



State of Wisconsin
Governor's Committee for People with Disabilities

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Governor's Committee for People with Disabilities
Meeting

Thursday, September 10, 2015
9 AM to 4:30 PM

Options for Independent Living
555 Hunt Club Rd.

Green Bay Wisconsin 54313

Videoconference Link

Telephone Conference

Minutes

Members Present: Nancy Leipzig, Ben Barrett, Sandy Popp, David Morstad, and via conference line/video link, John Hartman, Maureen Ryan, Justin Vollmar, and Dan Laatch

Members not present: Robert Schlaeger representing Lieutenant Governor Kleefish, Patricia Williams and Tom Fell

Members excused: Lee Young, Ramsey Lee, and John Olson

Staff: DHS Dan Johnson via video link, Tammy Hofmeister, Amy Thomson, Gary Roth (providing IT assistance), Jared Jansen (Providing close captioning)

Guests: Brian Shoup, Administrator Division of Long Term Support, Department of Health Services, Margaret Kristan, Director of Bureau of Managed Care (BMC); Jody Brassfield, IRIS, Carrie Molke, Director Bureau of Aging and Disability Resources, Grant Cummings, Ted Marshall, Julie Hyland DLTC, Linda Vegoe CAP, Amy Thomson, DLTC, Ellie Hartman – DWD PROMISE, and Kurt Roskopf, Member of the Council on Physical Disabilities

9:00 AM Welcome And Introductions-Nancy Leipzig

9:08 AM Meeting Called to Order

Review and Approval of Agenda-Nancy Leipzig. Added Linda Vegoe and DVR Changes to the agenda. Sandy Popp motion to approve agenda. Ben Barret seconded. Motion approved.

New Business:

9:15 AM Overview of Changes to Long-Term Care Approved in Act 55 (Biennial Budget) - Brian Shoup, Division of Long-Term Care Administrator; Jody Brassfield, BLTCF, Office of IRIS Management-Director Carrie Molke Bureau of Aging and Disability Resource Centers Margaret Kirstan Director Bureau of Managed Care

Grant Cummings Section Chief
Ted Marshall BPM
Julie Hyland DLTC Communication Director
Brian public hearing held last night in Green Bay 75 people came

Discussion of FamilyCare/IRIS 2.0

Email testimony to : DHSFCWebmail@wisconsin.gov

Website address and sign up for the distribution list:

www.dhs.wisconsin.gov/familycareiris2/index.htm

Materials referenced and shared at the meeting: Act 55, PowerPoint, Q for stakeholder testimony and Public Hearing Notice:



Act 55.pdf



PowerPoint
dhs-publichearing-092



Questions to generate
Stakeholder testimony



dhs-publichearing-09
2015.pdf

For the latest information go to:

<https://www.dhs.wisconsin.gov/familycareiris2/index.htm>

- Act 55 Stakeholders 2 public hearings and develop Concept paper to submit to joint finance committee. Approve/Disapprove
- If approved design program
- If disapprove, re develop concept paper
- Time line to implement FamilyCare/IRIS 2.0 is 1/01/17 subject to CMS approval
- Attempt to meet deadline. Quality creditable program first priority
- Want to surpass minimum of 2 public hearing increased to 8 public hearings; hearings in Milwaukee, Wausau, Hayward, La Crosse, 2 in Madison and one for the tribes to be held in Wausau
- Additional discussions that will be less formal to be had with each of the Governor appointed committees and councils that are in statue
- Concept Paper description is in Act 55 and it outlines information necessary
- Public will have another comment period after the Summary of Concept paper. Goal is to be substantive not 3 page exec summary. Flexibility needs to be acknowledged with the Concept Paper because CMS may have other thoughts and comments about the proposed concept
- Two (2) large management retreats to plan how to do this process have taken place so far. The process is being determined not what is in the Concept Paper. So far there are 170 decisions needing to be made in the process. A Management Format and 5 workgroups overseeing those decisions that need to be made are being used to develop this process.

