



**Department of Health Services - State of Wisconsin  
Town Hall Results  
Other Respondent (SeniorCare Program)**

**Carolyn**

**DHS Staff**

**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

**Margaret**

**DHS Staff**

**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 Spring, 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

**IRENE**

**ES Worker**

**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.

**Amy**

**Dietitian**

**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

**Marilyn**

**outraged citizen**

**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.



**Zirk**

**Former Public Employee**

**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 analyses 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 utilize 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**

**ADRC**

**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.

**Christine**

**AFSCME Co 40**

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

1)Repair, update, complete: CARES/CWW fixes - system issues seriously hinder efficiencies. 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.

**Danita**

**I work with people that utilize these programs**

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

The Department could improve the quality of services by making sure that the consumer knows who their contact person is at the local level. Taking that away by consolidating income maintenance or economic support will turn people away and leave them with nothing. It will impersonalize a very delicate and personal subject for some elderly, disabled or mentally handicapped individuals. It will complicate the process, require additional staff to supervise the contracted providers and will create more inefficiencies. Honestly, The Department of Health Services could improve by seeking out new leadership - starting with the Governor and working it's way down.

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

Cost savings could come by looking at the management costs associated with the CMO's that are contracted to provide the family care services and putting a salary cap on those management people. CCCW and potentially other CMO's have a very top heavy management team, pays the management very well and then nickle and dimes the consumer - thus taking away services. Retaining Senior care as an option for those persons already enrolled would be a positive program versus forcing the elderly to enroll in Medicare Part D. Badger Care Plus is a wonderful program that supports young adults struggling to get by in this world. He has allowed people to access medical care and focus on preventative services versus trying to deal with something after the fact and much more costly. I would also suggest retaining support of Family planning services. They provide much more than abortions. The alternative is lack of access to female health care and pregnancy preventative options, the alternative women not taking care of themselves and those that end up pregnant as teenagers or having an unwanted child and abusing or neglecting these children - a much costlier social problem than just paying for birth control.

**Mark**

**I am a consumer, and work for a provider, also I have my own business**

**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!!!

**Kristi**

**Registered Dietitian**

**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**

**Tax payer**

**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.