Department of Health Services - State of Wisconsin
Town Hall Results

Long-Term Care (from Other Respondents)

Underwood

What could the Department of Health Services improve?
ICF/MR Restructuring Initiative is costing increased Medicaid funds. The relocations are not necessarily voluntary -- voluntary is a misnomer if you have to relocate because your home is closing due to inadequate Medicaid reimbursement and the ICF/MR bedtax is financially strangling the ICF/MR to death.

Do you have any cost savings suggestions for the Department of Health Services?
Re-evaluate the ICF/MR Restructuring Initiative. It is costing money -- not saving money as the program was sold on. In FY06, 306 persons relocated from an ICF/MR. The ICF/MR average cost per person was $231.73/day AF. Following the relocation, the average cost per person increased to $263.97/day. The Department has estimated the aggregate increase was over $1.6 million dollars. The Department has rationalized that the increased spending on community placements -- even though the relocation might not be voluntary in the true sense of voluntary -- is that the money saved by deaths of individuals in the ICF/MR can be used to offset the increased cost of community placement -- as long as the Department stays within the global ICF/MR budget.Please remember that the ICF/MR cost includes room and board. The community cost does not, so room and board becomes an added cost to the already increased MA costs.In FY 07, 143 persons relocated from an ICF/MR. The ICF/MR average cost per person was $189.19/day. ICF/MR costs are inclusive and include room and board. Following the relocation, the average cost per person in community setting increased to $293.58/day -- again not including room and board. Aggregate amount of increase not provided by the Department.In FY08, 39 persons were relocated from an ICF/MR. ICF/MR average cost per person $187.82/day. The average community cost increased to $260.02/day/per person. Aggregate amount of increase not provided. In FY09, 37 persons were relocated from an ICF/MR. ICF/MR average cost $203.78/day/per person. The average community cost increased to $273.99/day/per person. Aggregate amount of increase not provided. FY10 -- average ICF/MR cost $203.42/day/per person. Average community cost increased to $276.30/day/per person. Again remember that room and board is a cost shifted to a different taxpayer source in community settings while in the ICF/MR room and board is an included Medicaid cost. As long as the Department has stayed within the global ICF/MR budget due to deaths of persons in the ICFs/MR, the money saved from these deaths can be used to support increased costs in the community. What are we thinking or who was not paying attention? The above data is available in the Relocation Reports available on the DHS website.

Underwood

What could the Department of Health Services improve?
Reevaluate the special nursing home rate reimbursement formula negotiated with the federal government decades ago by which the State Centers for the DD are reimbursed at a higher rate that non-state ICFs/MR.Are non-state facilities providing the same level of care as the State Centers and thus would also qualify for the same level of reimbursement?

Do you have any cost savings suggestions for the Department of Health Services?
Justify, and make public, the special nursing home rate reimbursement formula used by the State Centers for the DD to be reimbursed for the cost of care and operation of the Centers. Is any of this money used for operations of the Department not specifically related to operations of the State Centers? Department personnel have been known to refer to the State Centers as cash cows . Does that mean WI has been pulling in extra Medicaid funds through the use of this special / enhanced nursing home rate formula?

Nancy

What could the Department of Health Services improve?
Add more PACT programs for people with serious & persistant mental illness - cost saver. Retain/add Medicaid $ for persons with mental illness is cost savigns. Enhance community programs to prevent hospitalization.

Do you have any cost savings suggestions for the Department of Health Services?
Add staff to review program effectiveness in state. Evaluate/compare hospital/jail/prison days of people in evidence-based programs vs. non-evidence based and/or not in programs. Employ peer specialists when and where appropriate cost savings involves ongoing continuity of care. Without Medicaid & Medicare my family member would not be in the community functioning as well as he does, given that he has a brain disorder of schizoaffective disorder.

Underwood

What could the Department of Health Services improve?
Lift the freeze on extended care admissions to Central Wisconsin Center for the DD. We are already paying a bed tax on the unused beds. Putting some of these beds to use should bring in more in federal reimbursement than might be incurred for any necessary increased staffing. The newly expanded and remodeled medical short term care unit at Central Center is sitting unused -- a waste. Is there no longer a need for it or is Family Care refusing to allow families access to it?

Do you have any cost savings suggestions for the Department of Health Services?
Delicense unused beds at CWC if there is no intention of using them. There are currently in excess of 75 licensed beds not being used -- bed tax of about $770 per licensed bed per month, occupied or unoccupied. A waste.

Carolyn

What could the Department of Health Services improve?
Limit the number of burial trust and burial insurance a member can have. There should be stricter penalty when a customer sells or divest their property or home while in the programs and they fail to notify the agency of the sell or divestment timely. Review the number of hours each customer is receiving, put some kind of checks and balances in place to make sure a member is not getting more hours for care and work than needed. Often ESS hear of member being given hours for work and the work is not getting done or work is done by the customer and the customer and employee splitting the check. This is one of the biggest rip-off out of the 3 programs. Iris should be over hauled right now we have a number of people applying because they think that they are going to be getting the checks to do whatever they want with them.
Some customer look at Iris as extra income to use as they please. Maybe the agencies need to explain Iris better. People applying for Iris should be assessed especially the disable child and young adults who have not been assessed since they were determined disable. Some have grown out or their disability or improved and do not need a lot of care. But due to not being assessed they continue to get a lot of hours for their care because they were determined disable. The guide line for senior care need to be changed, member should be tested as any other Medicaid program. There should be stricter penalties for members who do not disclose all of their income and assets when applying for Senior Care.

