded. I feel with a high premium like this, prescription drugs should be covered, especially with a Wisconsin state plan!"

On behalf of AARP Wisconsin's 734,000 members, I'd like to thank the committee for giving Wisconsin Care the serious consideration it deserves for inclusion in the state budget.

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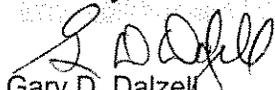
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Thank you.

Sincerely,


Gary D. Dalzell
Administrator

**Support for Inclusion of Legislative Council Dental Access
Fiscal Provisions in State Budget Bill**

Presented By: Dr. Paul G. Hagemann Hurley

List Date and Location of Hearing

3/27/01 Superior

With the future in mind, the Wisconsin Dental Association and our 2,800 member dentists commissioned researchers in Connecticut to look into the dental workforce supply and the demand for dental care through the year 2010 so we can see whether or not Wisconsin has a sufficient number of dental workforce members to meet the demands for dental care in the future. The report done by the Connecticut researchers reveals some troubling data – the most important being that in another 10 years we'll have anywhere from 200-400 fewer dentists in Wisconsin and a much greater demand for dental care. The bottom line is that the number of retiring dentists will continue to increase at a much, much faster pace than the number of newly licensed dentists and the famous babyboomer generation will continue to demand dental care at a much greater rate than did their parents and grandparents.

The Wisconsin Dental Association is greatly concerned about the results of this futuristic study, especially when those results are combined with the more anecdotal evidence that a dental workforce shortage may already be affecting the ability of the Wisconsin Medicaid/BadgerCare population to access dental care. We (members of the practicing dental community) are here to ask for inclusion of the Legislative Council Study Committee's fiscal proposals on Dental Access into the state's 2001-03 state budget bill. All of the provisions in both the fiscal and non-fiscal bills of the Special Study Committee on Dental Access are very important if the state is serious about securing the "dental infrastructure" needed so that the citizens of Wisconsin can obtain the oral health care that they require – both now and in the future.

The key provisions of the study committee's fiscal bill include:

- Increasing Medicaid reimbursement rates for dental procedures to the 75th percentile of the most recent ADA fee survey for this region of the country. (This is estimated to cost a total of \$20 million in Wisconsin's General Purpose Revenue (GPR) over the next two years). As dentists become busier in their offices, the dental shortage will be realized – first and foremost - by those who are covered under the state's low reimbursement program; increasing the rates of the state's programs will help provide dental access to more people who are covered by the state's Medicaid/BadgerCare care programs.
- Increasing the capitated number of Wisconsin resident students that can attend Marquette University School of Dentistry from the current number of 25 per class to 40 per class (the average class size being about 75). Data clearly indicates that Wisconsin residents stay in Wisconsin to practice dentistry after graduating from Marquette at a rate of about 75% whereas the non-resident students stay in Wisconsin after graduation at a rate of about only 7%.
- Authorizes \$1.6 million each year to help support community dental clinics that serve the poorest of our citizens. These clinics need state funds to help supplement the very real costs of caring for those who are either on the state's underfunded Medicaid/BadgerCare programs or who are completely without insurance and have no resources to pay for care out of pocket.
- Authorizes MA reimbursement for topical fluoride varnishes for very young children in a private dental office or by other health care professionals who see very young children as part of an EPSDT health check.
- Provides funding for grants to communities which choose to set up community water fluoridation.
- Provides state funds for employment at DHFS of a dental health professional in each of the five health regions of the state.

The WDA also supports all the non-fiscal items approved by the Legislative Council Study Committee on Dental Access and should those items, for some reason, come before you, we urge your support for them as well. To end my comments I just want to say that we all know that access to dental care is an issue that this state will

eventually be forced to address and as the case with all problems in life, the sooner the state addresses this problem, the less costly it will be. We'll have to face this issue head on – whether it's this year or next year or ten years from now. The U.S. Surgeon General has stated that "oral health care is a key to overall health" so every year that the state ignores this growing problem, sends a message to not only the dental profession but also to the dental patients that the state just doesn't believe that oral health care is worth proper funding.

There is no doubt in my mind that the policies and fiscal decisions made by this committee can greatly impact the delivery and availability of dental care in Wisconsin's future. I encourage you to support these fiscal proposals so that more citizens in Wisconsin will have a better chance of accessing dental care in our state. Thank you for your attention and I'd be happy to answer any questions you may have at this time.

Independent Living Assistive Technology Proposal 3/27/01

OVERVIEW

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

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

Distribution:

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

Detailed Distribution

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

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

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

Historic perspective:

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

General discussion points:

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

Dressing aids assistive devices that are generally **inexpensive** reduce the need for **personal assistance**. See statistic #5 on previous page.

Kitchen adaptive devices not only allow the user to prepare food independently, but may allow the user to **buy more labor intensive (less pre-prepared) foods which are usually cheaper**. This cost savings can be very beneficial to individuals on low or fixed incomes.

Grasping aids can increase independence across the spectrum of household activities-from ADL's to **housekeeping, driving, money management (adapted writing utensils), communication** (telephone holders and writing aids) and recreation.

Environmental controls such as **electronic emergency alert devices** only increase **personal independence and safety**, but also can stretch personal care dollars by allowing the user to be alone in a safe environment. See stat. #5

Communication aids allow for **independent communication**, which can result in a cost savings for medical and personal care by allowing the user to take an active role in directing treatment and activities. They also reduce secondary complications of disability such as depression; and increase personal safety by affording the user a method of reporting abuse. See statistic #3-5

Seating and Positioning is probably the most under-appreciated form of Assistive Technology. It can not only make the user more comfortable, it can **increase productivity at work, reduce complications of inactivity such as skin breakdown, respiratory and circulatory problems**, and increase overall functional ability in all areas of life. See statistic #2, 5, and 6.

