



## Department of Health Services - State of Wisconsin Town Hall Results

### Other Program (from Other Respondents)

**All programs. It has been my experience when a person has to pay a co-pay whatever the program as those listed above and others the government is involved in, the consumer takes more responsibility for whatever the request is.**

**Laurel**

#### **What could the Department of Health Services improve?**

Give the responsibilities back to the counties that know their constituents and their resources the best. A person has no idea what is needed if they are not from that area. I could not claim I would know what is available in Milwaukee just as they could not be aware of what the people of northern WI. needs.

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

Examine the records of the northern WI counties. They are very prudent with the funds and are cutting down wherever they can.

**MAPP**

**KIT**

#### **What could the Department of Health Services improve?**

None

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

MAPP PROGRAM. PLEASE LOOK AT THIS TO BE A LEGITIMATE WORK PROGRAM. IF 20% OF CLIENTS ARE DISABLED AND THEY ARE INCURRING 80% OF THE COSTS, THIS WOULD BE A HUGE COST SAVINGS. CURRENTLY THERE IS A LOOPHOLE THAT TO MEET WORK REQUIREMENT YOU CAN USE IN KIND INCOME FOR 1 HOUR A MONTH. SO WE HAVE MANY CLIENTS KNITTING A POT HOLDER IN EXCHANGE FOR A COOKIE AND PRESTO THEY ARE ELIBILE FOR MAPP WORK PROGRAM. TODAY I HAD CLIENT WHO ORGANIZES PICTURE FOR HER DAUGHTER AND IN EXCHANGE HER DAUGHTER STYLES HER HAIR ONCE A MONTH. THIS IS NOT INTENTION OF WORK PROGRAM.

**PACT**

**Nancy**

**What could the Department of Health Services improve?**

Add more PACT programs for people with serious & persistent 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.

**DHS Accounting System**

**Robert**

**What could the Department of Health Services improve?**

I suggest we move towards converting our accounting system over to the state-wide accounting system. It would be a difficult task as people are familiar with the current system and would have to adjust to a different system, as well as information being presented in a different manner but in the end I believe it would be to the benefit of the department to do so. Some of the benefits: Reduced mainframe processing time (we are currently charged for processing transactions through both systems). Reduced storage costs (the same accounting data is stored in both system albeit in a different format). No reconciliation between two systems to ensure that everything that goes into one goes into the other correctly. Would free up technology folks currently operating the internal accounting system for other worthy IT projects. Ability to accept transfers from other state agencies who are readily familiar with a system used state-wide. Some of the costs: Confusion with new system would likely slow processing down initially (perhaps for a few years). Staffs that deal with the accounting information would need to learn a new and different chart of accounts. Many automated feeder systems would need to be re-engineered to feed a different system. Once our staff becomes savvy with the state-wide system their ability to change jobs to another state agency is enhanced. The long and short of it is I don't see short term savings and there may be increased costs and confusion as something like this is attempted but long-term it would position us to be more efficient, have better information and be on the same page when another accounting system is installed since the state's solution could be our solution.

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

None

## **DHS HR Operations**

**Chris**

### **What could the Department of Health Services improve?**

During the last biennium, the Doyle administration had set forth a proposal to consolidate all Human Resources functions. To that end, a realignment of HR services was initiated and was well underway. As part of that process, a committee was formed to discuss standardization of policies and practices, efficiencies, and overall operational improvements. The committee compiled a lengthy list of ideas, all of which appeared to be feasible and easily implemented. However, when the realignment process fizzled away, so did further discussions of any changes to established policies and procedures. In short, any talk about improving HR operations was shelved. Even in the absence of a mandated realignment, there appears to be nothing that precludes implementation of the proposed changes. While these changes may not have a direct budgetary impact, they will improve operational efficiency. My suggestion is that we continue to move forward with discussion and implementation of the improvements within the Department.

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

None

## **Admin Efficiencies**

**Sherry**

### **What could the Department of Health Services improve?**

I would like to suggest overall Admin efficiencies in the area of technology. With less staff and more work there is efficient technology currently in use that we could utilize and we are not. I think PTAweb should be incorporated throughout the department. DPH, doesn't currently use PTAweb because of the nursing schedules or some issue with differential, but DOC has the same issues and they have PTAweb up and working for them. DCF has set up a system to allocate costs based on PTAweb. This would eliminate DOHAAS altogether. Once the funding string was entered into PTAweb, the system allocates the cost/fringe to that particular funding string. The only manual entry would be the JV's. This would free up a lot of time and quite frankly, be more accurate than DOHAAS is right now. DWD has a system set up called PAL (procurement accounting log). DCF is currently purchasing it from DWD. This makes the whole aspect of pcards electronic. Currently, each unit has to have several pcards because the cards are funding string specific. The billing process is cumbersome and problematic. In PAL, you can use one card for several different funding strings. The charges come through in a clearing account (electronic from DOA) and the card holder can go into the system and apply the funding strings to the specific charges. Then the supervisor electronically approves and it is complete. This would free up a couple positions. There only needs to be one person managing this system instead of three. Electronic signatures travel reimbursements by supervisors and employees can be electronically approved via email. The employee can forward a reimbursement to the supervisor and the supervisor electronically approves it by sending it to BFS. This can be the process for other things such as travel.

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

This has been on my mind because we have a good IT team who should be able to complete the above and really save the state time and money once this is implemented. This would also be less painful because the systems are already set up and ready to use.

**DHS Staffing**

Liz

**What could the Department of Health Services improve?**

We need to do a better job as a state and department at managing outcomes for vendor contracts. Invest in business process improvements -we have spent lots of money on duplicated or redundant work. If we were staffed properly we wouldn't have professional staff spending too much time doing administrative work.