Do you have any cost savings suggestions for the Department of Health Services?
None

Kathy

What could the Department of Health Services improve?

For clients - allow for trained staff to provide care for adults (older kids) with autism. This group of people need specifically trained staff to teach daily living skills and job coaching. Using evidence based providers BCBA's will improve outcomes. Our current model does not pay a professional wage.

Do you have any cost savings suggestions for the Department of Health Services?

Reduce levels of admin fees which lower funds available to clients. Improve technology for both public staff and caregivers or clients. Use internet more, reduce paperwork. Internal - involve fiscal staff during program implementation.

Charles

What could the Department of Health Services improve?

A couple of items from an IT prospective is data governance and naming conventions. These may not seem huge, but when data elements are called many different things or the name is confusing, there is much time spent in researching what it is. For example would you say county_res is county of residence or county of responsibility? Should county code be three digits or two? Should county be county or cnty? Without consistency within databases that should be talking to each other there is repetitive interpretation and research that needs to take place with multiple analysis involving different resources. Even with good documentation there is still effort lost to ensure what the data element is representing if it is not intuitive or consistent. I believe there would a cost savings in development and analytical work with an aggressive data governance effort to address ownership, consistency and impact on department goals both short term and long. The decisions for consistency and naming conventions should apply also to vendors doing development work for DHS as part of the contractual agreements. Identify redundant functions or development of applications. Since the state, particularly DHS, has paid for the development of many applications by vendors, the code should be owned by the department and the department should have access and be able to reuse it for other applications. For instance, if an application has a great client registration entry screen(s) and the department needs to develop a new application or enhance an existing one, it seems logical (hopefully legal) to take existing code and plug it in or use it as a starting point (not necessarily using the same vendor). If most client registration screens had the same or very similar code it would be easier to maintain and enhance.

Do you have any cost savings suggestions for the Department of Health Services?

We know that fraud and abuse is a large problem across the country in the Medicaid and Medicare programs. We should develop edits on the incoming data that could identify potential fraud (such as deceased people receiving benefits for more than 2 months, our application has this edit with a one month limit). I believe we should accept the data and flag it so a fraud analytical team could investigate the claims and recoup monies where appropriate.

Kim

What could the Department of Health Services improve?

Streamline the eligibility and enrollment process for customers accessing managed long term care and IRIS.

Do you have any cost savings suggestions for the Department of Health Services?

Eliminate the inefficiencies that are currently in practice. There are systems now in place that can be enhanced to communicate information and interface with each other more effectively.

Margaret

What could the Department of Health Services improve?
Look to nursing to provide quality care, reduce health care costs, and treat the whole person in collaboration with other members of the health care team. Evidence for nurse run clinics around have data to prove outcomes: Silver Sring, House of Peach Nursing Center. Since people live in communities and not in institutions, can we look to strong health care delivery system that aligns FQHC's, local health depts, advance practice nurses and primary care docs.

Do you have any cost savings suggestions for the Department of Health Services?

None

Dan

What could the Department of Health Services improve?
If eligibility for BadgerCare+ will change, it would seem prudent to have a provision that permits persons who pass the LTC or MH/AODA Functional Screen remain eligible for Medicaid. These persons may or may not meet MAPP criteria for Medicaid eligibility because they may earn too much money. If they lose eligibility and are no longer able to afford necessary medications or treatments they may decompensate or medically or physically deteriorate to a point where they become disabled (which also may result in a loss of employment and payment of taxes). I believe this would result in higher costs long term for the state, as well as an undesirable outcome for the persons. It may be appropriate to consider including persons who have received MH or AODA services from a county or may be viewed at risk of passing the functional screen as well.

Do you have any cost savings suggestions for the Department of Health Services?

None

IRENE

What could the Department of Health Services improve?
DO NOT REMOVE THE ES OUT OF THE COUNTIES. OUR