Driving/transportation aids increase personal independence, and **increase employability** by allowing the user to work in jobs that require "transportation mobility". They also decrease stress on caregivers by allowing for more spontaneous outings, not only for medical care but also for other family related activities. Reduced caregiver stress translates to better care, less reliance on "the system", and reduced need for service dollars. See statistic # 3 and 5.

Transferring/bathing/toilet aids provide much needed support for the caregiver, offering the above mentioned benefits **AND reducing the incidence of injury to the caregiver**-thereby reducing worker's comp and insurance costs. They also increase safety and reduce the likelihood of developing pressure sores. See statistic # 3, 5, and 6 on previous page.

Computer adaptations increase **overall work and educational productivity**-reducing the need for economic support and personal assistance in the educational system. See statistic # 1-3 on previous pages.

Assistive Technology Individual Advocacy Issues:

WCA intervened on behalf of three people with disabilities who had been denied VR assistance in obtaining **accessible motor vehicles needed for work**. We were successful in our efforts with two of these individuals and they have been able to maintain gainful employment through the use of these vehicles.

WCA, working in conjunction with an Independent Living Center, successfully resolved a case under the Wisconsin's **Wheelchair Lemon Law** involving a woman whose **wheelchair had many serious and potentially dangerous problems** (for example, it would begin to move in reverse without warning). The Burlington woman had exhausted all appeals before she contacted WCA. **The company settled out of court by providing the woman with a new wheelchair and monetary damages.**

WCA teamed up with an Independent Living Center to challenge Wisconsin's Medicaid program policy to prohibit the purchase of more than one wheelchair for a single beneficiary. WCA intervened on the behalf a **six-year-old child from Superior with cerebral palsy** who already had a motorized wheelchair. That wheelchair was not functional in all settings, nor could the child independently use that device in many settings. **The child obtained a manual wheelchair after a successful administrative hearing on the matter.**

WCA won a **private insurance settlement for a man with cystic fibrosis** who had been **denied a percussion vest**. The company denied the claim, stating the device was experimental and medically unnecessary. WCA used **internal insurance company appeals mechanisms to reverse the ruling.**



DOUGLAS COUNTY HEALTH DEPARTMENT

City-County Complex ~ 1409 Hammond Avenue

Superior, Wisconsin 54880

Phone (715) 395-1404

FAX (715) 395-1434



Testimony to the Joint Finance Committee March 27, 2001 Support for Public Health System Funding

My name is Patrick Heiser, and I am the Health Officer for the Douglas County Health Department. Today, I am speaking on behalf of the Wisconsin Association of Local Health Departments and Boards (WALDAB), the Wisconsin Environmental Health Association (WEHA), and the Wisconsin Public Health Association (WPHA), to encourage you to add an initial funding of \$8,000,000 (\$2.5 million GPR dollars into the first year and \$5.5 million dollars during the second year of the biennium) to support the health assessment and planning activities of local health departments as required by State Statute 251.05 and consistent with the 12 essential services identified in the 2010 State Health Plan. Currently, these activities are supported primarily with local tax dollars and minimal Federal dollars. A recent study conducted by three Wisconsin Public Health organizations, (WPHA, WALHDAB, and WEHA) concluded that local health departments need adequate funding to fulfill the primary activities of Public Health. Local Public Health is seeking a state partnership in the process of building healthier communities!

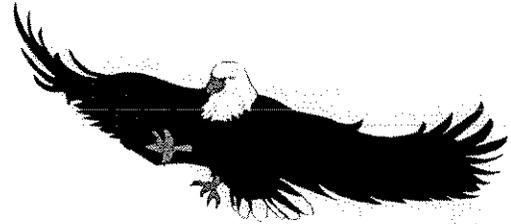
In his presentation of the Budget to the Legislature, Governor McCallum expressed a goal of "reducing Wisconsin's overall tax burden" and "improving the quality of life of all citizens" by "helping others reach their full potential in life, meeting our commitments and protecting the environment". He proposed that the values of "showing compassion for the neediest members of our society and working cooperatively to take care of the people's business" are important. Public health services at the local level can play a significant role in reaching these goals. Long term success in the resolution of health problems is achievable if public and private sectors collaborate, assess, and plan strategies to address health problems in a cost effective manner. Local units of government are carrying the financial burden in the delivery of public health services. State support is required to expand the capacity of local government and to partner with the private sector in the effort to keep all persons healthy.

The recently completed work of the Kettl commission recommends that "strong incentives be created for governments to collaborate on behalf of their citizens" and that "state-local partnerships" will play a key role in enabling Wisconsin to be a leader. Wisconsin's State Health Plan for 2010 specifically supports assessment and planning in the provision of the 12 essential services, and indicates that public and private partnerships need to occur in every community. I am requesting that you make a commitment to the health of Wisconsin's citizens by supporting a state-local partnership with the inclusion of state funding for public health into the budget for local public health activities. Thank You.

ST. CROIX ALTERNATIVES TO VIOLENCE

P.O. BOX 45287 • HERTEL, WI 54845
(715) 349-7837 • (715) 349-8189
TOLL FREE: 1-800-557-8758 • FAX: (715) 349-8187

March 27, 2001



To: Joint Finance Members:

From: Jimmy Pease Program Director

Re: 10% Salary Increase – Outreach Advocate - Elder Abuse

Thanks for letting me discuss my feelings with your committee today.

My name is Jimmy Pease, I work with the St. Croix Alternatives to Violence Program at the St. Croix Tribe. I have been working in this field for 8.5 years and have seen many reasons why the state average Advocate only last about 1.5 years in this field. We have been extremely fortunate in that our State Advocate is a very caring person, and I feel salary is 2nd in why she does this work. Our Child Advocate did only last 1.5 years, but the one we have now is I feel doing it again because she really cares about the Children. Maybe one thing to think about is that these advocates do not work just an e, 8 to 5 type of a day. They work during the day, but if violence happens at three in the morning, and the victim needs help they are called. I know the total amount being asked for, might be hard to find but if you stop and think about the lives we might save by not having to retrain our advocates every 1.5 years it will be money well spent.

