

2003-04 SESSION
COMMITTEE HEARING
RECORDS

Committee Name:

Senate Committee on
Health, Children,
Families, Aging and
Long Term Care
(SC-HCFALTC)

Sample:

Record of Comm. Proceedings ... RCP

- 03hrAC-EdR_RCP_pt01a
- 03hrAC-EdR_RCP_pt01b
- 03hrAC-EdR_RCP_pt02

➤ Appointments ... Appt

➤ **

➤ Clearinghouse Rules ... CRule

➤ **

➤ Committee Hearings ... CH

➤ **

➤ Committee Reports ... CR

➤ **

➤ Executive Sessions ... ES

➤ **

➤ Hearing Records ... HR

➤ 03hr_sb0057_pt07

➤ Miscellaneous ... Misc

➤ **

➤ Record of Comm. Proceedings ... RCP

➤ **

NO
DATE

Value of WI DD Center Campuses

	Southern WI Center	Central WI Center	Northern WI Center
Acreage (approximate):	385	72	344 (180 acres saleable)
Land Value:	Unknown	\$30-80 million (approximate)	\$900,000 - \$1.8 million (saleable)
Assessed Building Value: (per WI Dept. of Revenue)	\$52,254,895	\$50,026,051	\$33,173,430
Market Value	Unknown	\$80-130 million	\$34-35 million
Saleable Market Value		\$80-130 million	\$900,000 - \$1.8 million

Went to see the site?

No Date

DRAFT

REASONS TO KEEP NORTHERN CENTER OPEN

1) **NORTHERN CENTER SERVES MOST COUNTIES** -- The Northern Center serves 52 of the 72 counties in Wisconsin. Closing the Northern Center would force some families to drive hundreds of miles to visit loved ones in the Southern part of the state.

2) **SHIFT TO PROPERTY TAXPAYERS** -- The funding provided by the state for the harder-to-care-for individuals still residing in the center is inadequate. While funding for community placements will increase from its current \$225 per day to \$325 per day that is not sufficient to care for residents in the community. Chippewa County currently has 8 clients at Northern Center. Two of these cannot be placed in the community because of safety concerns. Two will be able to be placed at the \$325 rate. The remaining 4 will need an additional \$124,100 a year of county funding to be placed in the community. This is a shift to county taxpayers. When all counties are included, property tax payers in the 52 counties served by the Northern Center will share more than \$2 million more in additional property taxes.

3) **CENTRAL CENTER PROPERTY MORE VALUABLE** -- Further, closing the Northern Center would save \$2.2 million according to DHFS Secretary Helene Nelson. This is a fraction of what would be saved by closing the Central Center. Central Center is located in the richest area of Madison -- not too far from the Governor's mansion. Property values there are among the highest in the state. The Central Center has 72 acres. DHFS has not had the land appraised. The assessed building value of Central Center is \$50 million. The Northern Center has 344 acres, with \$33.2 million in assessed building value.

4) **NORTHERN CENTER HAS MOST PLACEMENTS** -- The Northern Center employees have an excellent track record of caring for their residents, and the turnover rate is extremely low at Northern Center compared to Central Center. In addition, Northern Center employees have the best community placement record in the state, which was supposed to be a mandate on all three centers. Because Northern Center employees were so efficient and effective at their jobs, they are now being punished by the state. The total population at all of the centers combined dropped 53 percent since 1990, from 1,671 to 792 at the end of 2002. Northern Center experienced a 64 percent drop in the same period, from 493 to 174 -- the highest of the three centers.

5) **COMPARISON OF OPERATING COSTS** -- The cost of operating Central Center for last year was \$52.9 million all funds, compared to \$29 million for Northern Center. The number of residents at Central Center as of December was 353, and Northern Center, 174. The inpatient rate as of December 2002 was \$465 for Central Center and \$522 for Northern Center. The higher rate reflects the fact that the patients left at the Northern Center require a higher degree of care.

than Central Center???

*Key uses
appreciated*

6) **CHIPPEWA VALLEY UNFAIRLY PENALIZED** -- Closing the Northern Center would have a devastating economic impact on the Chippewa Valley. Couple that with delaying the opening of Highview Prison, which is also proposed by the Governor, and the brundt of downsizing will be unfairly felt by our communities.

7) **DANE COUNTY CAN BETTER ABSORB DISPLACED WORKERS** -- The job losses will be much better absorbed by a county with a 2.4 percent unemployment rate (Dane), compared to 6.5 percent unemployment rate (Chippewa). Helene Nelson said DHFS plans to eliminate 150 long-term beds at Northern Center by June 2004, as well as 300 positions required to support those beds. The downsizing will begin in March. Nelson said 20 short-term intensive treatment beds will remain, preserving about 75 positions. She said flexibility for up to 142 positions will be retained for possible transfer of employees and residents to Central Center. As such, Dane County will get an additional 142 jobs, while Chippewa Falls loses over 400.

8) **CARE NOT ALWAYS AS GOOD IN COMMUNITY** -- In many instances, residents will not receive as good of care in the community as they do in the center. The shortage of dentists willing to take Medicaid patients is at crisis low proportions. Further, there is a severe shortage of nurses everywhere in the state. Many of these residents require skilled nursing supervision.

9) **NORTHERN CENTER HAS STABLE WORKFORCE** -- The Northern Center workforce is much more stable than that of Central Center, leading to better care and better efficiency. The Central Center has such a high turnover rate that they have to stagger new employee orientation classes.

10) **GOVERNOR SAID TO COME UP WITH ALTERNATIVES** -- The bill would require DHFS to terminate all services at Central Center for the Developmentally Disabled by July 1, 2004 and to sell the property. The Department would be required to submit a proposal to the Joint Finance Committee to spell out how it would terminate services and transfer residents and employees. The proposal also must include how it would sell the personal property and real estate of the center.

13083 37th Avenue
Chippewa Falls, WI 54729

P.O Box 7882
Madison, WI 53707

Dear WI State Senators:

I am writing this letter to inform you of the severe **need** to keep the Northern Wisconsin Center for the Developmentally Disabled open. First and foremost, the **persons** who live at NWC have **special needs**. Many of the people have tried to live in communities and needed to come back to live. Northern Center has very well trained staff, who are dedicated and have a vested interest in the people they serve quality of life. It is my understanding that once the people leave NWC to live in the community, they will not have the same quality services, for example consistent vocational programming, recreation, physical therapy, speech therapy, trained Dental staff, skilled onsite Doctors and nursing staff. The standards within the group home, adult family care homes are very low compared to Northern Wisconsin Centers'. The people who live at Northern Center can/are functioning at their maximum potential, given these services. When these services are eliminated they will lose their sense of wellbeing, self esteem and not to mention their consistent care givers who are in fact like their family. Take away everything in my life (family, vocation, healthcare, recreation) and I would not want to thrive.

Northern Center's population is growing older. This means that their parents are aging too. These parents are in their golden years. They will not be able to visit their child very often if ever, if they have to drive to the big cities of Madison and/or Milwaukee. Some of the individuals come from Bayfield, Ashland and Douglas Counties, just to name a few from the extreme Northern Wisconsin.

