

DEPARTMENT OF HEALTH & FAMILY SERVICES

Tuesday, February 27 ~ 3:30 – 5:00 pm

Facilitator: Patricia Schanen

Access to Dental Care

Issue: Access to dental care for low income uninsured and public program residents is severely limited in Douglas County and the surrounding area.

Background: Shortage of dentists, historically low Medicaid payments, and few safety net providers has created challenges in Northwestern Wisconsin for many years. The existing dental care delivery system works for the majority of the population, but is failing to meet the needs of low income or uninsured individuals in this state. Private dental practices and group practices are filled to capacity with patients who are insured or who are able to pay out-of-pocket for the services they obtain. The current system of dental delivery is ill-equipped to provide the services necessary for populations that have historically lacked access to care. The medically underserved, when they do find a dental access point, are often in need of time-consuming and costly restorative care, and are often in need of enabling services such as interpretation services, transportation, and case management. Providers who work with these populations have an acute awareness and sensitivity to the socioeconomic and cultural barriers that these folks experience in daily life and in obtaining appropriate and ongoing health care.

In late 2005 the Lake Superior Community Health Center opened a dental clinic specifically to serve low income, public program, and uninsured residents of the area. This dental clinic has a current capacity of approximately 480 dental visits per month. While an excellent addition to our area, the clinic does not have sufficient capacity to meet the level of need in the area for dental access. Ways to expand dental access continue to be critical in Northwestern Wisconsin.

Proposed Action: The State of Wisconsin needs to attract and retain more dentists, many of whom would gladly work in Health Centers, helping the underserved with their oral health needs.

The state Legislature should enact legislation in 2007 that would:

- Recognize the valid licenses earned by dentists who come from other states or countries;
- Recognize all regional dental exams so that trained dentists can begin working in Wisconsin soon and easier;
- Allow foreign-trained dentists to be licensed in Wisconsin to take advantage of the skill and expertise earned by the global workforce;
- Create a tuition subsidy for in-state students who desire to treat underserved populations and Medicaid patients for a time after graduation; and
- Expand the scope of practice for dental hygienists so they can better treat Health Center patients.
- Expand funding to Community Health Centers specifically targeted to dental access expansion
- Provide ongoing state funding subsidy to Community Health Centers to help support sliding fee dental care for low income uninsured residents
- Support Governor Doyle's initiatives to expand dental access. Specifically,
 1. Governor Doyle's request to spend almost \$4 million of the State's newly received federal income augmentation funds into one-time competitive grants to support dental access initiatives.

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2. BadgerCare Plus budget proposal, in which the Governor is proposing to spend \$8.8 million to support creative approaches and solutions to the dental crisis for low-income and underserved populations, with a particular focus on children.

For further information contact:

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Assistive Technology

The citizens of Northwest Wisconsin request:

- **That the Department of Health and Family Services continue to support Assistive Technology options that enhance the independence of People with Disabilities.**

The citizens of Northwest Wisconsin recognize the importance of Assistive Technology in allowing citizens to gain and maintain independence and realize the American dream. A long time supporter of WisTech, Wisloan, Telework, Agrability and other initiatives, we implore the state to embrace the reauthorization of the Assistive Technology Act with zeal. Assistive Technology represents freedom for consumers and cost savings for communities especially with the advent of Long Term Care redesign.

Possible Action: Independent Living Center's Assistive Technology programs are a vital resource. The under funded program consistently has increased demand, especially with the advent of LTC redesign. We recommend support for the initiatives that will enable Independent Living Centers to have 1 FTE position devoted to Assistive Technology.

For further information contact:

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Human Services Transportation

Transportation is identified as a fundamental component of service under the new long-term care management scheme currently under considerations by our region's nine-county consortium. Yet many rural residents have access only to volunteer driver transportation which often doesn't provide lift-equipped vehicles necessary for people with disabilities. In addition, the recently completed statewide transportation provider survey shows only a small number of specialized transportation providers for Northwest Wisconsin. Many of these providers do not make short trips, even to medical facilities.