On the Outreach Advocate position, so many of us have commitments in other counties or reservations that we have to travel 50 miles just to get there. When a victim needs help that time delay can be very damaging. I strongly support the funding for the outreach advocate, an ask that you find the fund

On the other topic Elder abuse, this is a much bigger problem I think than anyone really cares to admit. It seems we have been accepting the abuse that goes on for so long it is just acceptable now that Elders can be abuse with really know one caring. I feel that it is time we start to address this problem as a problem, and start dealing with the real issue that face so many of our Elders.

Page 2

Information only

We serve Reservations in Burnett, Polk, Barron Washburn and other counties. We serve victims of Domestic Abuse, Sexual Abuse, and do men's 26-week retraining program. Our Women Advocates help about 60 Families each year, many different forms of help. Safety issues going to shelters, court issues, homeless issues, clothing issues and food issues. Our program is committed to helping all Indian women, then all women that need our assistance. We want to start addressing workplace violence more as that number is growing faster than most victim issues, and becoming more deadly.

Being so spread out in this northwestern part of the state we feel we really need an outreach advocate to work in the other counties. Now we do work closely with CRA Shelter of Milltown, Time Out Shelter of Ladysmith and the State Native American Shelter at Lac du Flambeau. Our State Child Advocate is trying to break the abuse cycle early by getting into schools and working with teenagers, to let them know that violence of any kind is unacceptable.

The last thing I want to mention is we do work closely with many other Co. Task Force's on Sexual/ DV issues. We have all decided that we need to all work together if we are going to make a dent in how women are treated. This would include Elder abuse and abuse with disabled people.

March 27, 2001

To whom it may concern,

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

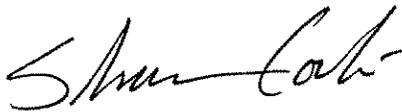
There are 5000 adults w/ developmental disabilities waiting for critical services, 2200 people with physical disabilities are waiting for support so they can live in the community, and 2400 families waiting for Family Support Services in Wisconsin.

These are services that assist people with disabilities to live in the community. Without those services, people are either forced into institutions or forced to struggle to live in the community, often times in unsafe conditions.

I work at an agency that helps people with disabilities gain the skills to live as independently as possible. I have worked with people that have been on the waiting list for COP for over 5 years! People are dying before they get the services that they need. Services that could have prolonged their life, or at least made their last days more comfortable, or kept them in their home, instead of going into an institution. I've even heard of people committing suicide because they cannot get the services they so desperately need.

Many states are putting more money toward ending waiting lists, Why not Wisconsin? Why not this budget? For a state that claims to be progressive in the way of social services, Wisconsin is one of the worst in terms of waiting lists for community services. Please, the State of Wisconsin must act to end waiting lists....NOW!!

Sincerely,

A handwritten signature in cursive script that reads "Shawn Corbin".

Shawn Corbin

P.O. Box 1245

Superior, WI 54880



DOUGLAS COUNTY HEALTH DEPARTMENT

City-County Complex ~ 1409 Hammond Avenue
Superior, Wisconsin 54880
Phone (715) 395-1404
FAX (715) 395-1434



Testimony to the Joint Finance Committee March 27, 2001 Support for Public Health System Funding

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Tom Mitchell
3-27-01
p. 1

Hello, my name is Tom Mitchell — and I vote.

x I am a Mental Health Technician in the Community Support Program in Bayfield Co. operated (by the award winning and internationally respected New Horizons North of Ashland.

The Community Support Program, CSP, helps people with long term mental illness live in the community and home of their choice. It has been mandated by our state legislature that every county in WI must have this program.

x 30 years ago WI pioneered the concept of CSP as the state & county institutions the snake pits and back wards, were being closed.

x CSP. It's a good idea. It works, it's better and it is cheaper.

New York state did not adopt the CSP model. A trip to New York City will convince you of the importance of the ~~idea~~ program. There, it is estimated, 1/3 of the homeless people wandering the streets have long term mental illness. No one helps them. No one cares.

Tom Mitchell
3-27-01, p. 2

I have 17 years experience in this field. 11 years ago the state legislature cut then froze the budget for our program. Things are worse. For example! at the end of this week my health insurance premium is going up 400%. This means I will be taking home less money than the clients I serve. And, most of them will be getting better health care coverage. I am, in effect, taking a 400% pay cut. On this I will attempt to support myself and 2 children. And continue to do my vital job to the best of my ability.

I ask you to unfreeze the funding. To unfreeze the States heart and brain and lead us from 17th in the country in service to the mentally ill back to #1 where we were 12 years ago. CSP is better for every citizen and it is cheaper. We've just gone through the biggest and longest economic boom in our history. We're told we are the richest country on earth

Tom Mitchell
3-27-01
P. 3

There's plenty of money.
You know it. I know it.
We are here to help each other
the best we can. That's why we
come together in a free society.

Use it or

Lose it.

Thank you for listening. And
remember: I vote in every
election

3-27-01

THANK YOU FOR COMING TO Northland WI

MY NAME IS GARY ANDERSON. I COME BY YOU TODAY TO REPRESENT THE MENTALLY ILL. A GROUP OF PERSONS OFTEN WITHOUT A VOICE - BUT WITH REAL ISSUES.

THOSE w/ major depression, schizophrenia & Bipolar Disorder
OTHER MENTAL ILLNESSES - EVERY BIT AS MEDICAL AS HYPERTENSION
I ALSO APPEAR BY YOU TO REPRESENT ^{OF DIABETE}

MY STAFF - MY TEAM - WHO WORK WITH THE CHRONICALLY & PERSISTENTLY MENTALLY ILL. THOSE DISABLED BY MAJOR MENTAL ILLNESS.