Most of these individuals, who live at Northern Center, have lived there for their adult life. It is home. **Combine their extremely challenged life with all the changes that Secretary Helene Nelson has to offer (living environment, care givers, family, vocation, recreation, medical care, etc.) and they cannot be expected to cope/adjust with this devastating, life change.** It is a fact that these individuals do better with consistency. **We do not want these people to be set up for failure, when they have reached astounding personal growth and productivity in their present home, Northern Center.**

I would also like you to know that the Northern WI Center is the 3rd largest employer in Chippewa Falls. If you take away 500 families' jobs, the impact on the economy in this area will suffer greatly. We have recently lost hundreds of jobs in the area: Mason Shoe, Rutledge Home, Silver Springs, Silicon Graphics Inc., etc. Eau Claire, WI is approximately 10 miles away from Chippewa Falls. In the Eau Claire Leader Telegram, Sunday March 2, 2003 edition, it states that the number of persons receiving unemployment in the Eau Claire area is 4300. This is the highest that it has been since 1991. If Northern Center closes, it will just add to the unemployment problem. The trickle down effect will hurt the local (50-mile radius) businesses, causing more hardship for many communities and ours. The delay of opening the Highview Geriatric Prison, which was also proposed by the Governor, has to be devastating to our community. The prison is ready for prisoners. Why keep it empty and send our prisoners out of state and give the other states our jobs? Keep our money in our state and spend it wisely.

If the Governor would listen as he said he would, to alternate ways to decrease our deficit, I have ideas I'd like you to pass on to him and your colleagues. If DHFS were to terminate all services at Central Wisconsin Center instead of Northern Wisconsin Center the savings would be greater for our state budget deficit. Here is how...

Northern Center serves 52 Counties, that is 75% of the counties in WI. Central and Southern Center serve 20 counties combined, and they are both located within 50 miles of each other.

In comparison of operating costs, The cost for operating Central WI Center last year was \$52.9 million all funds, compared to \$29 million for Northern Center. The number of residents at Central Center as of December 2002 was 353, and Northern Center, 174. The inpatient rate as of December 2002 was \$465 for Central Center and \$522 for Northern Center. The higher rate reflects the fact that the patients at Northern Center require a higher degree of care.

Northern Center employees have an excellent track record of caring for the individuals who live there and the employee turnover rate is extremely low at Northern Center compared to Central Center. In addition, Northern Center employees have the **best** community placement record in the state, which was supposed to be a mandate on all three centers. Because Northern Center employees were so efficient and effective at their jobs, they now are being punished by the state. The total population at all of the centers combined dropped 53% since 1990, from 1,671 to 792 at the end of 2002. Northern Center experienced a 64% drop in the same period, from 493 to 174- the highest of the three centers combined!

The funding provided by the state for the harder-to-care for individuals still residing at the Center is inadequate. While funding for community placements will increase from its current \$225 per day to \$325 per day, that is not sufficient to care for individuals in the community. Chippewa County currently has 8 clients at the Northern Center. Two of these people cannot be placed in the community because of safety concerns. Two will be able to be placed at the \$325 rate. The remaining 4 will need an additional \$124,100 a year of county funding to be placed in the community. This is a shift to the county taxpayers. When all counties are included, property tax payers in the 52 counties served by Northern Center will share more than \$2 million more in additional property taxes.

Northern Center has a more stable work force compared to Central Center, leading to better care and better efficiency. Central Center has a higher turnover rate of staff, so they have to stagger new employee orientation classes. Dane County can better absorb displaced workers. The job losses will be much better absorbed by a county with 2.4 % unemployment rate (Dane) compared to 6.5% unemployment rate (Chippewa).

Central Center property is more valuable for resale compared to Northern Center. Closing the Northern Center would save \$2.2 million according to DHFS Secretary Helene Nelson. This is a fraction of what would be saved by closing Central Center. Central Center is located in the richest area of Madison... not too far from the Governor's mansion. Property values there are amongst the highest in the state. Central Center has 72 acres. DHFS has not had the land appraised. The assessed building value of Central Center is \$50 million. The Northern Center will share more than \$2 million more in additional property taxes.

Please listen to the **needs** of the people who live at Northern Center and to the **needs** of our community. **The state cannot afford to make the wrong choice...to keep Central Center open and to close Northern Center.**

Keep the Northern Center open.

Sincerely,



William Kries

Quotes from Secretary Nelson and Governor Doyle

1. Secretary Nelson said that she made the recommendation to the Governor and he approved her recommendation. "I examined Northern Center and Southern Center from a strictly cost benefit." She said.
2. The workers at Northern Center feel they have worked themselves out of a job by having the highest placement record. Secretary Nelson's response was, "The people of Northern Center make that statement but I am not aware of the facts to either support or refute it.
3. Governor Doyle was asked the same question. His response was that he didn't know one way or the other. He didn't dispute it and he said, "I guess I don't know what it means though."

CIP rate = not all inclusive. only Program residential > supervision
 Shifting by
 325 CIP IA
 46 SSI
 SSI EBIT
 70 MA cost

Cost of Care at the State Centers for the Developmentally Disabled

Medical Assistance and Medicaid terms are used interchangeably
 Medicaid is the primary source of funds for care at the State Centers for the DD
 Medicaid a federal / state program with the split essentially 60 federal / 40 state

Calculation of daily rates at the State Centers

- Medicaid rules require that at the start of each fiscal year (July 1 - June 30) an interim daily rate be established by which Medicaid is billed
- The daily rate is established at each of the State Centers by dividing the estimated total expenses at that Center by the total estimated number of care days (number of residents x 365 days) at that Center. This figure becomes the **Medicaid reimbursement rate**
- The Medicaid reimbursement rate is then increased 5% to create the **private pay rate** --the amount DCTF (Division of Care & Treatment Facilities) is reimbursed for private pay residents whose care is not eligible for Medical Assistance reimbursement, e.g., persons with significant personal wealth, out-of-state residents, etc. (source: Michael Hughes, DCTF)
- Medicaid reimbursement rules require that everyone be billed the same rate ---therefore the **private pay rate becomes the Medicaid billing rate** (source: Michael Hughes, DCTF)
- **The Medicaid billing rate is the published rate** --- because this is the rate counties would be charged for any non-MA eligible client (source: Michael Hughes, DCTF)
- **Medicaid is billed at the private pay rate** for each day of care for each person that is Medicaid eligible (source: Michael Hughes, DCTF)
- **Medicaid reimburses at the Medicaid reimbursement rate not the private pay rate** (source: Michael Hughes, DCTF)

\$441 Per day
 5%
 250
 325
 575
 621

FY03 Medicaid Billing Rate (Private Pay Rate) Medicaid Reimbursement Rate

CWC	\$465 per day	\$443 per day
NWC	\$522 per day	\$497 per day
SWC	\$444 per day	\$423 per day

incorrect

Jan 1 - 1997 - 269 indiv. Placed
 70 died
 64 Neurotitanalyse
 134 of ECMR
 Reinst Medicaid; behavioral issues
 Social Security off sets cost of care.

The **Medicaid reimbursement** is further reduced when a resident receives Social Security benefits (parents who are retired get a reduced social security benefit because their maximum family benefit is shared with their disabled adult child). The Social Security benefit varies among all individuals - none are the same.

Residents at the State Centers receiving Social Security benefits are allowed to keep \$45 for personal use (Governor Doyle has proposed to reduce the amount they can keep to \$30 per month). The remainder of the Social Security money is sent to the Department of Health & Family Services / Bureau of Fiscal Services and is used to offset --LOWER-- the amount Medicaid actually reimburses for that resident.

Here is the documentation for the above statements:

I obtained a copy of our son's Medical Assistance record from the Medical Assistance program. Documentation clearly shows that for the month of July 2002, a 31 day month and the first month of the fiscal year 03, Medicaid was billed \$14,415 for 31 days of care. This calculates out to a rate of \$465 per day. Medical Assistance approved and paid \$13,733 for 31 days of care. This calculates out to a reimbursement rate of \$443 per day.

As shown on the Remittance and Status Report, for the month of December 2002, Medicaid was billed at the Private Pay Rate which totals \$14,415 for a 31 day month ($\$465 \times 31 \text{ days} = \$14,415$)

The total allowed for the 31 day month was \$13,733 ($\$443 \times 31 \text{ days} = \$13,733$).