During the summer of 2006, the Wisconsin DOT requested Northwest Regional Planning bring together transportation stakeholders from each of the ten Northwest Wisconsin counties to develop Public Transit Human Services Transportation Coordination Plans.

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According to the county plans:

- If transportation programs are able to pool resources and coordinate services, they will result in better access to transportation.
- Rider specific eligibility requirements and funding make coordination difficult to accomplish.

DHFS can provide significant leadership for change to address these issues:

- Maximize flexibility for riders and providers, fast-track all certifications, and streamline eligibility to encourage new and expanded transportation capacity to support a viable long-term-care infrastructure.
- Maximize department support for regional (multi-county, multi-provider) coordination through the Inter-Agency Coordinating Council on Transportation.
- Evaluate the impact of MA transportation rate structures on a regional basis.

For further information contact:

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Long-Term Care Reform Initiative

The citizens of Northwest Wisconsin request:

- **That an equitable contribution supporting the expansion of FamilyCare be developed for all counties.**

The Governor and the Department of Health and Family Services are committed to long-term care reform and have announced an “expansion of FamilyCare” within the next five years to achieve this goal. Expansion cannot be fully realized within this time frame without the contributions that counties are currently making to the long-term care system.

The Department of Health and Family Services in developing its 2007-2009 budget request to the Governor proposed that county contributions to long-term care support will be frozen at the 2005 level as expansion occurs. The total of the contribution made by counties is \$95.7 million statewide in Community Aids and local county levy. However, contributions are unevenly distributed across the 72 counties. Individual county contributions range from zero percent to 26.8 percent of all funds spent on home and community based waivers.

Recognizing that counties do not currently have the ability to levy more taxes due to the property tax freeze, the Wisconsin Counties Association (WCA) has recommended that over a ten year period the contribution made by counties be limited to 22 percent of the Base County Allocation (BCA) or the current contribution identified by the State, whichever is less. WCA has also proposed using county contributions from fiscal year 2003, 2004 or 2005, whichever is most favorable to counties. While this methodology is more appealing to counties and it appears the proposal was included in the final DHFS proposal to the Governor’s budget, it still does not address the inequity of between those counties who will contribute 22 percent of their Base County Allocation and those that will pay less.

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We advocate that a common contribution be developed for all counties. This could be a standard 22 percent of BCA, however, as previously stated this would prove difficult for counties who currently provide less than 22% since most counties are unable to levy additional taxes; the required contribution could be based on the contributions established by counties who are contributing less than 22% of their BCA; the State could choose to “buy out” the county contribution entirely; or another methodology could be proposed. No matter what method is used to determine the final cost, it should be equitable to all counties in the State.

We support equity among counties and strongly object to perpetuating a system that imposes ongoing financial penalties to those counties who in the past made a larger financial commitment of local dollars to the elderly and disabled in their communities. Had they not done so, there would have been even larger waiting lists.

For further information contact:

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Medical Assistance Transportation Prior Authorization of Volunteer Drivers

The citizens of Northwest Wisconsin request:

- **A change to the Medical Assistance (MA) manual that eliminate the requirement to prior authorize MA transportation to medical appointments and procedures when the transportation is provided by volunteer drivers, family or household members, or consumers who drive themselves. Instead, require that documentation be submitted that provides proof that a medical appointment was kept.**

Currently, in order to approve Medical Assistance (MA) transportation reimbursement to volunteer drivers, family or household members, or consumers who drive themselves to medical appointments, prior authorization is required. This requirement is time consuming and administratively burdensome to counties. It requires that the consumer call us prior to the appointment time in order to establish reimbursement for their transportation, even though they are not required to prior authorize the services that they receive from most medical providers. It requires counties to log appointments and verify that the appointment was prior authorized before approving reimbursement when a request is submitted. It does not, however, provide us with any evidence that an appointment was kept. Which, in turn, does not allow us to easily detect abuse or fraud, nor does it make allowances for consumers who do not remember to prior authorize their appointments.