WE WORK IN A NON-PROFIT ORGANIZATION WHICH IS A SUB CONTRACTOR TO ~~ASTORIA~~ BAYFIELD COUNTY. COMPARISON OF DEPRESSION VS RECESSION

OUR FUNDING HAS NOT KEPT UP WITH INFLATION AND RISING COSTS. YET WE ARE ASKED TO DO MORE - WITH LESS & LESS.

WE HAVE HAD TO CUT RETIREMENT FUNDING AND HEALTH INSURANCE. WE HAVE NOT REC'D A PAY INCREASE SINCE 1/00.

THE VAST MAJORITY OF THOSE WE SERVE ^(MEDICAL ASSISTANCE) HAVE SUPERIOR HEALTH CARE COVERAGE COMPARED TO OUR STAFF - A NUMBER OF MY STAFF HAVE ~~BEEN~~ HAD TO DECLINE HEALTH INS COVERAGE FOR THEMSELVES AND/OR THEIR FAMILIES.

RAISE YOUR HANDS IF YOU HAVE DIABETES, ASTHMA, HYPERTENSION & DEPRESSION

New Horizons Health Inc

2 of 3

WE NOW AS FT STAFF PAY ABOUT
40% OF OUR HEALTH CARE COVERAGE - PT
STAFF PAY EVEN MORE, OUR PAY & BENEFITS
ARE SUBSTANTIALLY BELOW OUR COUNTY counterparts
I PREDICT STAFF LEAVING - RESULTING
IN DECLINING SERVICES FOR THOSE WE
SERVE.

I QUESTION WHO WILL REPLACE THESE
LEAVING TEAM MEMBERS?

~~THE~~ OUR STAFF DESERVE ADEQUATE PAY
& BENEFITS

IT APPEARS TO ME THAT OUR STAFF LIKE
THOSE WE SERVE ARE BEING WRITTEN OFF.
THE MENTALLY ILL & STAFF IN COMMUNITY
SUPPORT ARE SEEMINGLY BEING ASSIGNED

To THE PSYCHOLOGICAL JUSTRAIN OF THE
PUBLIC MIND. SOCIETY SEES THEM AS THEIR
DISORDER - they seldom ^{HAVE OR} TAKE THE TIME TO SEE
THEIR SOULS - MY STAFF DOES.

MENTAL ILLNESSES ARE NOT MYSTERIOUS

AILMENTS OF THE MIND; NOR CURSES OF
THE WEAK; NOR CHARACTER FLAUS.

ONE OUT OF FIVE PEOPLE IN THIS ROOM
WILL SUFFER FROM MENTAL ILLNESS IN
THEIR LIFETIME

I ASK YOU TO INCREASE FUNDING
FOR COMMUNITY SERVICES & MENTAL HEALTH.

BY THE WAY - I VOTE.

Respectfully Yours,

GARY L ANDERSON, MS
1617 KIMBALL ST
ASHLAND WI 54806

Testimony to the Wisconsin Joint Committee on
Finance, March 27, 2001, Superior Wisconsin

Professor Gloria Toivola, President, The
Association of University of Wisconsin
Professionals, UW-Superior Chapter

First, as a representative of the UW-Superior Chapter of The Association of University of Wisconsin Professionals, I would like to extend my appreciation to you for the passage of paid health insurance coverage from the first day of employment for UW faculty and academic staff in the current biennial budget. This shows us that the legislature is sensitive to one of the many problems that the University has in attracting high quality staff to the state. It has helped to ease recruitment difficulties and is greatly appreciated by our new staff.

The University continues to face challenges in its efforts to improve the quality of life for citizens of this state. Increasingly, the University of Wisconsin is depending on user fees and private funding to support its activities of teaching, conducting research and providing public service. While this may at first seem to be a benefit to the Wisconsin taxpayer, it is, in the end, a cruel hoax. The University belongs to the people of Wisconsin. All people should benefit from its services, not just those who can afford increasing tuition or who can buy a university researcher to pursue selfish private interests. The University is a public and not private good. As taxpayer support dwindles as a percentage of the total budget, University priorities will move in directions favored by particular private interests and not

necessarily by those which best serve the citizens of this state.

The legislature could help restore the people's control over their University with the following actions.

1. Reduce tuition costs to their historical levels of 25% of the costs of instruction. Maintain legislative control over tuition levels by denying the non-elected Board of Regents tuition flexibility.
2. Increase student aid, particularly in the form of grants. Everyone in the state benefits when all qualified students are allowed to receive a college education without the heavy burden of debt now imposed on them.
3. Provide UW faculty and academic staff with compensation competitive with higher education institutions elsewhere. UW comprehensive universities and colleges, which teach the vast majority of Wisconsin students, provide salaries that lag seriously behind national averages. UW-Superior salaries lag behind even those of other UW comprehensive institutions. The 4.2% salary increase proposed by the Board of Regents will bring only salaries at UW Madison into the competitive range. A faculty salary schedule is also desperately needed to insure fair salary distribution.
4. Provide UW faculty and academic staff salary increases from GPR funds and not from

student tuition increases. The linking of salaries and tuition has lead to a perverse conflict between the interests of the faculty/staff and those of the students.

5. Provide living wages and improved working conditions for UW academic staff. Current treatment of academic staff is the great shame of the University of Wisconsin. Don't we value our students enough to put people in front of their classes and in the offices that serve their needs who aren't always worried about next month's rent and whether they will have a job next semester?
6. Provide the necessary funds so that university research is driven by intellectual curiosity and the interests of the citizens rather than by the selfish motives of wealthy private interests.
7. Provide the facilities, libraries, supplies and technology to enable the University to offer the highest possible quality services to its students, its local communities and the entire state.

Proper funding of all public education should be looked upon as a constructive solution to many of the problems faced by the people of Wisconsin. To serve the public's interest, the citizens must maintain control of this important public function.