In the column titled "Other Deducted Charges" some residents have an amount in that column. This amount indicates any contribution for the resident, including Social Security. According to Denise Webb, Deputy Administrator, DCTF, in a letter dated February 7, 2003 "we bill all Medicaid eligible residents at the private pay rate...The private pay rate that was billed is paid at the Medicaid rate, less any contributions from the resident, including Social Security benefits. Therefore, the Medicaid payment varies depending on the level of contributions from other sources."

How much Social Security is being received to offset the Medicaid cost of care at Central Center and the other 2 Centers? Or to rephrase that question - how much Medicaid is actually, **bottom line**, being reimbursed to each of the Centers for the cost of care?

This is information we have been attempting to obtain from the Department of Health and Family Services and the Division of Care & Treatment Facilities since November 1, 2002. I have never seen so many brick walls. This is public information which they obviously will not share.

Why not? I can only speculate that perhaps when the actual bottom line Medicaid reimbursement to each of the Centers is known and we all realize that the Medicaid costs are actually not as high

as they wish everyone to believe, then the cost savings to Medicaid might not be a valid justification anymore for closure of the Centers --- if the cost savings do not exist in the amount alleged.

Why is all this about private pay rate and Medicaid reimbursement rate important? To dispel the myth that closing the Centers is a multimillion dollar saving adventure.

In a document prepared by People First Wisconsin on behalf of the Survival Coalition of Wisconsin Disability Organizations and The People Can't Wait Campaign, inaccurate Medicaid cost figures were used to calculate daily costs and alleged cost savings to be achieved by closing State Centers for the Developmentally Disabled by forcing residents into community placements.

By using the **Medicaid billing rate**, instead of the **Medicaid reimbursement rate**, these organizations have made a **mistake in their calculations in excess of \$8.3 million** -- any allegations of cost savings they have made must be reduced by a minimum of \$8.3 million for starters.

In addition, these alleged cost savings, did not account for the Social Security benefits which are used to offset the Medicaid cost of care. Unfortunately, as I stated before, the Department of Health & Family Services is holding this information hostage. It has, however, been estimated that 50% of the residents at CWC and possibly all of the residents at Northern & Southern Centers receive Social Security benefits. As you can see from the Remittance and Status Report, of the 6 residents with other income, 5 of those 6 are in excess of \$600 per month with 2 being in excess of \$700.

These Social Security benefits could translate into between \$23 - \$25 per day to further reduce the bottom line Medicaid reimbursement to the Centers for the cost of care. We actually could be looking at Social Security benefits in the area of \$4 - \$5 million annually that are received to offset the Medicaid cost of care. These Social Security benefits cannot be ignored as they are used to offset Medicaid cost of care. Any calculations of alleged cost savings to be realized by closure of Centers must take this amount of money into account.

It is obvious that the facts and figures used by community advocates wishing to close the Centers were off by a minimum of \$8.3 million. Factoring in the Social Security benefits that are used to offset Medicaid costs, the figures could be off by more than \$12 million. It is simply unforgivable when individuals and organizations attempt to sway public opinion through the use of false, deceptive and misleading information.

It is critically important that before decisions are made that may drastically affect hundreds of profoundly vulnerable individuals, the bottom line cost of the care at the State Centers for the Developmentally Disabled be obtained and then take a long hard honest look at the cost of placing these individuals into community settings, using honest and accurate figures.

Prepared by:
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FY 02 MEDICAID & PRIVATE PAY INTERIM RATE #3

FY 02 BUDGET	CWC	NWC	SWC	TOTAL
APPROPRIATION 226 BUDGET	1,520,800	750,900	812,000	3,083,700
APPROPRIATION 227 BUDGET	258,300	325,400	350,400	934,100
APPROPRIATION 228 BUDGET	50,411,700	27,582,900	34,109,200	112,103,800
DCTF CENTRAL OFFICE (ONE THIRD TO EACH INSTITUTION)	474,115	474,115	474,115	1,422,344
LESS: REDUCTION FOR FY 2002 CIP PLACEMENTS	(279,600)	(301,600)	(118,200)	(699,400)
LESS: REDUCTION FOR FY 2003 CIP PLACEMENTS				
ESTIMATED FY 2002 BUDGET AFTER CIP LAPSE	52,385,315	28,831,715	35,627,515	116,844,544

ADD ADDITIONAL AMOUNT FOR EXPENSES EXPECTED TO BE OVER/(UNDER) THE FY 2002 BUDGET AMOUNT :

DEPRECIATION EXPENSES ABOVE THE CAPITAL BUDGET AMOUNT	756,469	1,072,136	909,745	2,738,350
INFRASTRUCTURE	115,806	75,983	81,071	272,860
ESTIMATED FY 2002 ADMINISTRATIVE OVERHEAD EXPENSE	1,368,070	757,289	957,424	3,082,783
ESTIMATED FY 2002 INTEREST EXPENSE	490,438	425,919	409,748	1,326,105
ESTIMATED SALARY UNDERSPENDING	(6,421)	(836,305)	(295,508)	(1,138,234)
ESTIMATED FUEL & UTILITIES UNDERSPENDING (APPN 226)	(100,000)	(100,000)	(100,000)	(300,000)
INSURANCE EXPENDITURE ADJUSTMENT	(947,000)	397,000	(627,000)	(1,177,000)
ESTIMATED TOTAL EXPENSES FOR FY 2002	54,062,677	30,623,737	36,962,995	121,649,408

DIVIDE BY ESTIMATED FY 2002 DAYS OF CARE

ESTIMATED EXPENSES PER DAY (MA RATE)	408.04	455.98	379.28	
PRIVATE PAY FACTOR OF 5%	5.00%	5.00%	5.00%	

PRIVATE PAY RATE PER DAY

PRIVATE PAY RATE PER DAY	428.44	478.78	398.25
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NOTES:

Re-estimate was done at the request of Health Care Financing. However, this interim rate was not implemented. HCF did not see a significant enough change from interim rate #2 to interim rate #3 to warrant another retroactive adjustment. This rate was used solely for estimating total liability for the MA program. The FY02 Medicaid and Private Pay Interim Rate #2 was implemented. Population numbers were adjusted to average monthly levels. Added Salary underspending, Fuel and Utilities underspending, and Insurance expenditure adjustments.

132,495 + 67,160 + 97,455 = 297,110 care days

FY 02 MEDICAID & PRIVATE PAY INTERIM RATE #2

FY 02 BUDGET	CWC	NWC	SWC	TOTAL
APPROPRIATION 226 BUDGET	1,520,800	750,900	812,000	3,083,700
APPROPRIATION 227 BUDGET	258,300	325,400	350,400	934,100
APPROPRIATION 228 BUDGET	50,411,700	27,582,800	34,109,200	112,103,800
DCFT CENTRAL OFFICE (ONE THIRD TO EACH INSTITUTION)	474,115	474,115	474,115	1,422,344
LESS: REDUCTION FOR FY 2002 CIP PLACEMENTS	(554,800)	(901,550)	(346,750)	(1,803,100)
LESS: REDUCTION FOR FY 2003 CIP PLACEMENTS				
ESTIMATED FY 2002 BUDGET AFTER CIP LAPSE	52,110,115	28,231,765	35,398,965	115,740,844

ADD ADDITIONAL AMOUNT FOR EXPENSES EXPECTED TO BE OVER/UNDER) THE FY 2002 BUDGET AMOUNT :

DEPRECIATION EXPENSES ABOVE THE CAPITAL BUDGET AMOUNT	756,469	1,072,136	809,745	2,738,350
INFRASTRUCTURE	115,806	75,983	81,071	272,860
ESTIMATED FY 2002 ADMINISTRATIVE OVERHEAD EXPENSE	1,368,070	757,289	957,424	3,082,783
ESTIMATED FY 2002 INTEREST EXPENSE	490,438	425,919	409,748	1,326,105
ESTIMATED TOTAL EXPENSES FOR FY 2002	54,840,898	30,563,092	37,756,953	123,160,942

DIVIDE BY ESTIMATED FY 2002 DAYS OF CARE ESTIMATED EXPENSES PER DAY (MAY RATE)

PRIVATE PAY RATE PER DAY	137,240	67,525	98,915	303,680
	5.00%	5.00%	5.00%	5.00%
	399.60	452.62	381.71	
	419.58	475.25	400.80	

NOTES:

The original FY02 Private Pay rate had an error in the summing of the columns. This corrects the ESTIMATED FY 2002 BUDGET AFTER CIP LAPSE TOTALS and ESTIMATED TOTAL EXPENSES FOR FY 2002 TOTALS. This interim rate was implemented on May 30, 2002 and all charges were retroactively adjusted to the beginning of FY02, July 1, 2001.