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

None

**Admin efficiencies**

Otis

**What could the Department of Health Services improve?**

Explore more cross agency collaboration in using information technology. Explore what other states have done. Pennsylvania is a great model of efficient use of IT. They are paperless and they have a lot of resources. Their processes really help the entire state. There should be more collaboration between states to learn from one another so we aren't always recreating things. This would make us more efficient. If we could better use technology to deliver what we need to do.

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

None

**DHS Contract Workers**

Karyn

**What could the Department of Health Services improve?**

A few years back the state was asked to do a cost analysis of contracted verses public staff. At times it seems cheaper, but not always. It seems like there has been an increase in contract staff. As we look to the future will we continue to look at the cost analysis again? Why do we use contract workers when sometimes they are more expensive?

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

None

## **DHS Campuses & Fleet Vehicles**

**Rita**

### **What could the Department of Health Services improve?**

Studies were done by DOA and found that sharing did save money. In one example the VA was not interested in sharing, so they did not follow through. It seems like something we should push again to do because of the benefit. Work with DOA to share vehicles. We have saved costs with teleconferences and such, but sometimes traveling is necessary. When state cars are taken away from the department people are forced to take their own separate cars. We are reimbursing individuals for this instead of saving together. DOA won't let DHS own our own cars.

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

None

## **Shared DHS Campuses**

**Ted**

### **What could the Department of Health Services improve?**

All of our campuses are shared with other departments. We could look at sharing functions within the facilities too. We share maintenance, we could also share HR or Admin functions too. Sharing support would share dollars and save. Food service operations are something else that could be shared.

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

None

## **Shared Resources**

**Ted**

### **What could the Department of Health Services improve?**

Studies were done by DOA and found that sharing resources for campuses did save money. In one example the VA was not interested in sharing, so they did not follow through. It seems like something we should push again to do because of the benefit.

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

None

**Dept. Administration**

**Eleanor**

**What could the Department of Health Services improve?**

Seen very little hiring and still doing just as much work if not more than we were doing 6 years ago. We are spending too much time manually entering time. DOHAAS it is a reporting burden that is a waste of time. There needs to be a more efficient way so people can spend more time doing their job. Tracking grant money and time put in -no accurate way to determine how we charge for time and how will be paid until year end.

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

None

**County level human services data**

**Will**

**What could the Department of Health Services improve?**

We could collect better data by requiring client level data reporting to draw down state aid to counties (community aids).

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

Build data systems to compare service delivery at client level county to county. Promote models from counties with more efficient per capita systems. Community aids \$200 million - county levy \$500 million, on who? for what? how often? We can't say much about where the money is spent.

**FoodShare**

**Alicia**

**What could the Department of Health Services improve?**

I would suggest that we invest money into our fraud and investigation units. I think the public views our programs as a joke, they're not afraid to lie and commit fraud because they know people get away with it everyday or they themselves test the limits and get away with it. I think we would decrease enrollment significantly if we concentrated on this effort.

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

I have heard people comment that BadgerCare is the best insurance they've ever had and will do whatever they can to stay on it. If it is better coverage than what you can get if you're working, what incentive do you have to get off of BC+. I also know that there are several families the size of mine that receive \$600+ in FoodShare. Our budget for food is \$300 per month and my husband and I both have good jobs.

## **MH & AODA Programs**

**Jamie**

### **What could the Department of Health Services improve?**

Follow up on SCAODA letter to chancellors on the need for more AODA/MH therapists. Substance abuse prevention, intervention, and recovery are growth industries. More web based meetings and trainings.

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

Web based contracting with integrated bases, regular rebid of contracts, more training for municipalities on alcohol license management, use of ipads for field data collection.

## **Any program that has service recipients employing their caregivers**

**John**

### **What could the Department of Health Services improve?**

Better/increased utilization of Workers Compensation Insurance for participants.

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

Permit the group of IRIS participants to be considered a single workers compensation insurance employer permitting a single base premium of \$220 per year. Currently the 2,800 IRIS participants if purchasing WCI would need to expend \$616,000 to purchase 2,800 base premiums.

## **DHS Website**

**Gerald**

### **What could the Department of Health Services improve?**

I would like to add the following suggestion about how the DHS websites are administered and maintained. DHS needs to stop using the current de-centralized system of content publishing and put into place a system where trained professional, department web coordinators and technicians work efficiently using professional web authoring tools to design, develop, and maintain the DHS internet and intranets as examples of exceptional standards-based web sites. This work needs to be done by professionals in full-time positions. This will help the Department's budget efficiency efforts through added efficiencies in time, cost of labor, reduction in travel and training costs as well as other economies-of-scale in staffing. As of now, DHS uses a de-centralized system of content publishing with most web author duties assigned for a very small percentage of time daily or weekly. Web authors are trained to use the outdated program Microsoft FrontPage 2000. Consequently the WYSIWYG ('What you see is what you get') editor FrontPage 2000 has made the DHS website display correctly only in older, non-standards-compliant versions of Internet Explorer (IE6 and earlier), while resulting in the DHS websites not being compliant with the web standards of today's world. Note: the browser loaded on your computer here at DHS is IE7 which is not a standards-compliant browser. More and more, the internet is moving toward standards-based web design as defined by the World Wide Web Consortium (W3C) (<http://www.w3.org/Consortium/>). As the web has evolved, so have the needs and expectations of our department web coordinators, authors and technicians. We need to take the DHS websites to the next level by transitioning very soon to standards-based practices based on today's standards and technologies. With more and more of our population depending on the web for information exchange and training we need to be on the front edge of the 'internet technology' bell curve. We can not be a leader when we are using web-authoring software that was first released for sale in 1999 and is so out of date that it is not even supported by Microsoft anymore!