TO: Wisconsin Legislative Joint Finance Committee

FROM: Terry R. Jacobson, Administrator
St. Mary's Hospital of Superior

SUBJECT: March 27, 2001 Public Hearing

I would like the record to reflect our support of the following items contained in Governor McCallum's two-year budget proposal:

St. Mary's Hospital of Superior supports the governor's proposal to increase the percent of costs paid from its current average level of 58% to 100% of cost. We also support the utilization of federal Disproportionate Share Hospital (DSH) allocations. Specifically, at St. Mary's we are reimbursed at 78% of cost for outpatient services (DFHS analysis), and the governor's proposal would increase this to approximately 94%, or an additional \$66,000 in reimbursement.

The governor's budget proposal translates into a total hospital outpatient rate increase of 37% in FY02, and 2.7% in FY03. We realize that these increases are contingent upon federal approval of a new type of Intergovernmental Transfer (IGT) program, and we support the continued pursuit of these monies to increase Wisconsin's share of federal dollars.

Additionally, the following items are priorities of St. Mary's Hospital of Superior and the Wisconsin Hospital Association, which we would ask for legislative support:

- Maximizing Patient Safety
- Reducing Health Care Workforce Shortages
- Equitable Nursing Home Reimbursement
- Prescription Drug Coverage for Seniors
- Continuation of Tax-Exempt Status for Non-Profit Health Care Providers
- Continued Funding and Refinements of BadgerCare

On behalf of St. Mary's Hospital of Superior, the SMDC Health System, and the Wisconsin Hospital Association, I thank you for consideration of these issues.

March 22, 2001

Dear Joint Finance Committee Members:

I am writing to make you familiar with my situation. I am a 63 year old oxygen dependent female with emphysema, CHF and osteoporosis, with many previous fractures of the spine. With these disabilities it makes it hard for me to do a lot of things for myself.

I had been getting some chore services from the Aging Department but in November 2000 they ran out of monies. They still have not found a person to do this so I am four months without any help. It has gotten so I hate to invite anyone other than immediate family in to my home as I can only do minimal cleaning.

When I do any type of shopping I need someone to bring my purchases into my apartment, as I cannot lift more than four to five pounds for a short time. Usually someone gets my groceries as I cannot walk a great distance. I have used a lift chair that is not comfortable, but occasionally I have trouble with my knee and cannot stand by myself, so I must use it.

During the winter months when I have any appointments that I need to keep, I have to impose on someone to take me; I cannot keep my car available during the winter.

I have been eligible and on the waiting list since April 30, 1999 for the Community Option Program. Because of the lack of funding I have not been able to receive any of the needed services that this program could provide for me, I have been told it may be another 3-5 YEARS before anything can be done. If I would have to go to a nursing home before anything is available there would no longer be a will to live.

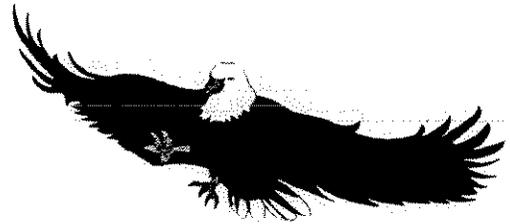
I totally agree with government putting a stop to welfare, but to not take care of the elderly and disabled makes a person stop and wonder just what our country has come to. Let them live in our shoes for a while to see how a person has to live. I am sure the government could make additional monies available if they wanted.

Sincerely,

Carol J. Pierce
309 Davis St., Apt. # 102
Minong, WI 54859

ST. CROIX ALTERNATIVES TO VIOLENCE

P.O. BOX 45287 • HERTEL, WI 54845
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March 27, 2001

To: Joint Finance Members:

From: Jimmy Pease Program Director

Re: 10% Salary Increase – Outreach Advocate - Elder Abuse

Thanks for letting me discuss my feelings with your committee today.

My name is Jimmy Pease, I work with the St. Croix Alternatives to Violence Program at the St. Croix Tribe. I have been working in this field for 8.5 years and have seen many reasons why the state average Advocate only last about 1.5 years in this field. We have been extremely fortunate in that our State Advocate is a very caring person, and I feel salary is 2nd in why she does this work. Our Child Advocate did only last 1.5 years, but the one we have now is I feel doing it again because she really cares about the Children. Maybe one thing to think about is that these advocates do not work just an e, 8 to 5 type of a day. They work during the day, but if violence happens at three in the morning, and the victim needs help they are called. I know the total amount being asked for, might be hard to find but if you stop and think about the lives we might save by not having to retrain our advocates every 1.5 years it will be money well spent.

On the Outreach Advocate position, so many of us have commitments in other counties or reservations that we have to travel 50 miles just to get there. When a victim needs help that time delay can be very damaging. I strongly support the funding for the outreach advocate, an ask that you find the fund

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The last thing I want to mention is we do work closely with many other Co. Task Force's on Sexual/ DV issues. We have all decided that we need to all work together if we are going to make a dent in how women are treated. This would include Elder abuse and abuse with disabled people.

March 27, 2001

Phillips Building
(written testimony)

RE: Use of Tobacco Settlement, Rm 110-113

To Whom it May Concern,

I can only hope that writing this letter will have some impact on your decision for all \$ 140-170 million of the tobacco settlement funds to be used strictly for the purpose of anti-tobacco efforts.

I am a foster parent, working with teenage girls. I also have two young children of my own. I believe it's most important that we use every bit of the money in the settlement to send strong anti-tobacco messages to anyone we can.

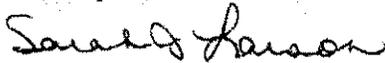
I see everyday how the tobacco industry is affecting the lives of our youth. Our youth need to be educated on what they are doing to their bodies and if they have made the choice to use tobacco, they must have help and education on how to stop.

There is money needed to aid in the enforcement of anti-tobacco laws that currently exist and there is also the need to create ordinances that back our state laws regarding our youth smoking.

Please do not let governor McCallum convince anyone that the money from the tobacco settlement should be used for anything other than it's intended use. Take a look at California who has made extensive anti-tobacco efforts. Their statistics will prove that their timely efforts are paying off.

I hope this has made some impact on your decision today.