FY 02 MEDICAID & PRIVATE PAY INTERIM RATE #1

FY 02 BUDGET	CWC	NWC	SWC	TOTAL
APPROPRIATION 226 BUDGET	1,520,800	750,900	812,000	3,083,700
APPROPRIATION 227 BUDGET	258,300	325,400	350,400	934,100
APPROPRIATION 228 BUDGET	50,411,700	27,582,900	34,109,200	112,103,800
DCIF CENTRAL OFFICE (ONE THIRD TO EACH INSTITUTION)	474,115	474,115	474,115	1,422,344
LESS: REDUCTION FOR FY 2002 CIP PLACEMENTS	(554,800)	(901,550)	(346,750)	(1,803,100)
LESS: REDUCTION FOR FY 2003 CIP PLACEMENTS				
ESTIMATED FY 2002 BUDGET AFTER CIP LAPSE	47,842,507	28,287,267	35,067,567	111,197,340

ADD ADDITIONAL AMOUNT FOR EXPENSES EXPECTED TO BE OVER/(UNDER) THE FY 2002 BUDGET AMOUNT :

DEPRECIATION EXPENSES ABOVE THE CAPITAL BUDGET AMOUNT	756,469	1,072,136	909,745	2,738,350
INFRASTRUCTURE	115,806	75,983	81,071	272,860
ESTIMATED FY 2002 ADMINISTRATIVE OVERHEAD EXPENSE	1,368,070	757,289	957,424	3,082,783
ESTIMATED FY 2002 INTEREST EXPENSE	490,438	425,919	409,748	1,326,105
ESTIMATED TOTAL EXPENSES FOR FY 2002	50,896,405	31,133,584	37,956,978	119,986,966

DIVIDE BY ESTIMATED FY 2002 DAYS OF CARE	137,240	+	67,525	+	98,915	=	303,680	care days
ESTIMATED EXPENSES PER DAY (MA RATE)	370.86		461.07		383.73			
PRIVATE PAY FACTOR OF 5%	5.00%		5.00%		5.00%			
PRIVATE PAY RATE PER DAY	389.40		484.12		402.92			

NOTES:

Original interim rate calculation.

FY 01 MEDICAID & PRIVATE PAY INTERIM RATE

FY 01 BUDGET	CWC	NWC	SWC	TOTAL
APPROPRIATION 226 BUDGET	1,084,500	758,400	820,100	2,663,000
APPROPRIATION 227 BUDGET	258,300	325,400	350,400	934,100
APPROPRIATION 228 BUDGET	48,442,300	27,676,100	34,036,100	110,154,500
DCFT CENTRAL OFFICE (ONE THIRD TO EACH INSTITUTION)	396,400	396,400	396,400	1,189,200
LESS: REDUCTION FOR FY 2000 CIP PLACEMENTS	(805,920)	(1,544,680)	(1,141,720)	(3,492,320)
LESS: REDUCTION FOR FY 2001 CIP PLACEMENTS	(338,560)	(677,120)	(507,840)	(1,523,520)
ESTIMATED FY 2001 BUDGET AFTER CIP LAPSE	49,037,020	26,934,500	33,953,440	109,924,960
ADD ADDITIONAL AMOUNT FOR EXPENSES EXPECTED TO BE OVER/UNDER) THE FY 2001 BUDGET AMOUNT :				
DEPRECIATION EXPENSES ABOVE THE CAPITAL BUDGET AMOUNT INFRASTRUCTURE	642,751	1,011,842	902,604	2,557,197
ESTIMATED FY 2001 ADMINISTRATIVE OVERHEAD EXPENSE	449,280	449,280	449,280	1,347,840
ESTIMATED FY 2001 INTEREST EXPENSE	1,495,581	837,421	1,058,811	3,391,813
	453,240	484,465	439,347	1,377,052
ESTIMATED TOTAL EXPENSES FOR FY 2001	52,077,872	29,717,508	36,803,482	118,598,862
DIVIDE BY ESTIMATED FY 2001 DAYS OF CARE	141,605 +	68,955 +	99,075 =	309,635 <i>care days</i>
ESTIMATED EXPENSES PER DAY (MA RATE)	367.77	430.97	371.47	
PRIVATE PAY FACTOR OF 5%	5.00%	5.00%	5.00%	
PRIVATE PAY RATE PER DAY	386.16	452.52	390.04	

M

HMBR4180
 RUN DATE: 09/13/02
 STATUS: NEW
 WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 THIS IS AN OFFICIAL RECORD OF THE WISCONSIN MEDICAL ASSISTANCE PROGRAM
 ALL DETAILS ACCURATELY REFLECT PROVIDER BILLINGS
 REQ BETH PAGE 30
 LOC IO18
 REQUEST#: 18101802256
 REQ DATES 07/01/01 09/09/02

RECORD OF PAYMENTS ON BEHALF OF: UNDERWOOD MAID # [REDACTED] CASE # [REDACTED]
 DOB: [REDACTED] SEX: MALE PAYMENTS THROUGH: 09/13/02

 AMT BILLED MA PAID EOB

ICN 201102204001500 PHYSICIAN GROUP PROVIDER UW MEDICAL FOUNDATION CITY MADISON PROV# 32743900
 CLAIM STATUS = C APPROVED AND PAID

DSCH DIAG 9964 MALE INT ORTHPED DEV/GRE
 DATE OF SERVICE 062702 PLACE OF SERVICE NH-SN/IC QUANTITY 1.00 53.50 12.12 012
 PROCEDURE RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, TWO OR THREE VIEWS

CHECK # 009664684 DATE PAID 07/26/02
 TOTAL 53.50
 PAID BY INSURANCE 0.00
 NET MA PAID 12.12

ICN 41130234028990 M.R. FACILITY PROVIDER CENTRAL WISCONSIN CENTER CITY MADISON PROV# 21050100
 CLAIM STATUS = C APPROVED AND PAID

ADMT DIAG 3182 PROFOUND MENTAL RETARDAT
 DSCH DIAG 3182 PROFOUND MENTAL RETARDAT
 DATE OF SERVICE 070102 0723102 PLACE OF SERVICE NH-ECF QUANTITY 31.00 14,415.00 13,733.00 012
 PROCEDURE DD1A

CHECK # 009690501 DATE PAID 08/25/02
 TOTAL 14,415.00
 PAID BY INSURANCE 0.00
 NET MA PAID 13,733.00

ICN 241302197142190 TRANSPORTATION PROVIDER FOCUSCORP, INC CITY MADISON PROV# 41480000
 CLAIM STATUS = C APPROVED AND PAID