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

None

## **Screening, Brief Intervention, Referral to Treatment**

**Scott**

### **What could the Department of Health Services improve?**

SBIRT is an evidence based, cost effective approach to reducing risky drinking and illicit drug use. Because of its cost savings and contributions to a more productive workforce, the Wisconsin business community would like to see SBIRT in health plans. There is currently a Medicaid benefit for SBIRT, however, there are no quality assurance mechanisms in place to ensure that services are being delivered adequately.

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

See to it that SBIRT is fully implemented in the Wisconsin healthcare system.

**food share**

**jennifer**

### **What could the Department of Health Services improve?**

Iris-some people get a ridiculous amt of money and the guardian is becoming greedy and pays themself double as what another respite provider gets and claim the person needs 24 hr care but actually does not...some of the funds are used for \$300/mo worth of doll clothes, toys and another chunk like this for clothes for the daughter. Excessive and waste of taxpayer money in this case. BC-All children should be eligible with no copay for visits. All adults should have copays on every clinic, urgent care, ER, specialty visit. They should be allowed to pay extra if they are putting themself at high risk for disease by being obese, smoking, etc. My insurance goes up with this. I think leave the medication co pay on the lower end but even that could be a dollar or two higher for adults. If there is extra money saved use a portion to give children better BC dental coverage, we see children in pain with decay that the parents don't treat because they don't want to pay. Foodshare-no one needs to eat that much food a month as what the state gives, no wonder so many people are obese

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

many people are selling their foodshare at 50 cents on the dollar to make cash, i know people who receive over \$500 for two adults and an infant (who receives wic) this is ridiculous-this funding should be cut not only to save money, but our country is struggling with an obesity/diabetic epidemic and food share is only adding to it by giving excess funds to over indulge esp on processed high fat foods (we spend about \$300-\$350 a month for a family of five (plus wic for a 15 mo old) and we both work f/t plus do foster care) if you care not working full time you have extra time to cook homemade meals vs ready to eat, processed foods; the children in these homes are eligible for free/reduced lunch as well, although that is very unhealthy food as well, but cut these funds to a reasonable amount. Also I work in a healthcare setting most of the people come in with MA and they smoke, are obese, have chronic conditions and don't care that they cost a lot of money to taxpayers because their copays are so low or nonexistent--this needs to change; children should be covered up to age 18 as well as have better dental coverage; adults should be expected to be more responsible for their health and have copays esp for using er for regular clinic use-\$25/er visit would still be ridiculously cheap and same for clinic visits, we have multiple pts (not all, but a lot that abuse the benefits)that come in 1-3x a week (even with no concerns) because they will say they don't care, they don't pay for it plus they use the mileage reimbursement forms and make more money by coming to the dr or go to visits an hour+ away so that they get more mileage and food vouchers and aren't afraid to share this with us when they come in. Also it is common that the roommate is actually the boyfriend so that the mom and kids get better benefits or the divorced parents lie and say the kids are shared 50/50 to make both parents eligible for BC then one parent that I know of buys her groceries and her ex-husbands with the foodshare (he pays her extra cash on the side for food and for lying and saying they share the kids so he can get BC too) and then the leftover money on the foodshare this lady sells to her sister for 50 cents on the dollar

## **ODHH**

### **What could the Department of Health Services improve?**

Close ODHH offices and have staff relocate to a central office. Utilize the better use of brainpower within one office, better supervision, promote one stop center concept as well as pooled skills together to find outside money.

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

None

## **foodshare**

### **Dianna**

### **What could the Department of Health Services improve?**

require assets to be verified

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

scrutinize provider MA/BC claims better to avoid fraudulent claims

## **Federal reimbursement for State DD Centers**

### **Underwood**

### **What could the Department of Health Services improve?**

Make public the federal Medicaid reimbursement for the State DD Centers. The DD Centers reimbursement rate is an enhanced rate negotiated decades ago with the federal government in recognition of the complex needs, and thus higher costs, of serving this unique population. This enhanced rate allows DHS to request the maximum allowable reimbursement which is significantly higher than the rate non-state facilities receive for care. This reimbursement difference is creating a rift and fueling calls for the closure of the State Centers and the forced relocation of individuals with the most severe and profound level of mental retardation / intellectual disability who also have complex medical issues or aggressive or self abusive behaviors who are a danger to themselves or to others.

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

Lift the freeze on LTC admissions to the State DD Centers. With more resident days, the state may actually realize more federal dollars flowing into the State due the enhanced reimbursement rate for care provided at the Centers. The State Centers have long been recognized as cash cows. Maximize the receipt of federal dollars by lifting the freeze on LTC admissions. We have more suggestions but the leadership of our statewide parent organization has not been allowed to meet with leadership from the Department.

## **Food Share**

**LISA**

### **What could the Department of Health Services improve?**

They could improve on how they write these programs. See below.

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

1. When a person has a baby why do they automatically get a substantial increase in food share. Most of them are on WIC and how much can a baby eat? 2. Why don't they do an asset test for Badgercare+? Someone who owns a business but has lots of write offs and has thousands of dollars in the bank and we pay for their health insurance? 3. Why is it when a paternity is established the father pretty much automatically gets MA? 4. Why is it when you are not married and after the second child is born they don't need to pay for any birthing costs. The system encourages and rewards those that don't work to continue to have children they can't pay for and the working people who want to work are penalized. Yes, alot is wrong with the system!!!! Whoever writes these programs obviously doesn't work with them...