Thank you,



Sarah Larson

**Testimony for Wisconsin Joint Finance Committee Public Hearing, Eau Claire,
March 28th - Chippewa Valley Technical College**

Joe Brownell

c/o Barrier Busters

926 Broadview Blvd.

Eau Claire, Wi 54701

Wisconsin State Centers for Developmentally Disabled

My name is Joe Brownell. I am a member of Barrier Busters of Eau Claire County, a group of differently-abled people organized 17 years ago.

At present it is estimated that 844 people with developmental disabilities still live in three Centers in Wisconsin. We believe that these Centers for the Developmentally Disabled need to be closed and the residents become citizens of their home communities. The 3 State Centers cost taxpayers 30 million dollars more than what it would cost if the 844 residents lived in the community. This savings could be used to help with waiting lists and paying better wages to direct support staff in the community. The State Centers cost 30 million dollars more than what it would cost to support the 844 residents in the community.

I am thankful I have never had to live in a State Center, but I have friends who have. Because I live in the community my life is my own. I completed high school and received a Hospitality and Management degree from this institution, the Chippewa Vall-

Technical College. I have a job at the Red Lobster restaurant. I have friends, family who support me in my endeavors. I participate in church and recreational activities. These are things I could not do if I was living in a state center.

The cost to the state for closing the 3 state centers is half a million dollars a year, for 10 years. That is 6 million dollars. Over that 10 years, the net savings to the state is 55.5 million dollars, enough to eliminate the list of approximately 11,000 people waiting for services in the community. From the 11th year onwards, the savings for the state is 15 million dollars every year. If you add to that the federal match money, the total savings is 30 million dollars every year. We need legislators like yourselves to recommend putting half a million dollars per year into this new budget. That's only 1 million dollars out of 775 million dollars they have to spend on new projects. The new budget proposes to spend 133 million dollars for the creation of a new Wisconsin Department of Electronic Government, and 9.1 million for improvements around Lambeau Field in Green Bay, as well as 206 million more for corrections.

We are proposing a million dollars over two years out of that 775 million. That million dollars won't just get spent. It will bring back many millions in savings for Wisconsin.

Ten other states have closed their state institutions, including Minnesota and Michigan. If they can do it, why can't Wisconsin?

**Joint Finance Budget Hearings
March 28, 2001**

Good Morning. I'd like to take a few minutes of your time to address the present proposed budget as it affects some of Wisconsin's most vulnerable, the developmentally disabled and mentally ill persons. It seems 'ok' at budget to take a slap at the 'State Centers.' Yet, how many people realize who lives in the State Centers in Wisconsin? Many have a perception, but few realize the challenging behaviors and medical fragile that live there.

In the present proposal there is funding available for beds for an Intensive Treatment Plan at Northern WI Center and Southern WI Center. This is a plus, that I'm not sure many people are aware of. Presently NWC has 12 people who live in the dual diagnosis unit. We have a constant waiting list with families and counties calling frequently. There are those who spend time in jails and acute care psychiatric units prior to being admitted. Our admissions routinely come by court order in a police car or ambulance in restraints. When they arrive, they are allowed to get up, walk, and 'meet the staff' at their new home. The people who live in this type of unit are very behavioral challenging. A couple of examples are people who were in 9 facilities in 3 years prior to coming to Northern WI Center and another who was in 12 placements in 2 years and 9 months prior to coming to NWC. We recognize the right of confidentiality, but it is frustrating that not to be able to explain some entire stories to you. We go home from work saying, 'Oh we had a usual day.' The people who live there are the people who make our day, when they have learned to place inserts into the paper, put the correct shoe on the correct foot, or open a milk carton. It is great to see smiles on parent's faces as they come to see their children. We are told by them, how much better their child is at NWC, how they like our open door policy of visiting, and how they appreciate the calls from staff and their children. Wisconsin needs to realize that the Centers shall be a resource of knowledge, a place of vocational training learning meaningful skills, and respite care for families. The Centers are not the enemy, they care deeply for those who 'can't make it on the outside and those who need to be brought back on tract.

Highview Correctional Institution is in the process for the medical fragile inmates. What has been taken out of the proposed budget is item #89 identified as the money for the 30 FTE positions for NWC to use to support services in the transition funding. This is vital to provide the services for individuals, to do that properly, we need you to reconsider this issue. If Wisconsin taxpayers, truly want to save money, then we all need to identify that sharing services ie. laundry, food service, pharmacy, and word processing is money saved for all of Wisconsin in the long term.

Respectfully,

Carolyn Kaiser, LPN
N304 Holly Ave
Elk Mound, WI 54739

Testimony by Robert Heath, Clairemont Nursing Home, Eau Claire, Wisconsin to Wisconsin State Joint Finance Committee, March 28, 2001

Good morning: My name is Robert Heath. I live in the Clairemont Nursing Home in Eau Claire. I have lived there for almost two years now, and in a nursing home in Chippewa Falls for one year.

Almost fourteen years ago I had to move out of my family's house as my father could no longer take care of me. I moved to my own apartment with care given to me by an agency paid by the CIP program in Eau Claire County. I was very happy to live on my own, and I had a part-time job with the University of Eau Claire athletic department with the supported employment program. I also had a job at United Cerebral Palsy part time. I am buying a van with a lift to get me to my jobs. When I had to leave my apartment and go to a nursing home the county immediately started guardianship proceedings against me. I was able to win that case, and continue to be my own guardian.

Today I don't have any jobs and I live in a nursing home. I have been told I can't work at the jobs until I move out of the nursing home. I have been told there is no funding for me to hire people to take care of me in the community. Out of 94 people on the waiting list for services in Eau Claire County I am number 75.

One of the reasons I can't move out of the nursing home is because the wages being paid to home health care workers is lower than McDonalds or other fast food restaurants, and very few, if any benefits are paid.

Out of approximately 160 home health care agencies over half have gone out of business in the last two years in the Eau Claire area. Another one just announced they are quitting the Eau Claire area this month.