Do you have any cost savings suggestions for the Department of Health Services?
1)COUNT INTEREST INCOME FOR MEDICAID PROGRAMS2)LOOK AT ASSETS AND HAVE A $10000 ASSET LIMIT FOR BCP3)FUNERAL ELIG. (IF LIFE INS POLICY, AND IT IS ENOUGH TO COVER THE BURIAL, THEN IT SHOULD BE USED ON ANY TYPE OF MA CASE. SPOUSAL CASES THAT HAVE ASSETS OVER $5000 SHOULD NOT BE ELIG. FOR HAVING BURIAL PAID.4)FOR FAMILIES THAT QUALIFY FOR BCP, BUT HAVE INS, BUT WANT BCP FOR DENTAL AND EYE, THEN HAVE JUST A SEPARATE PROGRAM FOR THOSE TWO AND CHARGE A MINIMUM PREMIUM. THEY SHOULD NOT GET FULL COVERAGE WHEN THEY HAVE FULL COVERAGE EXCEPT FOR THE DENTAL AND EYE.5)BADGERCARE+ WHEN A WOMAN HAS A CHILD AND NOT MARRIED, THE MOM AND THE FATHER OF THE CHILD SHOULD HAVE TO BOTH PAY LYING IN COSTS. PLUS THEY SHOULD HAVE TO PAY FOR EACH CHILD THAT IS BORN OUT OF WEDLOCK NOT JUST THE FIRST ONE AND ONLY THE FATHER PAY.(IT TAKES TWO TO HAVE A CHILD AND THEY ARE BOTH RESPONSIBLE)MAYBE IF THEY WOULD BOTH HAVE TO PAY AND PAY ON EACH CHILD THEY MIGHT GET SMART.6)IRIS NEEDS TO IMPROVE THEIR TURN AROUND TIME ON ELIGIBILITY BEGIN DATES. THEY ALSO NEED TO HAVE SOMEONE COMPLETE THE GRP C WORKSHEET OR HAVE THE ADRC DO THE FIRST ONE AND IF IRIS DOES NOT AGREE THEN THEY CAN SEND A CORRECTION. NOW WE HAVE A CUSTOMER THAT HAS BEEN DENIED WW ELIG. BECAUSE IRIS HAS NOT COMPLETED AND FAXED THE GRP C WORKSHEET TO US. IT HAS BEEN OVER 4 MONTHS. THIS PERSON NEEDS SERVICES.7)CUSTOMERS GOING ON FC SHOULD HAVE THEIR ASSESSMENT COMPLETED WITHIN 1 MONTH NOT UP TO 90 DAYS. THEY NEED THE SERVICES. 8)SENIORCARE SHOULD STAY. PEOPLE SHOULD NOT HAVE TO FIND ANOTHER PART D CARRIER. THERE IS ALOT OF PART D'S THAT DO NOT COVER ALL MEDICATIONS AND CUSTOMERS DO NOT UNDERSTAND WHAT THEY NEED TO BE ASKING FOR AND THERE IS ALSO ALOT OF PEOPLE THAT DO NOT HAVE ANYONE TO HELP THEM. THEY WILL BE GOING WITHOUT PRESCRIPTIONS.

Ted

What could the Department of Health Services improve?

I have spent my entire 35 year career supporting people who have sought services from our non-profit agency. Children, Families, Persons with Disabilities, Elderly, Those with a Mental Illness, Offenders in the Correctional System, Men, Women, Adult and Adolescent. Never in my career have I witnessed such change in the delivery of services as those that are currently happening. Never in my career has the economy been so stressed. Never in my career have we experienced a state budget that has been so challenged, and never have I witnessed some many people in our state that are living each day on the edge. It has been stated many times that Every Person and Every Department needs to feel some of the pain of this budget and the cuts that are necessary. I agree. However, I also know that there are many groups of people who are not able to 'tolerate' the same level of pain that others may be able to tolerate. As an example, I am able to get up each morning, get out of bed on my own, take care of my personal needs, get into my car and find my way to work. I support a number of people who strive to follow a similar routine, but require assistance to achieve those goals on a daily basis. They are not able to tolerate that same level of budget cuts and reduced services as I am. Care/Funding for our State's most vulnerable citizens needs to be a priority over other State programs where the users of those services can tolerate the pain better. If my services are cut and my taxes are raised, I have the means to deal with that pain. A person with a disability, a frail elderly person, a homeless individual, etc. has far less means to adapt. Cuts need to be made and services need to be evaluated. Consider who can least tolerate the pain as decisions are being made.

Do you have any cost savings suggestions for the Department of Health Services?

I believe there are several areas that should be evaluated for their cost effectiveness. First, a significant amount of resources are expended on administration and all the other processes that touch service dollars before they get to the individual receiving the service. Family care was described as a system that is cost effective, provides quality services, eliminates the waiting lists, and improves consumer outcomes. I support those goals, however the current system falls short of adequately supporting many individuals with a developmental disability or people who are elderly. When Family Care was introduced, the county system for the provision of these services was eliminated for the most part. However, many of the costs for administration of Family Care were simply transferred from the county to the MCO. The county buildings did not get smaller, the infrastructure did not go away, and in many situations the employees from the counties transferred to the MCO at their same salary and benefits. In addition, MCO's built their own infrastructures, leased new office space, and replicated the administrative supports that were present and still present in the county. Second, there is the need for improved collaboration between the Department of Regulation, the Department of Health, the MCO's and the providers. Increased regulation adds cost and complexity to an already complex system of delivery. The MCO's are cutting service rates because the costs are too high. The Department of Health only has so much money to pay for services and looks for ways to be more efficient. In the end, the provider is faced with increased costs and under pressure to reduce them. It would seem that perhaps there is common ground that could be found between all the players who are invested in making sure that the services are delivered in a quality manner.

Morris

What could the Department of Health Services improve?

Compassion for fellow wisconin population who cannot afford to provide their families the services our programs provide. DHS should think about how the affects of the changes Govenor Walker's bieanual budget will directly concern the many who do not have voices or feel like they can not speak out on their own. They should tell him and his backers that this will not be affective and actually cause the State more money in the long run if he should centeralize Income Maintenance programs.

Do you have any cost savings suggestions for the Department of Health Services?