## **Food Share and all Income Maintenance Programs**

**Morris**

### **What could the Department of Health Services improve?**

Compassion for fellow wisconsin 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 bieannual 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 centralize 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 passed. 1. 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 vendors 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 obtaining verification. When there is over issuance because the group did not timely report a change and/or we discover an over issuance because of 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

## **windows at 1 West Wilson**

**Laura**

### **What could the Department of Health Services improve?**

I understand that the windows at the 1 West Wilson building, where I work, were installed incorrectly and have caused the deterioration of the surrounding walls and window casings. I have also heard that the windows are to be replaced this year. My suggestion is in the next box...

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

I have no idea whether this is feasible, but it seems a shame to have brand new windows installed when it appears that the windows themselves are fine - it was how they were installed that is problematic. Maybe the money would be better spent (and less) if it went to fixing the walls and window cases and installing the existing windows properly. Assuming that would be less expensive, (which my idea rides on), it would have the added benefit of retaining opening windows which are a great asset in terms of the environmental health of the building and for the people who work in it.

## **Medicaid**

**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 by individuals, 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 Therapy The 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, 54:2404-2414 Trogdon, J.G. et al (2008) Indirect costs of obesity: a review of the current literature. Obesity Reviews 9:489-500 Delahanty, 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

## **Katie Beckett, autism section of CLTS waiver**

**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.

**purchasing of goods / commodities / some services**

**Mansfield**

**What could the Department of Health Services improve?**

None

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

Consider utilizing a web based full service procurement firm that specializes in working in the public sector. By using a dynamic means of price delivery our firm on average saves 14 % on purchases over \$ 100,000 on most goods / commodities and services.. all at NO DIRECT COST to the state of WI.. BUT SOME WITHIN THE STATE (DOA) are not in tune with technology and would rather continue to use the same old methods to procure product or select vendors.. but somehow expect a different result. we need to change course.. the biggest part of the ice berg is BELOW the surface.. Please contact me if you have any interest in looking alternative ways to save \$\$

**All Title 19 plans**

**Ajit**

**What could the Department of Health Services improve?**

Sharing data with providers - eligibility, usage (esp. ERs), prescription medications, etc.Educating consumers about the actual costs associated with healthcare.Encourage compliance by consumers.

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

Specialty care should be tied to referrals from primary care providers.Consumers MUST be held responsible for compliance - some consumers do not value a service that is being provided at no cost to them. This leads to high 'No Show' rates, failure to follow instructions, overusage of ERs, disregard for adopting healthy lifestyles, etc. There is abuse in the use of ancillary services - personal care workers, DMEs, prescription drugs, etc. Monitoring of associated costs needs to be expanded.Reimbursements to providers must be improved. If not, there will be continuing access issues while quality providers opt not to see these patients. Providers should be given financial assistance in acquisition of electronic medical records. Just the data garnered from EMRs should help recoup the costs.

**Riverfront Inc**

**Nikole**

**What could the Department of Health Services improve?**

Better pay on mileage reimbursement

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

None

## **MAPP HEC**

**don**

### **What could the Department of Health Services improve?**

Continue to explain all our programs to the best of our abilities. I find many people enrolled in programs and they really have no idea how they work, or how it may be able to help them further.

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

Educate our consumers as best we can so that they make solid decisions and get the most out of what is available to them.

## **Medicaid programs in general**

**Tina**

### **What could the Department of Health Services improve?**

I personally feel that anyone eligible for Medicare and Medicaid MUST be required to take Medicare part B and make Medicaid the payer of last resort. I have several clients who drop the Medicare part B when they become eligible for Medicaid and then Medicaid picks up the cost.

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

I feel by requiring dual eligible (Medicare and Medicaid) clients to take the Medicare part B benefit no matter what their income is, that it would save Medicaid money by making Medicaid the payer of last resort. As stated above I have many clients who drop the Medicare part B when they become eligible for Medicaid, Badgercare for families, family care, nursing home MA and so on.

## **Food Share**

**Julie**

### **What could the Department of Health Services improve?**

Fix the software problems in worker web to cut back on processing time. As of now they only have work arounds which usually don't work. Exclude soda and junk food from the Food Share eligible food list. Most people that use Access have a lot of problems understanding the language used and the questions asked. Fraud is rampant through the system. There needs to be more emphasis on fraud enforcement. I have even seen clerks/check out people override the system to make a item eligible for Food Share purchases.

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

Reinstate a asset limit for Badgercare. We have clients who have three and four million in assets on Badgercare! Limit the time a family can be on Badgercare Plus and Food Share. All adults on Badgercare plus should have to pay a monthly premium. Fix the software problems in worker web to cut back on processing time. As of now they only have work arounds which usually don't work. Exclude soda and junk food from the Food Share eligible food list. Make FSET mandatory. Most young people think they will never have to work as long as they can get benefits.

## **Medicaid**

### **Berg**

#### **What could the Department of Health Services improve?**

I agree with most the suggestions from Survival Coalition. Also, I have never been able to speak with anyone intelligent enough to answer my questions at the 800 number. I won't even call there anymore. Make it easier for someone to report possible fraud or misuse of medicaid. Start an on-line sign up for caregivers, etc. like there is for the Children's waivers.

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

Claims History report - question whether it is useful. Services are not listed in any order to make it easy to review/double check. Also patient does not receive a bill from the doctors office and pharmacies no longer record the cost of the drug so there is no way in knowing if what was charged is correct. It's like they don't get any calls from people to question what's on the report. Glad to see they now use small envelopes which saves on postage. Encourage parents to keep their disabled children under the age of 26 on their health plan - offer assistance if necessary. Consider starting a stakeholders committee/council of medicaid participants which can constantly work at ways for improvement and to save money.