I used to be an active member of the community, but now I can't work and I don't get out any more. The nursing home gives me good care, but there is very little stimulation for someone my age.

We are asking that the new budget increase the COP and CIP funding by 55 million to eliminate the waiting list of over 11,000 people in Wisconsin. In the budget presented by the Governor there is zero increase. The counties can't bear the burden any more, the state hasn't put any new money into these programs in the last ten years. If the state put some money into these programs it would generate over 147 million.

I support the Green Bay Packers, but putting 9.1 million into Lambeau field while I have to watch the games from a nursing home doesn't make sense to me. Neither does creating a Department of Electronic Government for \$133 million.

Governor McCallum said in his speech that his budget is good because, "It's common sense. It's sound fiscal management. It's our sacred obligation as public servants." My living in the community along with the other 11,000 people on waiting lists in Wisconsin makes good sense to me.

Robert Heath
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Date: March 28, 2001

To: Members: Joint Finance Committee, Wisconsin Legislature

From: Public Policy Committee, Alzheimer's Association
Indianhead Chapter-Harold Halfin, Member

This is to request that the Alzheimer's Family Caregivers Support Program (AFCSP) be recreated as a separate program in the budget.

AFCSP was created in 1985 to help people earning up to \$40,000 per year and caregiving a family with Alzheimer's disease in the home. AFCSP provided up to \$4,000 per year for respite services such as adult day care, in home help, and a variety of other services. The average grant awarded through AFCSP was only \$1,500, but that was often enough to make the difference between keeping a loved one at home or having to put one in a facility.

In the last budget AFCSP was rolled into Family Care. The financial eligibility level for Family Care is less than \$20,000. Alzheimer's patients earning less than \$20,000 per year can go into Family Care for services but middle class Alzheimer's patients are left without any assistance.

AFCSP was a small program, only \$2.3 million. The program was originally funded at \$1.8 million back in 1985 when created by the Legislature. Eventually the Legislature increased funding by \$467,000. to \$2.3 million to cut the waiting list.

When one looks at surrounding states, Wisconsin is the only state cutting service to Alzheimer's patients. Other states are recognizing the coming epidemic and are increasing funds to meet the challenge. Ohio, for example, increased funding for its Alzheimer's respite program by 150% in their 2000-2001 budget to \$7.5 million.

Thus, the request to remove Alzheimer's Family Caregivers Support Program from the Family Care Program and make AFCSP a separate program in the budget.

Thanking you in advance for your consideration.

Public Policy Committee-Alzheimer's Association
Indianhead Chapter
1227-B Menomonie St.
Eau Claire, WI 54703

GROUP HEALTH

COOPERATIVE OF EAU CLAIRE

**Testimony Presented
To The
Joint Committee On Finance**

**By
Peter Farrow
General Manager,
Group Health Cooperative of Eau Claire
March 28, 2001**

Thank you Chairpersons Burke and Gard and members of the Committee for the opportunity to present testimony regarding the biennial state budget. And thank you for taking the time to travel to Western Wisconsin to gather input from around the state.

Over 25 years ago, Group Health Cooperative of Eau Claire was started as a community-owned and member-governed purchasing pool with the goal of helping employers and individuals control their health care costs. Although the health care market has changed in many ways since the mid '70s, Group Health remains true to the mission of improving health care coverage to residents of Western Wisconsin. Today Group Health Cooperative delivers nationally recognized quality, with below average administrative costs and the 4th highest overall HMO member satisfaction in the country (according to independent surveys).

There are two items in the budget particular that I would like to bring to your attention. The first is a proposed ban on the use of management contracts by HMOs. This measure changes a 20-year position in state statutes that has allowed HMOs to outsource certain management activities. This measure is not a fiscal item and I ask you to support removing it as part of the policy list. The language is opposed by the Wisconsin Association of Health Plans. I would like to share with you some perspective.

- Group Health Cooperative of Eau Claire has used management contracts for twenty years. The practice has allowed Group Health to maintain its administrative costs at least 10 percent below the statewide average. At the same time, we have maintained a complaint ratio that is one of the best in the state and far lower than the statewide average.
- Management contracts are used by a majority of HMOs to outsource certain activities to reduce administrative costs and keep premiums lower for policyholders. This budget provision likely would affect a majority of the 1.3 million people covered by HMOs in Wisconsin by increasing their premium costs.
- Many contracts with medical professionals to conduct programs like disease management or utilization review would be affected by this change - an effect counter to the policy goal of having appropriate medical professionals involved when necessary.
- HMOs that use management contracts file the same financial statement and financial information as other health insurers.
- The insurance commissioner reviews and approves these contracts, and has in the past rejected certain contracts that were filed or required modifications.
- There have been claims that a management contract was the cause of the demise of Family Health Plan in Milwaukee. The insurance commissioner has said that in her opinion the management contract they used was not the cause of the financial weakness of that HMO.

I also would like to share our perspective on Medicaid funding.

In addition to our traditional commercial and individual membership, Group Health was one of the first HMOs in Wisconsin to participate in a Medicaid managed care pilot initiated in 1986. The experiences gained by the state in those pilot counties formed the groundwork for the statewide Medicaid managed care expansion in 1997.

Throughout the growth of the Medicaid managed care program, Group Health Cooperative and the state have formed an effective working relationship. That relationship was tested and reaffirmed with the creation of BadgerCare. As other insurers pulled out over concerns in funding levels, the Group Health Board of Directors remained committed to the program, viewing it as a necessary component of the Cooperative's commitment to the community it serves. Locally, our key provider partners, Marshfield Clinic, Sacred Heart Hospital, and Saint Joseph's Hospital stepped up by taking lower fees and staffing up to guarantee access for Medicaid and BadgerCare.

Today Group Health Cooperative is the second largest administrator in the BadgerCare managed care program, and has been able to maintain BadgerCare as a stand-alone program without direct subsidy from our commercial members – an important initial concern of our Board.