DSCH DIAG B11 WHEELCHAIR (PHYSICIAN)
 DSCH DIAG B22 OWN MANUAL WHEELCHAIR (SMV)
 DATE OF SERVICE 071002 PLACE OF SERVICE OTHER QUANTITY 1.00 12.00 11.87 012
 PROCEDURE SMV BASE RATE UP TO FIVE (5) MILES

DATE OF SERVICE 071002 PLACE OF SERVICE OTHER QUANTITY 1.00 12.00 11.87 012
 PROCEDURE SMV BASE RATE UP TO FIVE (5) MILES

DATE OF SERVICE 071002 PLACE OF SERVICE OTHER QUANTITY 2.00 4.00 2.48 012
 PROCEDURE SMV MILEAGE

DATE OF SERVICE 071002 PLACE OF SERVICE OTHER QUANTITY 2.00 4.00 2.48 012
 THIS CLAIM IS CONTINUED ON NEXT PAGE

REMITTANCE AND STATUS REPORT

WISCONSIN MEDICAID AND BADGERCARE PROGRAMS
 6406 Bridge Road
 Madison, WI 53784
 Voice Response 800/947-3544 608/221-4247
 Policy/Billing 800/947-9627 608/221-9883

STATE OF WISCONSIN DHFS INS
 BUREAU OF FISCAL SER
 BOX 7853 1 W WILSON RM 750
 MADISON, WI 53707
 R/S NUMBER 106592
 DATE 01/19/03 PAGE

PROVIDER NUMBER 21050100
 REPORT SEQ NUMBER 3

SERVICE DATES FROM TO	PATIENT NAME/ID NUMBER	UIN	PERF PROV/ DIS RX NUMBER	MEDICAL RECORD NO		ACCOUNTING NO	CLAIM NUMBER	TOTAL BILLED	TOTAL ALLOWED	OTHER DEDUCTED CHARGES	COPAY	PAID AMOUNT	EOB CODE
				T PROC/AACCOM/ S DRUG CDE/MT MZ	PROCEDURE/ACCOMMODATION/DRUG DESCRIPTION								
120102 123102	[REDACTED]	998735	[REDACTED]	3100E 27	231388 DD1B	411303017030170	1441500	1373300	68600	00	1304700	12736	
120102 123102	[REDACTED]	998733	[REDACTED]	3100E 26	231386 DD1A	411303017030180	1441500	1373300	00	00	1373300	12	
120102 123102	[REDACTED]	998731	[REDACTED]	3100E 26	231384 DD1A	411303017030190	1441500	1373300	00	00	1373300	12	
JNDERWOOD 120102 123102	[REDACTED]	[REDACTED]	[REDACTED]	3100E 26	[REDACTED] DD1A	411303017030200	1441500	1373300	00	00	1373300	12	
120102 123102	[REDACTED]	998723	[REDACTED]	3100E 27	231381 DD1B	411303017030210	1441500	1373300	62700	00	1310600	12736	
122602 123102	[REDACTED]	973985	[REDACTED]	E 28	820762 DD2	411303017027110	279000	00	00	00	00404		
120102 123102	[REDACTED]	998721	[REDACTED]	3100E 26	231380 DD1A	411303017030220	1441500	1373300	75100	00	1298200	12736	
120102 123102	[REDACTED]	998717	[REDACTED]	3100E 26	231378 DD1A	411303017030230	1441500	1373300	60400	00	1312900	12736	
120102 123102	[REDACTED]	998716	[REDACTED]	3100E 26	231377 DD1A	411303017030240	1441500	1373300	00	00	1373300	12	
190902 091202	[REDACTED]	64979	[REDACTED]	400E 26	819643 DD1A	411303014017030	186000	177200	00	00	177200	12	
20102 123102	[REDACTED]	998714	[REDACTED]	3100E 28	231375 DD2	411303017030250	1441500	1373300	72000	00	1301300	12736	
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20102 123102	[REDACTED]	998711	[REDACTED]	3100E 26	231373 DD1A	411303017030270	1441500	1373300	00	00	1373300	12	
20102 123102	[REDACTED]	997153	[REDACTED]	3100E 26	231326 DD1A	411303017030280	1441500	1373300	00	00	1373300	12	

443/day
418.77/day
RS

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My name is Kevin Underwood. I am the parent of a profoundly mentally retarded medically fragile adult child receiving care at Central Center. My son, like so many of the other residents, is so profoundly neurologically impaired that mental retardation is not even an appropriate descriptor. He is totally dependent on others for everything related to quality of life - let me correct that - he is totally dependent on others for everything related to **basic survival**. I am appalled that Senator Zien and Senator Brown, 2 individuals who have probably never even been inside Central Center or have any knowledge of the residents and their complex medical and physical needs, would even consider moving these vulnerable residents who are unable to speak for themselves, --- *just so the land could be sold for a profit.*

Part of the closure of Central Center under SB 57 calls for the transfer of residents to community settings. I would like to raise your awareness of the possible huge financial impact to the Medical Assistance budget if Central Center residents, along with the number of residents from Southern & Northern Centers who may be forced to be relocated with the increased \$325 CIP 1A money that Governor Doyle has proposed in order to aggressively downsize these facilities to save money - supposedly.

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Governor Doyle has proposed to increase the CIP 1A rate from the current \$225 per day to \$325 per day in order to allow for an aggressive downsizing at the 3 Centers. Quite frankly, I question when raising the CIP 1A rate to this level, how much money will actually be saved, or could there possibly be an increase in total dollars needed due to the shifting of costs to the Medical Assistance program for items that are included in the inclusive rate at the Centers.

Starting with the base \$325 CIP 1A daily rate, the individual also receives SSI (Supplemental Security Income) and is most likely eligible for the SSI-E benefit (Supplemental Security Income - Exceptional Need), which is a state funded supplement. These two funding programs averaged \$46 dollars per day in 2001. The placement cost now stands at $\$325 + \46 , totaling \$371. To make this

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placement a cost saving venture, total placement costs must stay below the costs of the Centers. Central Center's Medicaid reimbursement rate currently stands at \$443 - which may be lowered by Social Security benefits- some are in the range of \$25 per day bringing the true cost of CWC down to \$418.

Assuming the individual has no Social Security benefit, the Medical Assistance card costs must stay below \$70 per day to just break even. Let's go through this again.

\$325 waiver money + \$46 in SSI and SSI-E + \$70 Medical Assistance card costs totals \$441 per day - CWC inclusive medicaid rate is \$443. A \$70 Medical

Assistance card cost per day is actually low and unrealistic considering the needs of the population at CWC. Seven years ago, which means these figures are very outdated, my son's Medical Assistance card costs were estimated to be \$250 per day should he be placed into a community setting. Let's take a look at his total cost.

\$325 CIP rate + \$46 associate funding + \$250 MA card costs = \$621. I fail to see the cost savings in this. Is the whole idea of downsizing to cut jobs or save money or make the community advocates happy? My son's life is more important than allowing some one to play political football with his life.

The second issue I would like to raise awareness of is the number of individuals leaving the CIP 1A program due to death and reinstitutionalization to nursing homes and private ICF/MR (Intermediate Care Facility for the Mentally Retarded). From

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January 1, 1997 through December 31, 2001, 269 individuals were placed out of the Centers under the CIP 1A program. During this same time frame, 70 persons died and 64 were reinstitutionalized in nursing homes and private or county run ICF/MR - not back in the State Centers.

50% of the waiver placements terminated due to death and reinstitutionalization.

Reinstitutionalized for medical and behavior issues. And what is left in the Centers but profoundly mentally retarded individuals with medical and behavior issues.

Are we so desperate to close the Centers?

Are we really saving money?

As I said before, my son's life is too important to allow anyone to play political games with him. How low are we going to stoop to save a buck - if we even save that buck?

