



STATE OF WISCONSIN  
BOARD ON AGING AND LONG TERM CARE

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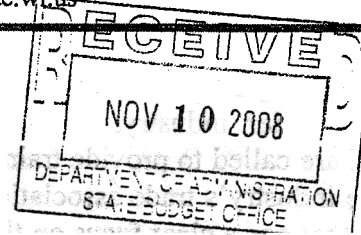
November 10, 2008

To: David Schmiedicke, Budget Director  
Department of Administration

Laurie Palchik, Budget Analyst

Fr: Heather A. Bruemmer, Executive Director

Re: State Operations Reduction Plan Proposal for FY09-11 and FY09 Budget Lapse



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The Board of Directors of the Board on Aging and Long Term Care has struggled with this proposal as it did two years ago. As we stated then, because our GPR budget is devoted nearly entirely to the operations of the Long Term Care Ombudsman Program, any cuts will necessarily come from this program area.

While it is technically considered a "state operation," the Ombudsman Program provides direct services to long-term care consumers that are not otherwise available from county, state, federal or non-governmental sources. The Long Term Care Ombudsman Program is a federally created entity, incorporated by reference and enabled by Wisconsin Statute at § 16.009(4)(a). The public policy implications of a reduction in service necessary to comply with this cut back in operations would be enormous. Most importantly, this reduction would represent a significant diminution in the amount and quality of services delivered to and assuring the health, safety and well-being of Wisconsin's elderly long term care consumers.

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Currently, each Ombudsman is available to provide services to approximately 5,300 long term care consumers. This is in contrast to the recommendation made in 1995 by the National Institute of Medicine's study committee that services should be provided with a ratio of 1 Ombudsman for every 2,000 nursing home residents. The Institute did not consider, in making its recommendations, that Ombudsmen would also be providing services to residents of assisted living and other forms of long term care as well as to nursing home residents who were the original intended beneficiaries of the program's attention.

By the very nature of the program's design and focus, Ombudsmen interact with and advocate for the interests of the state's most vulnerable adult citizens. The unfortunate reality is that some long term care providers either inadvertently or intentionally deliver services to their consumers in ways that do not always respect the best interests of those residents. Ombudsmen are a safeguard for the residents to contact, confer with and rely on for direct advocacy to resolve concerns and complaints directed against their care providers, family or others.

Ombudsmen usually begin their advocacy with the intent of avoiding referral to the state's licensing agency. Wherever possible, it is the desired result that problems be resolved without resort to regulatory means. Ombudsmen also are a resource and store of information for the providers, themselves, to access. Ombudsmen offer training and assistance specifically designed for facilities that can be used to give direct care staff up-to-date information, techniques and ideas to improve the quality of life and quality of care for the residents.

Over the years, the Long Term Care Ombudsman Program has earned the respect and trust of the long term care provider industry, the Legislature, the medical community and the public. Ombudsman staff are called to provide training to individual facilities and to deliver information to meetings of the industry's trade associations. Ombudsmen are recognized as an unique arm of state government that has a clear focus on the rights and welfare of individual consumers of long term care and, at the same time, is dedicated to achieving systemic improvement in the state-wide delivery of these services. In this context, and considering the remarkable effectiveness of and respect for the agency's resident advocacy, the Wisconsin Long Term Care Ombudsman Program has been held up as a national example for states seeking to model their Ombudsman programs after ours.

Within the Board on Aging and Long Term Care, there are two primary service programs, the Long Term Care Ombudsman Program and the Medigap Helpline. Medigap is an insurance information and counseling service focused on addressing the needs of Medicare consumers and persons of or approaching retirement age who need assistance in navigating the complex array of insurance options available to older Americans. The Medigap program is funded through OCI and the federal State Health Insurance Information and Assistance Program (SHIP).

By definition, this agency cannot lapse federal dollars. Because the funding source for Medigap operations is predominantly these non-state dollars, any reductions in GPR funding for BOALTC will have a disproportionate negative effect on the Long Term Care Ombudsman Program. The agency has submitted a request for a 9.1% increase in GPR funding for the FY09-11 budget just to maintain the current Ombudsman service levels in the next biennium. In light of the importance of the agency's programs to the public health, welfare and safety, it makes no sense to follow through with the plan to reduce this agency's operating expenses by 10% and to require an additional lapse of \$18,000. The combined impact of these moves would result in a nearly 25% reduction in funding from the anticipated needs of the Long Term Care Ombudsman Program.

**The Board respectfully requests that this agency be exempted from this reduction in resources in the FY09-11 Budget and the FY09 lapse of \$18,000.**