- Margaret : PP Slide 2: purpose public hearings; Slide 3 format of formal public hearings etc. see PP; Slide 4 WI leader in nation long term care Slide 5 41,000 people in FC
- Slide 6 Jody Brassfield =IRIS today 12,000 people and those people employ 15,000 direct care workers fully self- directed, fully budget and employer authority Slide 7

Nancy Question= Can the Committee receive the number of people enrolled in the Legacy waiver?

Answer Margaret= Yes we can get those number for you and the waitlist numbers too

- Jody Slide 7 Integrated Health Agencies IHA's Office of Commissioner of Insurance (OCI) doing the business of insurance. IHA's will be licensed as insurers.

Sandy Question= are the insurance requirements the same as what MCO requires?

Answer: No they are not the same. There will be the MCO requirements plus other requirements. DHS needs to submit to CMS for approval.

- Goals: 1) eliminate waitlist and 2) have choice of IHA in each region 3) and have choice within the model of full managed care and full IRIS. Slide 10 no change

Nancy Question: Will there still be the nursing home and non-nursing home level of care (LOC)?

Answer: Brian no change in that

Maureen Ryan Question: You said that there will be a choice between full self-direction and full managed care can you do some of each?

Answer: Brian, continuum of self-direction will be available long term care and supports. **Maureen Question J waiver self-directed personal care across the board**

Brian haven't talked about that yet.

Carrie Molke Question: is that something you want?

Answer Maureen: YES need to have personal care out of the home to be employed!

- Slide 12 Margaret Family Care/IRIS 2.0 Timeline assumes 1/1/17 may change
- Slide 13 Margaret continue core principles
- Slide 14 Margaret: Quality
- Slide 15 Public hearing process Public hearings will be webcasted

Maureen Question request accommodations.

Answer Julie Hyland each hearing will have a sign language interpreter at each hearing. No need to make a request they will be there. **(Note: If the hearings will be available via videoconferencing, then you will need to provide close captioning of the hearings also.)**

- Julie Hyland provided business card with public hearing information on them.

Discussion about ability to change IHA: Will people be able to change their mind? Don't want like Medicaid Part D. Want to be able to switch IHA!

Sandy would like to be adjusted the first couple of years.

Carrie Question: Now people can change mind at any time. What time period would you like?

Sandy Answer: Would like change at any time same as is now.

- Brian requested to hear from people. Would like to hear about 1) Enrollment Periods, 2) Policy on FC/IRIS 2.0 # regions, 3) Quality Outcomes and Measurements, 4) Program Integration of primary and acute care, and 5) Role of ADRC's. Also anything else people would like to share about how 2.0 will work.

Nancy Question: What is the role of ADRC? Switch with ADRC or another entity?

Answer Carrie: What would you like to see?

- Margaret: Dual eligible design will effect enrollment
 - Brian: The legislature is concerned about 1) cost effective services/sustainability 2) how we plan for quality and ensure contained costs
 - Nancy Question: mental health and behavioral health component how does it integrate into the FC/IRIS 2.0. Maureen tricky will dual eligibles?
 - Maureen Comment: use of IDT in FC waiver is not cost effective. Please work with CMS to set up criteria to waive the requirement.
 - Margaret and Brian said the goal is to figure out what we want the model to be and then figure out how to get it.
Nancy comment: Issue now is that the Medicaid card can be used in the system anywhere, but with 2.0 that will change!
Dave comment: with regard to quality measures the language in Act 55: "typical approach commitment to quality and oversight" needs to be done by a separate third party.
Brian comment: compliance and quality are confused.
Margaret comment: Metastar compliance wants to move towards quality review.
 - Nancy stated that Council will address at a minimum the 5 questions
 - John Hartman Question: Will the 170+ questions be made available for review?
 - Brian answer: No! Interested in state policy and advice about the state policy
 - Brian comment= Stakeholders are: consumers, advocates, providers, IHAs provider networks, taxpayers any citizen in state of WI
 - Ben Question: MAPP changes. Brian issue DHS is supportive of changing MAPP to work better for people.
 - Sandy: Rep. Jauch is willing to introduce and DHS is not being contacted and Jauch wants to talk to the DHS.
- *Carrie Molke will be responsible to contact Rep. Jauch office for the meeting to discuss DHS position on MAPP