## **All Medicaid programs**

### **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 necessary by the ER staff.

## **Medicaid, Family Care, IRIS**

**Anne**

### **What could the Department of Health Services improve?**

My severely developmentally disabled son is enrolled in the IRIS Program. He has intensive care needs and can not be left unattended, thus he resides in our home. He has thrived in the IRIS program. We have experience with various long term care settings: a residential school, short term care at Bethesda Lutheran Homes, REM group home, a local adult family home and Family Care. These settings were expensive, restrictive and did a poor job of caring for him emotionally and physically. We use the employee leasing model to provide his care. Suggestions to reduce costs in Medicaid: Reinstatement of the waiver for the 60 day visitation from the nurse in situations where the participant is judged to be stable and has adequate supervision. Request a waiver from the Federal government to simplify Medicaid paper work completed by home health care staff.

Simply documenting time spent with a consumer, a check off box that the care plan was followed, and a place for date and signatures should suffice. Discontinue Medicaid billing by school districts and sheltered employment programs for personal care and therapies. Prior authorization process for equipment and wheel chair repairs needs to be speeded up so that the physical condition of the participant does not deteriorate while waiting for service. It can take six months to a year for certain repairs. Suggestions to containing costs in Family Care and IRIS: Freezing enrollment in Family Care and IRIS could force counties to turn from community settings to more costly institutional settings. Approve short term expenditures which have long term cost savings i.e. cover the cost of a medication lock box as opposed to scheduling staff to wait for unpredictable medication delivery. Family Care: A team member nurse was redundant and unnecessary. We even had a nurse through the home health care agency. We needed minimal assistance. The Fiscal component, as administered by MCFI, is doing a poor job of record keeping, paying bills correctly and submitting accurate monthly participant reports. Feedback and action on participant inquiries is practically non-existent. This is very time consuming to follow up on. Encourage IRIS participants to employ their support staff through IRIS to save agency overhead costs. Address concerns around recruitment (maintain a list of background checked, qualified direct support staff) and concerns of employer/family liability in regard to potential accidents involving vehicle operation. Require IRIS consultants to have relevant professional or personal experience, an understanding of available resources and increase their pay. This is critical to improve participation by those who are not knowledgeable about the system, but still want to avail themselves of self-directed supports. Support participation in therapies which prevent health deterioration and costly physical deterioration and injuries.

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

None

## **All state healthcare endeavors**

**Mike**

### **What could the Department of Health Services improve?**

License Registered Dietitians in order to have RDs at the table and focus on prevention and health promotion. Good nutrition is the best prevention program.

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

Registered Dietitians are critical to cost-saving and effective healthcare. If we are to truly focus on cost savings, it is paramount that efforts be made to provide preventive care. All health professionals seem to talk prevention and health promotion but regulations and legislation do not seem to mirror these ideas. Licensure of Registered Dietitians in Wisconsin can bring dietitians to the table. Current language in the health reform bill speaks of licensed health professionals. Without licensure for dietitians, RDs may not be seen as valued members of health care teams, when in fact they are THE NUTRITION EXPERTS. Good nutrition IS THE PRIMARY PREVENTION PROGRAM, and the Registered Dietitian is the nutrition expert and needs to be involved in all decisions that affect the health and wellness of the public. The Registered Dietitian can help the public effectively treat, manage and ideally prevent chronic illness related to diet and nutrition habits. This WILL save countless dollars. We must turn our focus away from treatment and management, and focus more on prevention or we will continue to be plagued with the same morbidities. The Registered Dietitian is the key to prevention and health promotion.

**B-3**

**Jennifer**

**What could the Department of Health Services improve?**

Relationships with counties. In order to provide quality services efficiently, the relationship between counties and the state must be strong.

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

1. I don't understand the need for RNs in the Family Care model in counties that do not have Partnership program.2. I would like to see the B-3 MOE requirement lifted - enrollment in this program fluctuates and the MOE requirement can easily become an unnecessary burden. Counties want to provide high quality services to all B-3 clients-especially considering the long-term benefits that early intervention services have in these children's lives.

## Children's Long Term Waiver, Katie Beckett

Johanna

### What could the Department of Health Services improve?

None

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

I am the extremely proud mother of my son who is a fabulously witty child who also happens to be a medically involved child with Down syndrome. We are here today as a gentle reminder to everyone that most people don't set out to be disability advocates. In fact, at any given moment, any of us is just a heartbeat away from needing Medicaid. We came to the disability world the day I gave birth. I delivered at St Joseph's Hospital in Milwaukee and 6 hours later he was shuttled to Children's Hospital for his first life-saving surgery, while my husband drove back and forth between two hospitals with no family in town to support us. We had no idea about disability or the medical world we got thrust into, but we were extremely grateful for the support we received from Katie Beckett, a Medicaid supplemental insurance, which covers a myriad of medical costs, prescriptions, co-pays, therapies and related costs that are associated with a medically involved child with Down syndrome. Despite multiple medical challenges and ten surgeries, our son is fully included in a first grade classroom; he is learning to read and to write simple math sentences; he can tell a mean knock-knock joke; he dances and sings with utter abandon and we think he may be put on this planet to resurrect vaudeville singlehandedly. Asking me which cuts to Medicaid and the Children's Long Term Waiver I endorse is like asking me which keys from my computer keyboard I am willing to part with. My son has been on and off waiting lists for Family Support and the Children's Long-term Waiver for a number of years and is still waiting to receive benefits from the Children's Long-term Waiver Program in Milwaukee County. I seriously doubt the waiting lists have been caused by overfunding. I also know that children with disabilities are better served than adults with disabilities, so if there are wait lists for children there must be massive ones for adults. However, it's vitally important to include parents as reliable and effective resources and stakeholders as we consider how to make programs run more efficiently. As the advocate for a consumer of these programs I can suggest a few areas where funds may be better repurposed, repurposed, maximized, and better serve consumers: 1) JB Medical: As a consumer and a state of Wisconsin resident, I don't understand why I am required to pay an out of state medical company double or in some cases triple the amount for inferior, off-brand diapers that do not work or for formula for a child with a g-tube.