Thank you for the opportunity to speak.

Kevin Underwood
669 McCarthy Drive
Hartford, WI 53027
(920) 474-4201

My daughter, Jenny, is 22 years old and has lived at the Center for the past 8 years. Her physicians at birth predicted her to not live past the age of 7-9. I was a victim of the State when she was 9 years old and forced to give her up to a foster home. My husband and I made too much money to qualify for assistance, but not enough to have nursing care in the home. She lived in a foster home for the next five years. She had multiple illnesses, received a G-tube and traech during this time period, and was hospitalized frequently. At age 14, the foster parents decided to move up north, and since I wanted to be near my daughter, she went to Central Wisconsin Center.

I have always been pleased with the care and love she has received while there. Even though she is not with me, I feel content as a mother knowing that her needs are being met and that she is not being neglected. She is able to go out into the community for outings and has attended school previously. She is always well groomed and happy when I come to see her. The best thing for Jenny is that she has not been hospitalized even one time since coming to the Center. I attribute this to the excellent care she receives there.

Unless you walk in my shoes, you never truly will understand the heartache of having a handicapped daughter that is unable to live at home. I find it hard to believe that anyone would even consider closing a facility such as this that meets more than just the children's needs, but the entire family as well.

It is my honest and complete feeling that without Central Wisconsin Center, my daughter, Jenny, would not be alive today, and my greatest fear is that without Central Wisconsin Center in the future, I may lose my child. She and I need to be close to each other and want to be a part of her life, which right now flourishes because of Central Wisconsin Center - - please don't take that away from me.

Joanne Hansen

DEAR ROESSLER

IF YOU WOULD LIKE TO
SEE THE MORE PROFOUNDLY
NOT ME.

YOU CAN CALL ME AT
PEOPLE FIRST OF WI

414/483-2544

LOVE
CINDY
BENTLEY

Talking points-Northern Center

1. The Northern Center serves 52 of the 72 counties in Wisconsin while there are centers in Southeast Wisconsin. Many families would have to drive all the way across the state to visit loved ones.
2. Madison, with a much higher population, the lowest unemployment rate and a much higher concentration of medical facilities could absorb the economic impact of a closing and place hundreds of dislocated medical staff where Chippewa Falls could not.
3. The proposed \$2.2 million savings at Northern is only a fraction of what could be saved if Central, which sits near the shores of Lake Mendota in the heart of Madison, were sold.
4. The money will follow Northern's patients back to their home counties which would be spread across 52 counties. While in the case of Central, the majority of patients would be placed in homes within driving distance of the dislocated workers in Madison, creating a local demand for medical staff.
5. When you include the 300 jobs at Highview, proposed to be delayed in the Governor's budget, with the 2,900 job cuts announced Tuesday, about 25% of the state job cuts are within 1 square mile in Chippewa Falls. This isn't exactly "sharing the pain."
6. The future of any center resides in its ability to place patients in a residential setting. Employees at the Northern Center have a 20-year track record of being the best in the state.
7. Secretary Nelson said that she made the recommendation to the Governor and he approved her recommendation. "I examined Northern Center and Southern Center from a strictly cost benefit." She said.
8. The workers at Northern Center feel they have worked themselves out of a job by having the highest placement record. Secretary Nelson said, "The people of Northern Center make that statement but I am not aware of the facts to either support or refute it.
9. Ted Bunck, director for the Central Center, said the Central Center could see an additional 142 workers and perhaps 50 to 60 transferred residents from the Northern Center.
10. The Governor recommends increasing the daily placement rate from \$225 per day to \$325 per day based on a federal waiver request. The federal government has indicated they will not honor this waiver.
11. CIP funding for home placement does not include Medicaid costs.
12. Health care for home placed individuals will become mainstream.

13. The phase out of Northern Center as well as the other two centers is supposed to be a gradual one. Governor Doyle's proposal is abrupt without any thought given to which community is best suited for closure.
14. While 17 beds would remain open at Northern for the most critical of patients, 50 or more patients would be transferred to Central.
15. Over 140 employees would be transferred to Central under the Governor's proposal.
16. The Legislative Fiscal Bureau indicates that sufficient details have not yet been provided to their office by the Governor regarding assumptions made for the cost of caring for current residents of Northern Center in alternate setting.

Carolyn Wanish
324 Hillside Dr
Cadott, WI. 54727

Central
+ Northern
Center
people...

To Elected Officials:

I am here in Madison today on a mission! That is for you to very carefully consider the bill that Representative Jeff Wood and Senator Dave Zien are presenting today. This bill asks you to consider DOWNSIZING Central Center first. This is very important to the northern part of Wisconsin; the loss of jobs has been increasing almost daily. Some employers that are laying off are! Mason Shoe sending jobs overseas, Honeywell over 200 employees, Rutledge Home will be closing, Chippewa Springs laying off, Pliant Corp. and other Technology Companies cutting back. If Northern Center downsizes to 20 bed that is a loss of 425 or more jobs in Chippewa Falls alone. Not opening the Geriatric prison is another form of jobs lost. I live in Cadott this would bring our unemployment rate to well over 5 %. This bill is vital to the Chippewa Valley. Also it makes Governor Jim Doyle's point of sharing the pain more realistic. To keep both DD Centers in the South is not sharing the pain equally.

Also Dr. Bunck has been given the position to help the downsizing of Northern Center and to help the employees through the transition. Dr. Bunck has a very good history for downsizing these types of centers. If the goal has been to place DD people into the community the Central should be the most successful Center to place people not the Northern. Something is wrong here.

Also in fairness to the Clients at Northern Center and their families there should be a center in both the north and the south to accommodate the families and the travel distance. To drive from Ashland to Madison it is 292 miles one way, a long drive for an elderly person to see their son or daughter. Hayward to Madison is 277 miles one way. We need also to be realistic about placing every client in the community there are some that will never be placed out because of their behavior. No one wants to listen to his or her neighbor scream and yell for 24 to 48 hours steady. Some for medical reasons will have problems also. There are also those that have been placed into several different Group Homes and are back in the Centers and no for this so-called short period. No one knows how many of these Clients have died after they left the Centers, there is a loss of family, safety net and so forth that some people need to survive.

Also I think it is time to bring our out of State prisoners back to the State of Wisconsin and spend our TAX dollars in this State for jobs that we dearly need. We do not need to help other States with their unemployment problem when we have one of our own. We have the W-2 program and a requirement is to put people to work, for this to happen there has to be jobs or it will be a program gone by the wayside.

A TaxPayer!
A State Employee!
Someone Who Cares!

Carolyn Wanish

We would like your support in keeping
Northern Wis. Center open. Thank you.