What does Governor Walker's Budget revision means for BadgerCare and Medicaid members who are currently serviced by our local county and tribal employees that administer these programs? Healthwatch Wisconsin (ABC for rural health) states; the revisions in the budget regarding our health care will take the power over badgercare/Medicaid away from elected officials and gives it to the department of health services (DHS). It allows the secretary of the DHS to make broad changes to BadgerCare/Medicaid eligibility and services behind closed doors, without public comment or legislative review. It will allow a certain elimination of Badger Care coverage for single childless adults who have waited for years for access to health care. I have seen many people in the middle age bracket where their children are grown and yet they are too young for Medicare. These people have been in the employment sector but in jobs that had no benefits that include retirement or/and health care. Now they find themselves with nothing at a crucial time in their life where their health needs the extra care after working manual labor for years. This budget limits coverage for certain badgerCare eligible infants and pregnant women, it changes the current BadgerCare/Medicaid benefits. It will create more barriers then there already are through limited access for the rural tribal/county populist and create more paper work and red tape for enrollees.
According to WBP (Wisconsin Budget Project) most state spending supports local services. The majority of state spending doesn't go to support state services and programs. Local services as a general fund actually supported $7.2 billion in the fiscal year of 2010 and of that total 1.3 billion of the state money were spent on Medicaid and BadgerCare Plus. For every $1 the state spends on these programs, federal government generally gives Wisconsin about $1.50 in matching funds Which means if we cut state spending on Medicaid or BC+, we lose the federal dollars as well. How will this be an improvement on the budget if we lose the federal dollars by cutting the spending locally to the Medicaid and BadgerCare programs? (found in the Governor's 2011-13 Biennial Budget [provisions Relating to Counties/Tribes]) By proposing the privatization of Health Care our Red Cliff residents who are in danger of losing eligibility for medical care and food assistance will face much longer waits for those services among other increased barriers. The proposed budget prompts fears that people served by tribes and counties, (generally some of Wisconsin's poorest residents), could face significantly longer waits and in some cases could be cut off from needed services because of errors. As proposed, recipients would be responsible for applying for various programs instead of receiving assistance from tribal or county staff trained for that work. The fear is that some people aren't going to get the services they need because they can't navigate the system. Example; A client 18 years old with a 5th grade education asked for help after attempts of filing on line for BadgerCare/Medicaid. She is an expectant mother with a difficult pregnancy that needs specialty care. She is unemployed and does not own a computer, hasn't a phone or reliable transportation from her rural home to our lobby area that offers access to apply for service on line. Even when she found a ride from someone she had difficulty in the navigation and her comprehension level is low. She is not able to apply successfully on line. There is no money for contract health to offer her vouchers to cover the care. The results were immediate; our ES workers helped her fill out the Badgercare application registered and enrolled her in both BadgerCare Plus and FoodShare. If this mother did not have access to the health care or food to promote care or good nutrition for the complicated pregnancy it would have certainly put both unborn child and mother at risk. This would have been a certain possibility if we did not have our local agency on the tribal reservation. Our tribal economic staff now assists the clients that are unable to access those services on their own. Currently the Tribal ES workers prompt the head of house hold in case loads 1.To keep annual and 6 month reviews to keep them eligible by letters and phone calls. 2.We go into homes of those who cannot drive or do not have physical or mental ability to make face to face visits. 3.There is comfort of knowing the caseworker in our tribal community especially for those who find the terminology confusing and are not able to navigate in internet access. Often there are people not able to understand the letters from the DHS telling them what their case qualifications are. People who are not literate or have learning disability or other barriers will be lost. In the most serious instances, people who rely on medical services provided by those programs could face serious health impairments and possibly death because of delays. Count another example of a family among those who will suffer who is educated and can use a computer. But they are not able to navigate through the terminology and are unfamiliar with the challenges navigating the benefits system to procure benefits. How will they know if they have those benefits without the help of their tribal human services? They certainly will not get them as quickly as they can now. Current recipients of BadgerCare Plus already face the possibility of losing that coverage because Walker's proposed budget includes changes to eligibility standards that would reduce the number of people who qualify. Budget talk of raising premiums changes level of income eligibility, if true; it will cause many that already qualify to not continue to have the ability to keep their current level of health care. How are these changes cost effective for the state?