We should be using a Wisconsin-based company and allowed to purchase superior products for less money than what JB allows. If you need additional information about this issue, just speak to any parent of a child with Down syndrome and you will hear cost-saving alternatives to JB Medical. 2) We should investigate cost savings that could be generated from repurposing durable medical goods and augmentative communication devices no longer in use. Katy's Kloset, a non-profit agency run by parent volunteers of children with disabilities in Waukesha ( W246S3244 Industrial Ln Unit B Waukesha, WI 53189.) is a wonderful program that recycles and loans, cost-free, durable medical goods not just for children but for adults as well. For a surgery last year I was able to borrow, at no cost, every piece of equipment I needed for my recovery. Walking through Katy's Kloset is also a testament to the creativity and ingenuity of individuals with disabilities and their parents, caregivers, therapists and providers. 3) Privatization doesn't always mean cost-savings.

In the process of getting my son on the Children's Long-Term Waiver, we have been passed through four separate professionals/screenings at two different agencies and we're still on a wait list. It seems to me that a single, consolidated intake for state and county programs and waivers would save time and money. Also, when we reapply for a program, it would be helpful, save time and money not to change the form from year to year without a good reason. 4) I am deeply concerned about my county and state services reaching some of the most at-risk, vulnerable, and underserved people in the City of Milwaukee. I developed and ran a monthly mentoring group for parents and caregivers of children with Down syndrome at Penfield Children's Center for 2 years. There is a huge divide between the people who have access to supports and those who do not. Many of the low-income participants of the mentoring group had no computers to access information or to connect with other parents. I suggest developing a more formal mentoring program connected to Birth-to-Three Centers and all stages of life for our at-risk families in the city. 5) In some of your presentations, Secretary Smith, you've discussed the importance of non- medically based services to support independence and employment. I couldn't agree more. If we apply the same philosophy to education, then that would mean we should not cut aid for children with disabilities in school classrooms, and we should find ways to more fully include children with disabilities in typical classrooms and school programs. Education is outside of your purview as HHS, but the point cannot be avoided that when massive cuts occur to our children's education, they will be further impeded as young adults seeking employment.

Early intervention and supports are everything. This past month I learned of two inclusive classrooms in MPS that have lost SAGE funding and state funding and will now cease to exist. This is a move backwards, away from independence and self-determination; this is a move away from future employment and personal freedom. 6) Lastly, I recommend that emergency rules should not go into effect because this will remove the voices of consumers of the programs from the process. Not only is it un-democratic to ignore the voice and experiences of users of the systems, but it is not fiscally or morally sound. Mistakes will be made that will be costly to undo. In the disability community we have a saying: 'Nothing

' Please keep this in mind before enacting emergency rules which would prevent invested parties from participating in the decision-making process and would instead place all of the most significant Medicaid decisions of the state in one person's hands. It is my great hope that you will see my son as a bright promise I have dreams that he will be gainfully employed and that he will have the privilege of someday becoming a taxpayer because that will mean he is

## **Medicaid/State supplement for SSI**

### **Mulholland**

#### **What could the Department of Health Services improve?**

I recognize that poor families do need Medicaid coverage for their children when there is no other source of insurance, however savings could be made by recognizing that Wisconsin does not have to pay a state supplement to every man, woman and child in addition to the federal dollars they receive from the SSI program. We are only one of a handful of states that provide this benefit, and we do see many people deliberately move here to get the supplement in addition to the federal Supplemental Security Income payment. This causes an unfair burden to Wisconsin taxpayers.

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

There should be a family cap on the amount of money paid just as there is for W-2, the military, and other programs. Instead, in Wisconsin a family of six, all on SSI can receive 674.00 per person from the federal government, 83.78 from the state, assistance with housing, energy and food stamps. All non-taxable income. While there are many severely disabled children whose families need this assistance, there are also a substantial number who are approved for mild mental retardation, and learning disabilities. The actual situation is that Mom typically started having children at the age of 15, does not know who the various fathers are, and there is no home structure to provide the nurturing and care these otherwise normal children need. Throwing money at the Mother to spend as she pleases does not change this situation. If the children just received Medicaid, since their learning disabilities are handled by the schools, there might be an incentive to change this culture. The state also wastes vast amounts of money contracting out to benefit specialists, and other groups to assist people filing for SSI. We have seen the dollars spent, and the results are minimal. Federal workers and state workers are appalled at the low case loads these contractors have for many taxpayer funded programs, while federal and state workers can barely keep up with the thousands of cases each worker must handle. As a taxpayer, I would like to see an overhaul of this entire system. You do not need to pay children the same full dollar amount you pay to their mothers (who then file phony tax returns for the EITC). I would like to see it stopped.