10:45 AM Break

11:00 AM An Introduction to the Family Care and Children's Long-Term Care Behavioral Health Teams - Bret Loescher, Psy.D., Section on Mental Health Services, Bureau of Managed Care and Robin Joseph, Ph.D. Section on Behavioral Health, Bureau of Children's Services.

- Bret's background: ODTC Oconomowoc Developmental Training Center, Lad Lake, Mental Health Director in Dane County Jail 6 weeks, in current position in DHS 3 months. Job is to Integrate behavioral health services into FC, Talking to people about issues,
- MCO Training coupons MCO will distribute the coupons for trainings from UW Oshkosh given to MCO Dementia and Crisis response
- DHS Data base that MCO has access to homes that typically work with those providers, HIL, Brotoloc, REM etc. 30 members posted needing support. Use of SWC, IRIS dis enroll or ICF No stats. **Maureen would like stats for ICF.** Concern number of days people are spending in ICF. **Specifically SWC**
- ***Bret will get stats for SWC for IRIS participants for the Committee.**
- Robin Joseph Children Services since March 2015. Provides consultation and technical assistance and support to the DHS. 6,100 kids on waiver 2,400 kids on wait list
- Nancy invite both back 6-12 month and see what is happening

11:47 AM Update on the Legislative Audit of Nonemergency Medical Transportation – Brian Sean Thomas and Tip Thom, Division of Health Care Access and Accountability

Insert Leg Audit Bureau Recommendations here

- Talk specifically DHS in response to leg audit non-emergency program.
- Early 2014 authorize audit of NEMT program in six (6) major areas 1.) Changes in administration 2). Trends and expenditure 3.) Program oversight, 4).complaints, 5.) Satisfaction for NEMT, 6.) Areas of improvements. Report 15.4
- Briefing, highlights and full audit report.
- Recommendations: 7 recommendations and 4 reporting
- 1. Consider developing additional performances standards related to caller hold times and abandoned calls. Call center NEMT. Average speed to answer standard. Needs to be 4 minutes or less. 100-110 people work at the call center. Researching industry standards to implement to adapt these for performance measures
- 2. Discontinue certifying specialized medical vehicles providers whose vehicles are not inspected under state statues and alter its policies accordingly.

Maureen Q: 80 vehicles now down from 120 is this the issue?

Answer: No that is a different issue.

- NETM contracting with people whose vehicles that are not acceptable, no heat, cool, windows etc. working.

Question: How are the unannounced inspections going?

Answer: OK not found any major violations.

Question Sandy: How do you follow up?

Answer: Meet with network manager at DHS

- 3. Enforce contract provisions requiring MTM to provide every complainant with an update of the review being conducted within 10 business days. Trying to get complaints resolved in the 10 business days. MTM resolving the majority of MTM complaints within 10 days.
- 4. Amend its contract with MTM to formally establish the additional 14 business days it now permits for complaint review and notification. Expectation respond vast majority of 10 business days and no additional 14 days will apply
- 5. Amend its contract with MTM to notify complaints by mail when it will take longer than 30 business days to review and respond to a complaint.
- 6. Establish standards for the number or percentage of transportation provider no-show that will be permitted each month and for the number or percentage of scheduled trips for which transportation providers arrive more than 15 minutes late that will be permitted each month.
- 7. Corrective action plan that requires MTM to meet the new standards and report weekly to DHS on transportation provider no-show and late arrivals
- Report Requirements 1.its implementation of opioid treatment programs and the extent to which they may help reduce future NEMT costs (Largest expenditures Rehab is of NEMT costs)

Question Sandy: Capacity is down from 300 to 80. There is stress in rural areas. No providers available. Reimbursement rates are too low to keep vehicles going. Can DHS amend contract to different rates in rural area?