There are other circumstances that will arise if the Governor's 2011-13 Biennial Budget provisions relating to counties and tribes are passed1. Tribal and County employees careers will end, many who currently administer Income Maintenance programs will be applying for the very benefits they assist others with. 2. Many will not be eligible because of unemployment benefits; but will not be able to afford their families own health care coverage. 3. This will raise the state unemployment percentage and cost the state more money through a new target group in need of services. When a person or food unit is eligible for priority services and expedited issuance at this time even collateral contact is acceptable. How will private venders or DHS establish eligibility and offer effect and speedy assistance? When a tribal community member applies for the first time they can immediately walk into our office and instantly obtain foodShare if they are without income or within the guide line or/and have no food. At this time our Tribal agency personally can assist applicants in obtainingverification. When there is over issuance because the group did not timely report a change and/or we discover an over issuance for other error we can establish immediate attention to this and are in instant communication with client. We can go directly into their case and repair it in a timely cost efficient manner. There is less oversight and very few appeals because there is more individual attention given to each case.1.Who will and when will they be correcting the errors from the mistakes which will undoubtedly be made when first time applicants who have trouble navigating in Access, or with disabilities, illiteracy, or who haven't access to Internet or phone attempting to navigate BadgerCare access or trying to reach someone on phone attempt to get assistance applying? 2.How many cases will be pending because they don't have the available information on hand and cannot reach a caseworker on the phone when they call back? Many of our elders in the community will only talk to people they know. Many will not or cannot come into the office so we go out to their home to meet their needs. Example: In one situation; a married elderly couple both faced with medical issues and were both eligible for Medicaid but had never applied or did not realize they could apply, until a relative had told them. They did not feel comfortable with the case worker who would be assigned to them; as they did not know the individual or her family. But we did have an employee who was their granddaughter. She was willing to accompany the new caseworker to the elderly couple's home. The granddaughter helped the elderly couple feel comfortable, she assisted in finding their proper verification needed and established trust between the new caseworker and clients. Right now our home visits and face to face reviews and registrations/intakes help to establish communication and trust between client and caseworker. We are able to tell when someone has made an error and is not intentionally trying to fraud the program. It keeps state appeals and hearings down which in turn cuts the cost of state employee travel and extra hours spent on the road showing a cost in the state budget. Currently there are already complications with BagerCare Access on line if the vast majority (of the rural communities) have to access these services through the Internet there will be many complications. Even if you design a way to transition this style of services it will take many dollars to train and inform these individuals.In the time period that the BadgerCare Plus Core program has been established which provides medical coverage for low-income, uninsured, childless adults we have been able to reach a group of our tribal community that desperately needed medical care. 1. We have watched the example of administrative shifts through the current state and private business test program in Milwaukee County and it makes us very cautious to believe those administrative shifts would be cost effective or successful in assisting those qualified. 2. The program in Milwaukee County is administered by the state and private businesses. An analysis has shown that fewer than 20 percent of cases are processed in a timely fashion, and at a rate far less than the rate our tribal economic support specialists can attain with their clients. 3. It has been said that allowing private businesses oversight the system would streamline the program. But the proposal Walkers legislation is trying to promote would lead to multiple levels of benefits confirmation, causing delays in clients receiving services. Which we have already seen happen since the introduction of ACCESS.wi.gov and badgercareplus.org eligibility Support for Health and Nutrition Internet Access. Our eligibility workers here can do all of that with fewer steps. We still take care of the same steps, but we can do it more efficiently without the extra layer to go through. Example: Several years ago a single mother requested a Badgercare application for her and her family. She had a preteen son who had been diagnosed with brain cancer. She could not just rely on Indian Health or Contract Health. (CHS) is not an entitlement program and American Indian's must use alternate resources (Medicare, Medicaid, VA, private Insurance, charity, etc. Before it is even considered an option. Furthermore the woman did not drive and hadn't a driver's license and had issues with leaving her home she was not able to come into the office of our human services. Her case worker came out with the proper paperwork and found her and her children eligible for BadgerCare. Her son had many trips to Minneapolis Children's hospital and he survived until his high school senior year primarily because his mother was able to reach out to her tribal services representatives and they were able to show compassion and help her access the program on a very personal level. The result was excellent health care that helped extend and improve the quality of her son's life. In the provisions relating to counties it also talks about cutting funding by 10% to certain GPR funded mental health, substance abuse, and public health grant programs. All of these areas are already difficult to administer to the people who fall into the categories and live in the rural areas in the northern tribes and counties. In the past I had the privileged to be invited onto case management teams where we assisted someone with mental health barriers. When dealing with issues such as this we find there is more than one barrier.

Often if there is mental health issue there usually are employment (income) issues, housing issues, nutritional issues, and sometimes you are working with someone who has been in the criminal system so you may have felony barriers. There are so many hoops to leap through even as a team of professional staff that we found ourselves beating our heads against the brick walls of bureaucracy. Can you imagine what it would be like if you had any mental health barriers? Picture yourselves living hours away from any urban community trying to find shelter, therapy, the proper medicine that can help you cope within the community that you reside in or any of the necessary things a person needs to get back on their feet. This difficulty is experienced with the current funding that is available we can only imagine how horrendous it could become with the new cuts to this budget. Currently we were able to find services to

Amy

What could the Department of Health Services improve?
None

Do you have any cost savings suggestions for the Department of Health Services?
I would like to take this opportunity to recommend use of Medical Nutrition Therapy (MNT) provided by Registered Dietitians as a tool to decrease Medicaid costs while providing the best care for Wisconsin residents. MNT is legally defined by Medicare as nutrition counseling provided by a Registered Dietitian. It is evidence based component of the medical treatment for managing specific disease states and conditions.Multiple chronic diseases are amenable to MNT and studies have shown the cost benefit of such intervention:Diabetes: Cost- estimates are that 57 million Americans are at risk of developing diabetes a disease that costs the US approximately $174 billion a year for every dollar spent on nutrition intervention, $6 can be saved in diabetes treatment. The Diabetes Prevention Program Study (Diabetes, 54,2404 2414,2005) demonstrated that training provided by RD's in diet improved insulin sensitivity at the end of one year and reduced the risk of developing diabetes by 58%. Wisconsin Dietetic Association's Type 2 Diabetes Outcome Study (Journal of the American Dietetic Association, 104,1805-1815,2004) found that Wisconsin residents who received counseling from a Registered Dietitian had a 1.7% decrease in hemoglobin A1C over a 3 month period, lost 2.8 kg over 6 months and improved their lipid profiles which was sustained over a 5 year period. Cardiovascular Disease: Every year over 30,000 Wisconsin residents are hospitalized for hypertension, stroke, congestive heart failure and heart attack. The cost of MNT to reduce cholesterol levels is about $217 compared to the average statin therapy cost for one year of $700-2100. In addition, diet counseling to reduce sodium intake for persons with congestive heart failure reduces readmissions to hospitals for exacerbation of that condition. Obesity: Over 35% of Wisconsin residents are obese. (BMI > 30). Obesity is estimated to indirectly cost the US $65 billion a year. Obese individuals are more likely to develop diabetes, heart disease, some cancers, high blood pressure and increase the cost of hospitalizations. Dietary interventions with an RD involving 1-2 hours of nutrition counseling coupled with 15-20 minute follow up have shown sustainable weight loss in obese and overweight individuals. As the Wisconsin Medicaid program moves toward bundled payments and self directed care byindividuals, it is imperative that health care providers are trained and qualified to provide those services. Registered Dietitians have a proven record of saving healthcare dollars allowing the best care for less dollars. Registered Dietitians have the training to provide evidence based counseling for chronic conditions. Thank you.
References:Thompson, T. (2004), Report to Congress on Medical Nutrition TherapyThe Diabetes Prevention Program Research Group (2005), Role of Insulin Secretion and sensitivity in the evolution of type 2 diabetes in the Diabetes Prevention Program. Diabetes, 54:2404-2414Trogdon, J.G. et al (2008) Indirect costs of obesity: a review of the current literature. Obesity Reviews 9:489-500Delahanty,L.M. et al (2001) Clinical and cost outcomes of medical nutrition therapy for hypercholesterolemia: a controlled trial. Journal of the American Dietetic Association 9:1012-23