Renee St Louis	Eau Claire, WI
Connie Wenger	Chippewa Falls, WI
Bonnie Hayer	" " "
Carolyn Wansh	Colo # WI 54727
Melissa Klenta	Chippewa Falls WI 54729
Jannie Kuch	Colo # WI 54727

Legislative Hotline # 1-800-362-9472

Mailing Addresses: Senate
 Assembly A-L
 Assembly M-Z

PO Box 7882, Madison, WI 53707

PO Box 8952, Madison, WI 53708

PO Box 8953, Madison, WI 53708

County	Senate	Assembly	Residents
Ashland	Jauch	Hubler	1
Barron	Jauch, Zien	Hubler, Wood	4
Bayfield	Jauch	Sherman	1
Brown	Hansen, Cowles, A. Lasee	Gard, F. Lasee, Bies, Ott, Van Roy, Krawczyk, Weber, Montgomery,	4
Buffalo	Brown	Gronemus	5
Burnett	Harsdorf, Jauch	Pettis, Boyle	1
Calumet	A. Lasee, Leibham	Kestell, Ott	1
Chippewa	Zien	Wood, Balow, Suder	8
Clark	Zien	Suder	2
Dane	Chvala, Erpenbach, Fitzgerald, Risser, Robson	Ward, Powers, Travis, Miller, Pope-Roberts, Hahn, Hebl, Pohan	1
Dodge	Fitzgerald, Kanavas	Foti, Fitzgerald, M. Lehman	1
Douglas	Jauch	Boyle	5
Dunn	Harsdorf, Brown, Zien	Plouff, Wood, Kreibich	5
Eau Claire	Brown, Zien	Kreibich, Balow, Musser	9
Fond du Lac	Roessler, Welch, Panzer	Townsend, Owens, Olsen, LeMahieu, Kestell	2
Grant	Schultz	Loeffelholz	2
Green Lake	Welch	Olsen	4
Jefferson	Fitzgerald, Robson, Kedzie	Ward, Foti, Nass, Towns	2
Juneau	Schultz	Albers	3
Kenosha	Wirch, Stepp	Kerkman, Steinbrink, Kreuser, Lothian	2
La Crosse	Meyer	Shilling, Huebsch	3
Langlade	Breske	Friske, Seratti	2
Lincoln	Breske	Friske	6
Manitowoc	A. Lasee, Leibham	Ziegelbauer, F. Lasee, Kestell	1
Marathon	Decker, Breske, Zien	Suder, Petrowski, Huber, Vruwink, M.	8

Marathon		Williams, Friske, Seratti	
Marinette	Breske, Hansen	Gard, Seratti	1
Milwaukee	Too many to list	Too many to list	5
Monroe	Schultz, Brown, Meyer	Albers, Johnsrud, Huebsch, Musser	4
Oconto	Cowles, Hansen, Breske	Seratti, Gard, Ainsworth	1
Oneida	Breske	Meyer, Friske	2
Outagamie	Lasee, Cowles, Ellis, Welch	Wieckert, McCormick, Ainsworth, Weber, Hundertmark, Ott	10
Pierce	Harsdorf, Brown	Plouff, Rhoades, Gronemus, Kreibich	3
Polk	Harsdorf, Jauch	Pettis, Hubler	4
Portage	Vacant seat (24), Decker	Lassa, Vruwink, Schneider, Petrowki	2
Price	Decker	M. Williams	2
Racine	Stepp, Wirch, Lazich	Kerkman, Turner, Ladwig, J. Lehman, Gunderson	3
Rock	Robson, Erpenbach	W. Wood, Towns, Schoof, Powers	1
Rusk	Decker	M. Williams	1
St. Croix	Harsdorf	Rhodes, Plouff	7
Sawyer	Jauch, Decker	M. Williams, Sherman	1
Shawano	Breske, Cowles, Decker, Welch, Hansen	Seratti, Ainsworth, Petrowski, Gard, Huber, Weber, Hundertmark	5
Sheboygan	Leibham, Panzer	Van Akkermen, LeMahieu, Kestell	2
Taylor	Decker	M. Williams	1
Trempealeau	Brown	Gronemus	2
Vernon	Meyer	Johnsrud	1
Waupaca	Welch, Cowles	Ainsworth, Hundertmark, Olsen	1
Winnebago	Roessler, Ellis, A. Lasee	Kaufert, Underheim, McCormick, Ott, Owens	3
Wood	Vacant seat (24), Zien	Vruwink, Schneider, Suder	4

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Quotes from Secretary Nelson and Governor Doyle

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2. The workers at Northern Center feel they have worked themselves out of a job by having the highest placement record. Secretary Nelson's response was, "The people of Northern Center make that statement but I am not aware of the facts to either support or refute it.
3. Governor Doyle was asked the same question. His response was that he didn't know one way or the other. He didn't dispute it and he said, "I guess I don't know what it means though."

Overview of the Decision to Significantly Downsize the Northern Wisconsin Center

Rationale

Since the 1970's, state centers for the developmentally disabled have continuously transitioned individuals with developmental disabilities to the community. Wisconsin is following the national philosophy based on the belief that with proper supports, persons can live in their own homes in the community and experience an improved quality of life and life choices. Since 1983, through the Community Integration Program (CIP), the Department of Health and Family Services, counties, persons with developmental disabilities and their guardians have worked together to provide over 10,000 persons with safe and effective community-based services and supports. Over 1,100 persons have transitioned from the state centers to community settings.

Guardians representing individuals who have moved from the Centers indicate a 95% satisfaction level with the supports provided. Wisconsin continues to follow the national trend to move people into the communities, but at this time is one of only 13 states that has not closed at least one state-operated facility.

The Department of Health and Family Services is responsible for administering the three centers for developmental disabilities. We are responsible for doing this within our overall programmatic and policy directions of the state and federal government to provide care that meets the state and federal health and safety standards and operate our facilities in a cost effective manner.

It was the decision of the Department to significantly downsize NWC for two reasons: programmatic and fiscal. Programmatically, we want to continue and strengthen the policy direction of providing opportunities to individuals with disabilities to be included in our communities in small size living settings that meet the health, safety and welfare needs of the residents.

Fiscally, the Department determined that it is no longer cost effective to maintain three centers for persons with developmental disabilities.

The decision to downsize the NWC was made after a careful analysis by Department staff who are familiar with the resident needs, state and federal policy directives, funding available, and the capacity of Wisconsin counties and providers to develop community placements.

The Department reviewed a number of factors that went into the decision to significantly downsize Northern Wisconsin Center (NWC).

All three Centers were scrutinized for factors that would lead to successful transitioning:

Southern Wisconsin Center (SWC):

- The southeastern region counties currently face a very high influx of people with disabilities into the local community.
- A number of ICF/MR closures in and around Milwaukee have resulted in significant demands on the community system. In addition to previous closures, the closure of Jackson Center in December resulted in the movement of over 70 people into the community. In addition, 150 people need to move out of Hearthside by May of 2004.
- At SWC, 106 of the people are from Milwaukee County.
- A significant downsizing of SWC in a safe and thoughtful manner at this time was not felt to be feasible given the other demands on the community system at this time.
- Of these individuals, only 70% are expected to be able to move to the community at the \$325.00 rate.

Central Wisconsin Center (CWC):

- This Center has traditionally provided services to the most medically fragile individuals. Of these individuals, 239 are considered to be DD level 1A, which is defined as the most medically difficult to support. CWC provides services for the most complicated and medically involved persons which must be maintained until the Department of Health and Family Services is certain that equivalent community care is accessible for large numbers of persons.
- Approximately 80% of the population at CWC use wheelchairs for mobility. The need for accessible housing increases the cost for community living.
- Approximately 95% require awake staff at night. The need for awake staff also increases the community costs.
- Of these individuals, only 80% could move to the community at the \$325.00 rate.
- At CWC, 98 people are from Milwaukee County. And as mentioned previously, Milwaukee's ability to develop community placement is challenged by existing facility closures.
- Because of the current census of 353 individuals at CWC, almost twice as many people would need to move in a short time frame as compared to the numbers at NWC (169).

Northern Wisconsin Center (NWC):

- NWC has the smallest population, with no county having more than ten individuals living there, and thereby produces the least impact for counties.
- About 95% of the people living at NWC have estimated costs under the anticipated Community Integration Program (CIP) rate of \$325.00 per day.
- Characteristics of the population at NWC are very similar to people have already transitioned successfully to the community.