Answer David: DHS not involved in individual contracts with providers.

- Change of opioid treatment programs transportation costs and new treatment centers opening will hopefully reduce costs to NEMT appointments. Highest NEMT cost for DHS.

12:35 PM Lunch-Overview of Options for Independent Living and Tour

1:03 Walk On DVR Changes- Linda Vegoe CAP

- Changes occurring WIOA
- Increase services to high school students
- 15% of case service money must go to students in high school
- VR is also in a gate keeper role to divert people from sheltered workshops and provide outreach to people in workshops
- 30,000 students special education and 9,000 people in sheltered workshops
- Increase from 18 month of support like job coaching to 24 months and youth with most sign disabilities 4 years
- DPI waiting for final regulations
- VR can serve 17,000 for the system will have 39,000 people with WIAO regulations
- Proposed DVR Changes
 - There is a high cost per person for farmers with disabilities
 - Propose to prescreen farmers,
 - Pay only for assistive technology not the machine it would be put This would be a Rebalancing Initiative to reduce spending on farmers

- Current 126 farmers are receiving services for the first ½ of 2015 and 3.7 million has been spent
 - Farmer's cost \$29,000 per rehabilitation
- CAP demanded public hearing on the changes
- Proposed DVR Change:
 - Completely eliminate purchasing or repairing vehicles
 - 221 vehicles currently at a cost of \$5,900 per person
- Recommendations for Provider Capacity
 - Use innovation money from DVR
 - Contract with Stout or Tech colleges to credentialed job coaches and developers
 - Use Promise funds to work on the provider capacity issue and provider quality
- Proposed DVR Change:
 - Training grant stay same but temporary work experiences cut
- Challenge for public comment
 - Find other recommendations to cut spending in areas not involving students
 - VR must avoid waiting list because they will not be able to get the number of students required if there is a waiting list for certain Categories
- Can't exempt students from a Category /OOS order of selection! One exception if job is in jeopardy then they can receive services.
- Comments for GCPD: if can't eliminate car purchase, then keep person open to make sure they can successfully get to work. Should advocate VR for full range of services, if only to supplement income. Outcome based. What is DVR going to look like for FC/IRIS 2.0? Who is going to be providing the employment services to those not served by DVR? Push on DPI that they also need to have better outcomes and reduce the incidence of disability after school. Public comment is October 15th for VR services. Challenge is to find some recommendations instead of saying don't do what they are going to do. Can't use waitlist because youth are waitlisted too, and don't want to use waitlist.
- Sandy would like to get bullet points from Linda V. to develop Councils position for Oct 15 Public Hearing. Can provide Public testimony via a letter.

Bullet points from Linda Vegoe:



WICImpact.docx

1:15 PM Public Comment-None

1:54 PM Promise Grant Update - Ellie Hartman

- 1,132 enrolled keeping on pace to meet 2,000 target in April 2016
- 74 youth worked in community at least minimum wage since enrollment
- 143 family members worked since enrollment in Promise
- 80 family working with WICB

- 40+ financial planning
- 10 family's that started individual accounts
- WIOA youth thinks they will use Skills to Pay the Bills
- Self-advocacy training on line
- Training on individual basis is working best, better than group training.
- Family advocacy training.
- What's possible for employment? Individual model verses group model.
- Employment provider capacity issue
- Thinking about Promise utilizing Promise \$ and LGTW money to provide training. Make on demand training, make easy access spot and then after training find out what TA is needed
- Usual update on line "Ellie's Update":
https://promisewi.com/ellies-updates_participant-highlights/
<https://promisewi.com/download/promise-enrollment-service-stats.pdf>
- Not many changes in demographics