## **Entire Medical Assistance program**

**Lori**

### **What could the Department of Health Services improve?**

Thank you for the opportunity to comment on the Wisconsin Medicaid program and its current need for cost-saving measures. I have been involved as a physical therapy provider and a member of the Wisconsin Physical Therapy Association's MA Committee in discussions with DHS representatives for the past 10+ years. The WPTA has offered cost-saving suggestions to MA Director, Brett Davis, and Bureau of Benefits management Director, Jim Vavra, in another venue. I commend this and past Departments for their efforts to solicit stakeholder input through the Rate Reform discussions and hope many of those fine suggestions will soon be put into place. I come today, though, to speak as a Wisconsin citizen and taxpayer. When I think about the fact that the majority of my Wisconsin income taxes paid in the next 2 years will go toward funding the MA program, leaving many other important programs without funding, I am very concerned. I have tried to count the number of MA funded programs from the DHS website and they are too numerous to even keep track of. My hope is that the state begins to revert back to funding MA for what it was intended in the first place coverage for the elderly over 65, blind, and disabled and those of low income who are U.S. citizens or legal immigrants. We have created an MA 'Mecca' in this state, now covering 20% of the entire state population with some form of Medicaid insurance. Our coffers just cannot sustain this anymore. I am concerned that we have created such an entitlement state that tough decisions will need to be made. But, as a self-employed individual who is married to another self-employed individual, tough healthcare choices are a part of life. My husband and I purchase our own insurance and have become much better healthcare consumers as a result of having some 'skin in the game.' A reasonable cost-sharing for MA enrollees is appropriate and needed to begin to create more educated healthcare consumers with some 'skin in the game', too. When I hear that Wisconsin continues to create more ways to spend MA dollars because it will garner more Federal matching dollars, I become even more concerned. The incentive is to spend more and more, but in reality neither the State of Wisconsin nor the Federal government has money to pay for this. We are both BROKE! Finally, I would strongly support full state control of the MA program without Federal mandates or need for waivers. This can be accomplished if the Federal government moves toward block grants for states, relinquishing all control over that money once it is granted. If I know I only have \$100 in my bank account, I am not going to buy a \$150 dress. Likewise, if the state has a set amount of money to spend on MA programs, the most important and necessary programs should get funding first and when the money runs out, the funding ends. Or, move more toward managed benefits programs where once again, consumers become more accountable for their healthcare consumption. Tough love, yes, but business reality. The State of Wisconsin has had a heart of gold with respect to the MA programs over the past years and now the pot of gold is running dry. It is time to recognize what we can and cannot afford to pay for in this state.

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

None

## **Access to healthcare + follow-up treatment**

**Kathleen**

### **What could the Department of Health Services improve?**

1) Inviting input from free and community clinics would help identify areas which need the most attention.2) Increase reimbursement to a level which covers the Providers' overhead. This would increase Provider participation both for primary and specialist care. I realize this is counter-intuitive to the current economic situation, however, with improved access and more timely care, medical conditions will respond to more economic treatments and prevent more catastrophic care needs into the future.3) Health care literacy: patients who come to our free clinic are given hope about access and are empowered to take an active role in their physical well being. Knowledge helps them be compliant to most treatment plans.4) Persons being released from Prison should receive Medicaid before leaving incarceration. Many have chronic and serious conditions, and will usually not be employed or have the resources to pay for healthcare for at least 6 months.5) Persons who qualify and are approved for disability would benefit greatly from Medicare enrollment immediately. If I understand it correctly, they are required to wait 2 years for Medicare. They lose their jobs because of health issues; they cannot afford Cobra on disability payments; it would make more sense to give them insurance earlier in their disability than later -- perhaps treatment would improve their situations enough that they could get off Medicare and Disability with reviews.6) Food Share provides recipients with nutritional needs, however, very unhealthy foods are often purchased with these dollars. Obesity is a serious public health issue and perhaps the Food Share program could be limited to support only the purchase of healthy foods in the dairy, meat, vegetable, and fruit categories. Power drinks, sodas, chips, etc could be non-covered items like soap, laundry and paper products.

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

1) Many Generic drugs are available at the following pharmacies: Walmart, Target, Sam's Club (no membership needed for pharmacy) and K-Mart. A few remaining independent pharmacies also offer these great prices. \$4 per month or \$10 for 90 day supply is affordable for most people up to three or four prescriptions per month. Why offer drug coverage with a \$5 co-pay and paper work, when the patient could buy it for \$4 cash?2) Earlier access to care prevents serious long term complications of diabetes, hypertension, and other illnesses and saves dollars in the long run.3) Physicians have the training and knowledge to make the best decisions on behalf of their patients. Trust them. Support those who are trying to make a difference.4) Physicians need to be educated about patient drug assistance programs and need support in helping their patients access them. System employed physicians often are insulated from the financial issues of both their practices and their patients. 5) Some feel that electronic medical records are a cost saving measure. The huge cost of the software and tech support would make me question its return for the dollar.... What it helps is data collection, but how does that touch the patient at street level.

## **Medicaid**

**Susan**

### **What could the Department of Health Services improve?**

Reduce spending costs for transportation of qualified medicaid/medicare recipients. I currently work for one of the managed care organizations and our company alone spends 2.8 million dollars of Wisconsin tax payor money to provide valet, door-to-door cab service for members to receive medical care. Please don't misunderstand, while I believe some individuals truly benefit and need cab and wheelchair transportation services, there are several individuals who are capable of taking the bus, a large transit system already in place in Milwaukee. Then, there are member's who commit fraud and believe transportation is a right and not a benefit. In addition, why is this program only offered in Milwaukee, what about all of the outlying area's of this state. Our company spends \$1,600 in bus tickets versus 2.8 million in cab fare - what a dishonor to the tax payors of a state over 5 billion dollars in debt.

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

During the spring, summer & fall, DHS should require managed care companies to evaluate if medicaid/medicare member is ambulatory and would understand how to take mass transit, the bus system, and if yes, the member should be required to take the bus for their medical appointments. This state needs to get creative to continue programs for those truly in need but stop robbing the tax payors blind and start spending responsibly and sensibly, we owe it to ourselves, every citizen of this state.