Marilyn

What could the Department of Health Services improve?
Expand services. Without universal health care, adults without minor children will not receive benefits.

Do you have any cost savings suggestions for the Department of Health Services?

Do not cut benefits. I do not support budget cuts to necessary entitlement programs. This is particularly egregious given the poor employment conditions. Stop balancing budgets on the backs of the poor and middle class. I do not support Ryan's budgets and tax cuts for corporations. Raise revenues= stop your draconian cuts.

Joanne

What could the Department of Health Services improve?
Improvements & cost savings: streamline prior authorization for MA; expand the Compass Wisconsin single-point-of-entry pilot.

Do you have any cost savings suggestions for the Department of Health Services?

Due to Wisconsin's autism insurance requirement, passed in 2009, the state saved at least $30,000 in Medicaid expenses for my daughter in 2010. In 2008 and 2009, she received intensive autism therapies via the Children's Long Term Support Medicaid waiver. In 2010, our insurance paid in full for 8 months of intensive therapy that would otherwise have been borne by CLTS. Unfortunately, two bills that have been drafted but not yet introduced (LRB0373 and LRB1529) would neutralize not only the autism insurance requirement but all Wisconsin's other insurance mandates as well. DHS should oppose this proposed legislation, as it would shift significant costs back to the state's Medical Assistance programs.

Geri

What could the Department of Health Services improve?
Invest in community mental health services, including community-based programming such as targeted case management,
the community support program, and outpatient services. Restructure Medicaid, increase the number of good primary physicians, mental health clinicians, and dentists. Consider the idea of a medical home model. Consider creative ways to support non-institutional supportive services such as crisis services, crisis respite and mobile crisis.

Do you have any cost savings suggestions for the Department of Health Services?

None

Catherine

What could the Department of Health Services improve?
Medicaid Depends Provider J and B will not take products back when they make a mistake resulting in Medicaid money wasted on unused products.

Do you have any cost savings suggestions for the Department of Health Services?

None

Larry

What could the Department of Health Services improve?
Limits for Family Care & IRIS - concern is can we get exemption in budget for mandated services? We no longer have the money but state statute requires that we provide mandated services.

Do you have any cost savings suggestions for the Department of Health Services?

None

Paul

What could the Department of Health Services improve?
Eligibility. Implement the required asset verification solution to apply a system tested and proven by the Social Security Administration to find undisclosed assets for individuals applying for publicly funded programs.

Do you have any cost savings suggestions for the Department of Health Services?

Eligibility. Implement the required asset verification solution to apply a system tested and proven by the Social Security Administration to find undisclosed assets for individuals applying for publicly funded programs. Implementation of this system should reduce Medicaid spending for the aged, blind and disabled population by 5 or more percent.

Griep

What could the Department of Health Services improve?
Allow Patients needing very minor medical services (sore throat, cough, follow-up cuts etc to be screened through the county health department and save time and costs at medical centers. Allow Health department to perscribe limited medications such as antibiotic and minor pain/fever relievers.

Do you have any cost savings suggestions for the Department of Health Services?

Allow MA participants to receive a statement from providers showing the procedures that were done and Medicaid covered. This could be a check point for mistakes in billing or billing for procedures/meds that the participant never received. The mailing expense would be a provider expense. Reporting could be done on line or through local fraud contacts.Tighten estate recovery rules and allow some agency discretion to determine if assets were divested to become eligible for Medicaid paid institutionalization. Place high co pays on visits to the emergency room that are not deemed necessay by the ER staff.

John

What could the Department of Health Services improve?
None

Do you have any cost savings suggestions for the Department of Health Services?

One idea may to be consolidation of Southern and Central Centers. There is a definite need for this facility for the residents. There certainly is duplication of administration and the other services.