Many counties currently require drivers to submit documentation that provides proof appointments were kept. This allows county staff to see that the patient was seen by a medical provider and it has made it possible to more easily detect fraud. Unfortunately, it also doubles the workload for county personnel who are already prior authorizing MA transportation reimbursement.

The problems:

1. Prior authorizations are time consuming and administratively burdensome.
2. Prior authorizations do not allow county personnel to detect fraud.

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3. Prior authorizations penalize consumers and/or drivers who neglect to or who, for legitimate health reasons, may not remember or be able to prior authorize appointments.

We support the reimbursement of medical mileage to eligible low income recipients and advocate for a system of checks and balances that promote accountability for reimbursement of MA transportation, but do not prove administratively burdensome.

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Mental Health and WI Medical Assistance Program (WMA) Rates

In Douglas County, we continue to experience particular difficulty finding and adequately supporting mental health and substance abuse providers who service WMA recipients. The mental health and substance abuse treatment areas are two areas where WMA reimbursement is significantly below provider's cost to provide the service as well as significantly below the State of Minnesota Medicaid reimbursement rates. For example, for one hour of psychotherapy provided by a master's level psychotherapist, WMA reimbursement is \$55.00 per hour and in Duluth, Minnesota (sister city to Superior) Medicaid reimbursement is \$75.60 per hour.

As Duluth and Superior are sister cities, the providers and agencies in both cities compete for employees from the same pool of workers. The ability to successfully compete for workers on the Wisconsin side is seriously impacted by the low reimbursement rates. For master's level psychotherapists, starting salaries in Superior are \$10,000 to \$20,000 less in Superior than Duluth. There are not enough mental health professionals residing in Superior to fill our positions and we must compete with Duluth for employees. This presents a hardship for provider agencies to recruit and maintain adequate staff.

For further information contact:

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Public Assistance Programs Proof of Citizenship Alternatives

The citizens of Northwest Wisconsin request:

- **That DHFS work with the federal government and other states and/or agencies to develop low cost alternatives to establishing verification of citizenship when low income individuals are applying for public assistance programs.**

Currently, in order to become eligible for public assistance programs, it is necessary for applicants to provide proof of citizenship. We request that DHFS work with the federal government and other states and/or agencies to develop low cost alternatives to establishing verification of citizenship when low income individuals are applying for public assistance programs.

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Low income individuals come from many different backgrounds and life experiences. In some instances, conditions or circumstances exist that make it difficult for individuals or families to retain the original birth records or other identifying papers that verify their citizenship. Nomadic life styles, chaotic living situations, domestic violence, poor mental health, and/or alcohol and other drug abuse are examples of what might adversely affect a person or family's ability to provide this documentation. When these individuals apply for public assistance, they may not easily be able to locate the documentation and are often unable to afford the fees that are associated with getting new documents.

The problems:

1. Some low income individuals do not easily retain documentation that provides proof of citizenship.
2. Some low income individuals cannot easily access or determine how they will access documentation that provides proof of citizenship.
3. There is no uniform process or standard fee associated with obtaining verification of citizenship.
4. Low income individuals or families may not be able to easily afford the cost of the documentation required to verify citizenship.
5. Due to the applicant's circumstances or the origin of the provider of documentation, some programs do not allow adequate time to waive the verification requirement to allow enough time for the acquisition of appropriate documentation.

The proposed solutions:

1. Develop and/or propose solutions that would enable the verification process to be completed nationwide in a cost efficient and timely manner.
2. Work with the federal government to provide for more agency discretion to allow for adequate time to obtain proof of citizenship when needed.

We understand that verifying citizenship is a federal requirement, but hope that DHFS and the State of Wisconsin can take a lead role in proposing solutions that will benefit the poor and needy in our communities. Modern technology can and should be used to provide a cost efficient and standard manner of obtaining proof of citizenship when it is needed to obtain eligibility for public assistance programs.

For further information contact:

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