**IM maintenance workers**

**Teresa**

**What could the Department of Health Services improve?**

The Department of Health Services could improve services by keeping the eligibility determination at the county level and keeping the county offices open with experienced county workers. People in our communities need to have a place they can go to get their questions answered in a timely fashion and to have their benefits determined timely and accurately. To not have these ESS/income maintenance departments in the counties would be a huge mistake and disservice to our customers. The ESC is a huge example and should have taught a lesson as to how NOT to do something.

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

The income limits for Badgercare could be increased and a larger monthly premium assessed for those eligible. Also, there could be some larger copays as families need to be more responsible for their care costs. Also, we should be covering preventative medicine and alternative cares as options.

**IM Administration**

**Fred**

**What could the Department of Health Services improve?**

None

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

Continued effort with State/County partnership re: IM Administration. Concerns regarding cost shifting to counties if family care caps are imposed.

**Certified Recovery Coach Program**

**Mark**

**What could the Department of Health Services improve?**

The Department has spent a lot 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 transition out of treatment, jail, and prison. These people need the help and just volunteer models aren't enough. I am prepared to help implement a wonderful model that is also supervised 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 society. 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 researched every model I can find and this one is the cheapest and best model available, I already have permission 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!!!

## **Medicaid**

**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.

## **All programs**

**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.

**Other options to increase revenue to balance budget**

**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 embarrassed to say I live in Wisconsin.

## **Katie Beckett program under the Medicaid Program**

**Elizabeth**

### **What could the Department of Health Services improve?**

I have a 9 year old son with CP (cerebral palsy). He has also had a valve replacement. He is a bright, fun child who is in a regular classroom at school, keeping up with his peers, and pulled out only for Math. His CP does not allow him to walk for very long distances, he uses a walker for short household/school walks and uses a power wheelchair for keeping up with his peers and getting around. We have him in a stander daily along with stretches and exercising. My frustrations in dealing with Medicaid include the following:1. Paperwork - each year I fill out the same LONG forms. My sons CP will not change. Every other year we have a visit from the KB representative. Why? I have been told that I could fill out a form to elongate the time between visits but have to obtain this form and to then meet with a social worker through the department of Health. This does not seem to be a cost effective solution. Why can't I do this on my own? We do not need to be on more list, meet with more state paid employees, and require more costs to our government to take care of our child. Streamlining this system, decreasing paperwork, making websites straightforward and decreasing all of the middlemen/woman is what we should be doing.2. Again Paperwork related. To obtain outside therapy for our son (with CP periodic physical therapy is needed), prior authorizations(PA) are required. These PA's take hours of non-reimbursed time for the physical therapist (PT) to complete. We have never had a PA that has then not asked for more information ...again more non-reimbursable hours for the PT and they are typically asking for information that was included in the original PA.

The PA requirement has had a DIRECT impact into the cost of obtaining outside therapy for everyone. The hospitals and clinics have increased the bottom line cost of therapy to pay for these non-reimbursable requirements by Medicaid. As a parent of a special needs child, over the years I have paid out of pocket to make sure that my child receives the care that he needs when we have been denied services. When he was 2,3,and 4 the average cost of an hour of therapy was around \$120. This past summer we were quoted over \$400. I can't afford that...thankfully we appealed our denial by Medicaid and the judge ruled in our favor and my son was able to obtain therapy. Other consequences of paperwork/requirements on everyone's healthcare ... our town hospital eliminated their pediatric therapy department and we now must travel to the next town to obtain outside therapy. No longer will many hospitals and clinics want to play the ever losing game with Medicaid...they can't afford to do this. In the end our children's healthcare loses out.3. It is frustrating having an administrative law judge decide the healthcare of my child. I prefer having a licensed professional in the health arena that has actually touched and seen my child decide what his needs should be! Our therapists and doctor's are licensed by the state.

We must trust them to know when children need or do not need therapy or services.4. The school system is reimbursed by Medicaid for providing medical services. This has GREATLY impacted our ability to obtain outside therapy for our children. My son is in a regular educational room. His SCHOOL therapy needs are very different than his medical therapy needs. We can not blur these differences or needs and that is what is happening - in the end children are not being taken care of in our state. I do not feel that the schools should be charging Medicaid for services. They are eliminating our ability to care for our children. A school therapist does not have the time or resources to provide medical therapy to children with motor issues such as mine. She has her hands full just making sure that my child is functioning and keeping up with his peers in his classroom which is her job.5. We must work with local dentists to improve their reimbursement rates. Building new/large clinics and bringing in more infrastructure is NOT the answer - this is just costing tax payers more money. We have dental chairs but must be able to at least cover costs for local dentists. If Medicaid does not have the money for this then they need to eliminate dental coverage or give a one time voucher for each recipient to find a dentist to help with their care. 6. Go over every piece of paper that must be filled out and ask: Does this paperwork requirement increase the cost of healthcare? Does this actually streamline services? Does this improve the quality of this program and allow tax dollars to actually help families and children or does it just produce a job for someone in government? Does this eliminate fraud and waste or are there better, more efficient ways to do this?

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

Please see #8. To paraphrase:1. eliminate paperwork that leads to increased costs or imposes costs on other healthcare partners such as the Prior Authorization requirements.2. Eliminate schools from being able to charge for medical services.3. Streamline, streamline, streamline but do not impose costs on other entities that increase the cost of healthcare for others.Thanks so much for reading/listening and please do not hesitate to call me if you have questions with anything that I have written. Sincerely, Elizabeth Ivankovic