The Medicaid managed care program has been a successful experiment. It has improved the care received by enrollees. For example, HMOs have more than tripled the rate that children receive the recommended number of regular health-checks. The efficiencies we have brought to the program have both expanded the level of care received and saved the State literally millions of dollars. The overall success would not have been achieved without a commitment from the Department of Health and Family Services to work with HMOs to make this program work.

As a non-profit cooperative serving both commercial and Medicaid business, we see two sides of health care funding issues. In particular, low Medicaid reimbursement rates for providers are increasingly creating problems throughout the industry:

- In Western Wisconsin, many of our border-status providers in Minnesota and Wisconsin are threatening to pull out of Medicaid over low reimbursement rates. Significant changes in provider participation could threaten the ability to provide adequate networks to Medicaid/BadgerCare enrollees.

- As Medicaid reimbursement levels decrease in comparison to charges, they compound the cost-shifting problems created by Medicare funding. These costs are shifted by providers to commercial businesses and are a significant cause of rapidly increasing premiums in the small and medium employer health insurance markets.

This budget contains necessary provisions to increase reimbursements for providers, especially in outpatient hospital costs and physician reimbursements. At the same time, estimates must include the approximately 5% increase in costs that HMOs in the Medicaid programs will experience as a result of the changes in these provider reimbursements. I urge you to maintain those funding levels to help stabilize provider participation in government-funded programs. Doing so will also move toward stabilizing the cost increases shifted to employers.

I recognize the challenge facing this committee and the Legislature this year. With a revenue picture tighter than the state has seen in many years, your decisions are difficult. The answers are neither easy, nor obvious. Along the way, Group Health would be happy to provide any information we can to assist you in your task.

Thank you for allowing me the time to present these comments. I'd be happy to answer any questions you may have.

March 28, 2001

To: Chairman and Members of the Joint Finance Committee

My name is Dorothy Will, Black River Falls, WI, Jackson County. I am guardian for two individuals who are with me today and I am also on the Board of Directors for The Arc - Wisconsin Disability Association. We are very concerned about the crisis in the funding for Community Services throughout Wisconsin. Without sufficient funding to the Human Service Departments they can not adequately fund the agencies that provide care to the individuals living in the community. They and we actually exploit the direct care workers by not paying them a living wage and by relying on their compassion for the individuals they work with to keep them on the job.

Our son "Ron" lived with us for 36 years and because of our age and health he moved to an Adult Family Home with 3 other individuals. His primary provider receives less than \$8.00 per hour after working there for over 2 years. She is responsible for assisting them with their daily hygiene task, medication, budgeting, cooking, cleaning, laundry, recreation, leisure time activities, being their companion, counselor and motivator. A mighty big job, I know as I worked there for 2 years. Claude lives in a supervised apartment and needs assistance with his shopping, laundry, and house care but most important is assistance in controlling his diabetes, his home care worker receives \$7.00 per hour which is inadequate for the work and responsibilities that she has. The low pay leads to the shortage of workers in the community and the high rate of turn over of employees. Direct care workers should be seen as professionals with adequate pay to entice others to enter that area of employment, this would prevent the crisis that we presently have and would help to insure the quality of the care to the individuals.

Another pressing need is the increasing number of individuals on the waiting list. That need is for work services and home care. Regarding work it is sad to see students graduating from Special Education to a waiting list. We have instilled a strong work ethic in our children and adults. They have the same need to work as we all do and want to be productive citizens in their community. In our case Ron had his hours reduced from 20 hours per week to 4 1/2 per week, due to a lack of funding. He has far too much free time and would much rather be working.

I have worked with developmentally disabled adults for more than 30 years and tried to treat them as I would want to be treated if I was them, If you think of them in this way too you will do the right thing. You will work to see that adequate funding is fairly distributed to all programs and not give much to some (ie: nursing homes) and none to others.

I thank you for the opportunity to express my concerns and look forward to an increase in funding for the developmentally disabled in Jackson County and throughout the State of Wisconsin.

Dorothy Will
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Wisconsin Environmental Health Association, Incorporated



Testimony to the Joint Finance Committee
March 28, 2001

Support for Public Health System Funding

My name is Peggy Loken. I am the President of the Wisconsin Environmental Health Association. I am speaking on their behalf to encourage you to add initial funding of \$8,000,000 (\$2.5 million GPR dollars into the first year and \$5.5 million dollars during the second year of the biennium) to support the health assessment and planning activities of local health departments as required by State Statute 251.05 and consistent with the 12 essential services identified in the 2010 State Health Plan. Currently, these activities are supported primarily with local tax dollars and minimal Federal dollars. A recent study conducted by three Wisconsin Public Health organizations, (WI Public Health Assoc., WI Association of Local Health Departments and Boards, and WI Environmental Health Assoc.) concluded that local health departments are in need of adequate funding to fulfill the primary activities of Public Health. Local Public Health is seeking a state partnership in the process of building healthier communities!

In his presentation of the Budget to the Legislature, Governor McCallum expressed a goal of "reducing Wisconsin's overall tax burden" and improving the quality of life of all citizens" by "helping others reach their full potential in life, meeting our commitments and protecting the environment". He proposed that the values of "showing compassion for the neediest members of our society and working cooperatively to take care of the people's business" are important. Public health services at the local level can play a significant role in reaching these goals. Long term success in the resolution of health problems is achievable if public and private sectors collaborate, assess, and plan strategies to address health problems in a cost-effective manner. Local units of government are carrying the financial burden in the delivery of public health services. State support is required to expand the "state-local partnerships" will play a key role in enabling Wisconsin to be a leader. Wisconsin's State Health Plan for 2010 specifically supports assessment and planning in the provision of the 12 essential services, and indicates that public and private partnerships need to occur in every community. I am requesting that you make a commitment to the health of Wisconsin's citizens by supporting a state-local partnership with the inclusion of state funding for public health into the budget for local public health activities. Thank you.