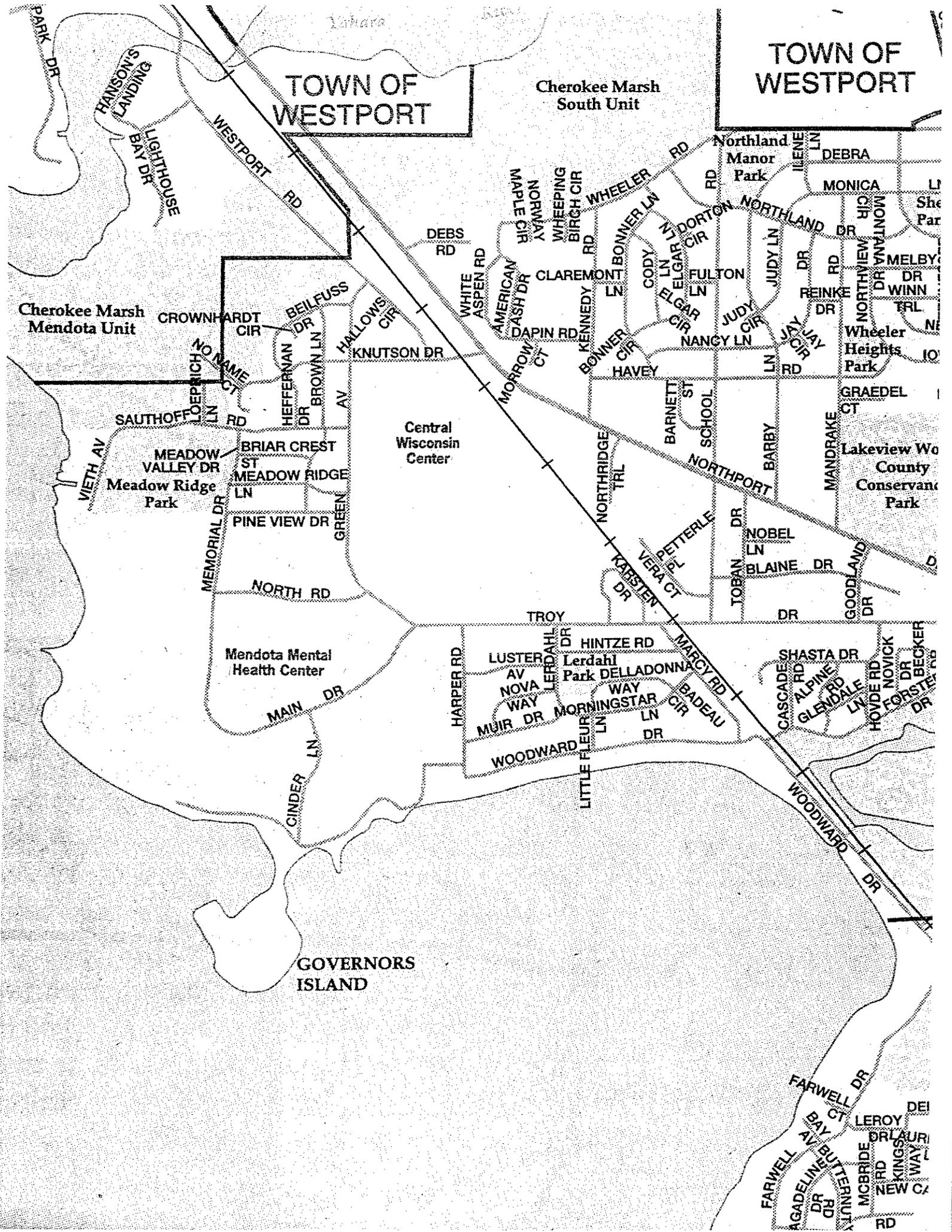
These were some of the factors that led to the conclusion to significantly downsize Northern Wisconsin Center, as the facility most likely to achieve successful relocations of the largest numbers of people, at this point in time.

A 20-bed short term intensive treatment unit will remain at NWC to maintain a presence in the northern region. Surrounding counties have requested this state presence to meet the short-term needs of persons with both developmental disabilities and mental health issues or significant behavioral issues. These are the individuals who challenge the current human services delivery system.

We believe and the Secretary of the Department of Health and Family Services, Helene Nelson, has publicly stated that the Department does not regret the policy and program decision to significantly downsize NWC. But we do regret the impact of this decision on the staff and families of NWC. To minimize the impact, we are committed to providing out placement options including community employment for our staff as it is feasible.

This bill adds to the uncertainty of the future of the centers, their staff, and the individuals who live there. I urge you to vote against ~~SB~~57.

Additional comparative data that was considered is attached.



TOWN OF WESTPORT

TOWN OF WESTPORT

Cherokee Marsh South Unit

Cherokee Marsh Mendota Unit

Central Wisconsin Center

Mendota Mental Health Center

GOVERNORS ISLAND

Northland Manor Park

Meadow Ridge Park

Lerdahl Park

Lakeview County Conservancy Park

Wheeler Heights Park

PARK DR
HANSON'S BAY DR
LIGHTHOUSE

WESTPORT RD

DEBS RD

WHITE ASPEN RD

AMERICAN DASH DR

NORWAY MAPLE CIR

WHEEPING BIRCH CIR

WHEELER RD

BONNER LN

NT DORTON

RD

RD

RD

RD

RD

RD

RD

CROWN HARTD CIR

BEIL FUSS

HALLOWS CIR

KNUTSON DR

CLAREMONT

DAPIN RD

FULTON

NORTHVIEW DR

MELBY DR

SAUTHOFF LN

HEFFERNAN DR

BROWN LN

AV

MORROW CT

KENNEDY LN

BONNER CIR

REINKE DR

JAY CIR

MEADOW VALLEY DR

BRIAR CREST ST

MEADOW RIDGE LN

PINE VIEW DR

GREEN

NORTHPORT

BARBY

MANDRAKE CT

GRAEDEL

VIETH AV

MEMORIAL DR

NO NAME CT

LOEPNICH LN

RD

NORTH RD

NORTHBRIDGE TRL

BARNETT ST

SCHOOL

DR

TROY

KARSTEN DR

VERA CT

PETTERLE

DR

Mendota Mental Health Center

LUSTER AV

NOVA WAY

MORNINGSTAR LN

SHASTA DR

ALPINE RD

NOVICK DR

MAIN DR

GINDER LN

WOODWARD

LITTLE FLEUR LN

BADEAU CIR

GLENDALE LN

FORSTER DR

BECKER DR

WOODWARD

WOODWARD

WOODWARD

WOODWARD

WOODWARD

WOODWARD

WOODWARD

FARWELL DR

My daughter, Jenny, is 22 years old and has lived at the Center for the past 8 years. Her physicians at birth predicted her to not live past the age of 7-9. I was a victim of the State when she was 9 years old and forced to give her up to a foster home. My husband and I made too much money to qualify for assistance, but not enough to have nursing care in the home. She lived in a foster home for the next five years. She had multiple illnesses, received a G-tube and traech during this time period, and was hospitalized frequently. At age 14, the foster parents decided to move up north, and since I wanted to be near my daughter, she went to Central Wisconsin Center.

I have always been pleased with the care and love she has received while there. Even though she is not with me, I feel content as a mother knowing that her needs are being met and that she is not being neglected. She is able to go out into the community for outings and has attended school previously. She is always well groomed and happy when I come to see her. The best thing for Jenny is that she has not been hospitalized even one time since coming to the Center. I attribute this to the excellent care she receives there.

Unless you walk in my shoes, you never truly will understand the heartache of having a handicapped daughter that is unable to live at home. I find it hard to believe that anyone would even consider closing a facility such as this that meets more than just the children's needs, but the entire family as well.

It is my honest and complete feeling that without Central Wisconsin Center, my daughter, Jenny, would not be alive today, and my greatest fear is that without Central Wisconsin Center in the future, I may lose my child. She and I need to be close to each other and want to be a part of her life, which right now flourishes because of Central Wisconsin Center - - please don't take that away from me.

Joanne Hansen