Zirk

What could the Department of Health Services improve?
Improve public and provider access to the Wisconsin Immunization Registry and better coordination between the registry and other Wisconsin registries such as lead screening results. Reduce prohibitively restrictive access requirements to the registry.Reduce data restrictions to sharing health data between within and among the state and federal government data bases, allowing health quality anaylises more freedom. Improve the time it takes to implement coordination of these data bases. Better coordinate analysis between the state and the university campuses in the state. Provide the public with the results of health data analysis in easily understood language and table formats.

Do you have any cost savings suggestions for the Department of Health Services?

Elimination of chiropractic and podiatric benefits. Stronger emphasis and higher payments for preventive care (e.g, immunizations, well child visits, nutritional and dietary counseling). Consider the Oregon model for Medicaid coverage (I strongly urge you to consider this). Lean on the federal government to utitilize the federal governments power to reduce Medicare drug prices the same way they do under Medicaid drug rebate program. Adopt ambulatory care group pricing for ambulatory services.

LaVerne

What could the Department of Health Services improve?
1 If caps are set on Family Care, allow counties to maintain their own wait lists and do not require separate lists for Family Care, IRIS and Partnership.2. Please don't try to move everyone into IRIS. It's a good program for some people who are able to manage their own care but not everyone is able to do so and some people would be at greater risk of abuse or financial exploitation.3. SeniorCare--In addition to additional costs to older adults, ADRCs will have difficulty keeping up with the added time required for assistance with Medicare D which takes about 2 hours vs. 10-15 minutes for SeniorCare. SeniorCare application is much easier and many older people can complete their own applications.

Do you have any cost savings suggestions for the Department of Health Services?
1.Invest in preventing falls among elderly living at home and in group homes.40% of persons admitted to Wisconsin nursing homes have had a fall in the past 30 days. The majority of persons admitted to Wisconsin hospitals because of a fall are discharged to nursing homes. Many of end up staying there long-term and must turn to Medicaid when their assets run out. Wisconsin has initiated several evidence-based programs to prevent falls among the elderly. With a relatively small investment, those programs could be expanded to have greater impact on falls reduction.2.Keep in-person enrollment for Elderly, Blind and Disabled and Long Term MA at the county level to avoid misappropriation of elder persons' assets and avoid divestment. EBD MA eligibility determination is more complicated than other MA. Asset and divestment information must go back five years. Without careful review of documentation older persons could be more vulnerable to misappropriation of their assets, and the Medicaid program subject to divestment. ADRC, Adult Protective Service and Economic Support staff currently work together to identify misappropriation of an older person's assets. Furthermore, local workers help to avoid enrollment disruptions which could result in nursing homes not being paid, increasing debt and being less likely to accept MA.3.Do not restrict access to prescriptions that work for persons with mental illness as these have helped to stabilize hospital placements and keep people out of jails.4. A relatively small investment in CIT and CIP training for law enforcement, teachers and other community persons can stave off more costly incarceration or hospitalization of persons with mental illness.

Pamela

What could the Department of Health Services improve?
Capping Family Care enrollment is a direct recant on promises made by Governors in both political parties to serve our most vulernable citizens.

Do you have any cost savings suggestions for the Department of Health Services?
Count the assests of the household for BadgerCare+ recipients during eligibility determination. Count the interest and dividend payments received by the household. Have premiums due in advance. Eliminate the free month. Stop coverage when people move out of the state. Enforce restrictive re-enrollement periods due to late payments. Raise copays. Mirror private ins (deductibles).

Christine

What could the Department of Health Services improve?
1)Repair, update, complete: CARES/CWW fixes - system issues seriously hinder effciencies. 2)Application process - they amount of information online & paper is overwhelming, especially for EBD. 3)Staff training.

Do you have any cost savings suggestions for the Department of Health Services?
1)System fixes. 2) Asset limits after a certain income limit. 3)Reduce duplication - too many entities are involved in application process to avoid increasing staffing levels and this only increases confusion and duplication.

Marjean

What could the Department of Health Services improve?
Raise the Asset limit for EDB, LTC MA, SSI. It has been $2000 forever and this is not enough money for people to save for their property taxes, vehicle, unexpected expenses, etc. It honestly would not make more people eligible because the income limits are low. I think $5,000 - $10,000 would be a better solution.

Do you have any cost savings suggestions for the Department of Health Services?

Update the health insurance system so it correctly shows when people have insurance. The system now is kind of hit & miss on correctly updating.Charge co-pays for services like doctor visits. This could slow down the abuse of the folks who run to the doctor constantly.

Mark

What could the Department of Health Services improve?
The Deptartment has spent alot of time ,implementing, peer specialists into our service system for mental health. We also need to have recovery coaches also implemented to our service system to help people with SUD. Recovery coaches are not sponsors , they are NOT COUNSELORS they are people that have lived life experience in addiction, that have found recovery and want to help them as they transistion out of treatment, jail, and prison. These people need the help and justm voulenteer models arent enough. I am prepared to help imlement a wonderful model that is also supervisede by a clinician, which makes it billable to medicare. This would help recidivism, cut down on wait lists, and help the people of wisconsin become tax paying productive members of soceity. I'm already working on the infrastructure and ready to implement this model, all i need is help from the department.

Do you have any cost savings suggestions for the Department of Health Services?

This above mentioned model is the model to go with, i've personally reasearche every model I can find and thisd one is the cheapest and best model available, i already have petrmission to use it and implement it, from the creator of the model.I would be ready at anytime to give a presentation.The people that are working with me on this project are clinicians, providers, consumers. and peer specialists. We want to help the addicts of the great state of wisconsin!!!

edward

What could the Department of Health Services improve?
DO NOT go to a voucher system, it would destroy the present mental health care system and in the long run cost far more to implement a system that would not effectively solve the problem of how the community can care for its citizens with mental illness and still meet its own needs

Do you have any cost savings suggestions for the Department of Health Services?
Maintain the mental health care system as it stands; from the Bureau of Mental Health to the front line evidence based practice Community Support Systems. They reduce preventable hospitalizations as well as unneeded jail and prison costs. It would cost far more to re-invent it than to keep it going. Maintain the evidence based practice Clubhouse Model programs within the state. They reduce preventable hospitalizations as well as unneeded jail and prison time and get their members jobs in which they pay taxes. Start treatment for mental illness earlier. It costs far less to get an adolescent with mental health issues federal grants to go to a 2 year college than to hospitalize them. Treat co-occurring disorders of substance abuse and mental illness together. It costs less to deal successfully with problems than to deal with them separately and unsuccessfully. Maintain insurance programs for WI citizens, they are cheaper than drastic, short term measures that tax the entire system. In conclusion, be very careful about ending programs that need to be maintained, particularly evidence based practice ones.As well, recognize the importance of Peer Support Specialists on treatment teams.

William

What could the Department of Health Services improve?
The Department should gain greater kowledge and awareness of recent long-term memntal health outcome findings for schizophrenia, depression,anxiety and bipolar disorders. These long-term studies are now availablein Robert Whitaker's latest book Anatamy of an Epidemic, Part III, Outcome Studies and Findings

Do you have any cost savings suggestions for the Department of Health Services?
Recent outcome findings paid for by the World Health Organization andthe NIMH show that a significanat number of long term mental health patients are able to become independent and return too work and support their own families if they are not on a continuous regime of neueoleptics.There is now a long-term mental health outcome project now before theCouncl on Mental Health's Policy and Legislative Committee. Our newSecretary, Dennis Smith has been advised of this effort, strongly supports every effort to make our health services more cost effective.For more information about the status of this project see the danecountyalmanac.blogspot.com

Steven

What could the Department of Health Services improve?
We don't know enough about how you and your providers do business to adequately answer this question.

Do you have any cost savings suggestions for the Department of Health Services?
We are a professional staffing organization that has saved our clients in Michigan hundreds of thousands of dollars in the cost of their operations. Our software and staffing solutions lend themselves to implementation in Wisconsin, and we would like to chat with you about the process we need to follow to make our services available to your providers.

Kristi

What could the Department of Health Services improve?
DHS should require full-time employment for those receiving BadgerCare and BadgerCare+. I know several people receiving these benefits who only work part-time because if they worked full-time they would not qualify to receive the benefits. There is no reason they cannot work full-time. This angers me as I am someone who worked hard, went to college to make something of myself, am employed full-time and continuing to pay my student loans as well as the taxes that fund programs for those who think the government should provide for them.DHS also could improve all programs by providing the services of a registered dietitian. Registered dietitians complete a minimum of a 4-year degree in nutrition. Their skills are beneficial in the prevention and treatment of many diseases including obesity, heart disease, diabetes, hypertension, kidney disease, celiac disease and many others.

Do you have any cost savings suggestions for the Department of Health Services?
By providing medical nutrition therapy with a registered dietitian, DHS could save a lot of money. Registered dietitians can help to prevent diseases from worsening and prevent future doctor visits. In addition, obesity is the biggest concern in our nation right now and a significant expense. Dietitians can help patients to lose weight safely and effectively through diet and exercise. Weight loss through lifestyle modifications is significantly cheaper than weight loss surgery such as gastric bypass surgery.

Deborah

What could the Department of Health Services improve?
Stop taking funding away from our most vulnerable citizens: elderly, disabled,poor, working poor and children.

Do you have any cost savings suggestions for the Department of Health Services?
Look at salaries of state government legislators and administrators. Everybody should contribute based on their income/resources. Stop picking on the poor, working poor and middle class. Stop wasting $. Stop making foolish decisions that give BIG BUSINESS more tax breaks. Increase state sales tax. Increase income taxes for people making more than $250,000/year. Stop this favoritism and good ole boy club politics...I am very close to the point where I am embarassed to say I live in Wisconsin.

Roberta

What could the Department of Health Services improve?
None

Do you have any cost savings suggestions for the Department of Health Services?
Change MA eligibility for LTC & waiver programs in the following ways: For spousal impoverishment cases have only one asset limit of $52,000 or less. Get rid of the half a loaf divestment loophole that only rich people who go to certain lawyers know about. Make it a divestment if POA's use their parent's money to hire an attorney so that they can receive half the loaf of their parent's nest egg. The attorney is not helping the parent, they are helping th child POA so using the parent's money to pay the attorney should be a divestment. Make a person in a CBRF pay more of their income towards their care. The MCO's are charging a fixed amount of rent based on a person receiving SSI. ($750 per mo) People with higher incomes get to keep lots of money & many struggle to keep under the $2000 asset limit. Rent could be based on the person's income rather than a flat fee.

Thomas

What could the Department of Health Services improve?
Family Care Program

Do you have any cost savings suggestions for the Department of Health Services?
Too much family care money is going to the middle man .