2:04 Overview of ABLE Act and how it might dovetail with MAPP. Amy Thompson, Outreach Specialist/Policy Analyst, Employment Section, Division of Long-Term Care
 ABLE Act National Resource Center

Attach ABLE handouts here

- Dec 2014 passed ABLE Act, like education 529 accounts
- Set aside income for needs and it is not counted against asset limit
- Who can have ABLE accounts? People with a disability before age 26 on SSI or SSDI or documentation from doctor
- ABLE not implemented yet, working on it
- Change to internal revenue code, waiting from final regs. from Treasury Dept so implement mid 2016 at the earliest.
- Qualified disability expenses: transportation, etc. get from Amy
- Save up to \$14,000/year only if over \$100,000/year affects things and not affect MAPP eligibility
- WI has chosen to do ABLE Acts
- James DiUlio, DOA in WI is watching ABLE Act, Working with SSA to figure out who has ABLE Act's like 529 accounts, only WI residents, other states join our fund, or WI could join another state's fund
- Hope that there would be options for ABLE accounts.
- Wants input from Council how many people will use it? Their guess 40,000.
- *Amy Thomson ask James what other states number are?
- Education needed to families and investment companies and gov.

- National Disability Institute is ABLE National Resource Center lead.

You Tube of the Presentation:

<https://www.youtube.com/watch?v=zU7MKPRsUds&feature=youtu.be>

Slide Deck:

http://www.realeconomicimpact.org/data/files/webinars/understanding_able_webinar_3.26.15.pdf

2:30 PM

Updates from Member Representatives:

- Statutory Council on Blindness-none
- Board for People with Developmental Disabilities-none Ramsey at BPDD
- Council for Deaf and Hard of Hearing-none
- Council on Physical Disabilities Ben Barrett update
 - National Council on Disability hearing in Madison
 - IDD mainly discussed, other councils didn't come
 - Small minority present for acquired disabilities
 - Professional there
 - LTC maintaining what we have
 - Nancy comment: Managed MA hearing from people in each state and sharing with CMS to advise the President. There were 10 hearings. WI was the last state.
 - Kansas information about KANCARE not good
 - Concerns about what is coming
 - WI Eye recorded hearing:
 - <http://www.wiseye.org/Programming/VideoArchive/ArchiveList.aspx?cv=45>
 - DOT changes to handicapped parking permit. Streamline hang tags approval by using online app so Doctor can do the process on a computer. Learn about it in Dec at next meeting. (Note: Dan has arranged to have an introduction to the new app at the December meeting: Introduction to new app that helps health care specialists certify eligibility to enable users to get their renewal of hang tags and license plates faster and more secure - Cody Castillo, US22, Lead Worker-Special Plates Unit, Department of Transportation
Cody Castillo- US22
Leadworker-Special Plates Unit
Wisconsin Division of Motor Vehicles
(608) 264-7288 Telephone
(608) 267-5106 Fax

3:00 PM

Continued Development of GCPD Work Plan- see attached for edits



Note:

*Education in work plan:

Have someone from DPI to come and talk about responsibility for serving you 14 to 22 so that they are ready to achieve their employment outcomes

John Hartman will be the Key Note speaker at Across the Lifespan seamless system stuff
March focus

There now being a Qorum Review and Vote on Minutes from March 2015. Ben made motion to accept the March minutes Sandy second. Motion passed

3:30 PM Adjourn

Motion to adjourn Sandy Second Dave motion passed. Meeting adjourned 3:30 PM

Next Meeting

Dec. 10th Crowne Plaza Madison

Agenda Items

1. Brian Peters ILC update Committee on housing issues, projects, and what they are working
2. Theola Carter, state plan housing for people with disability
3. Update: Family Care/IRIS 2.0 Brian, Carrie, Jody Margate anyone who wants to come
4. Discuss Soliciting nominations for awards Individual Excellence and Organization Excellence
5. DOT Cody Castillo
6. Voter Id presentation from
7. DPI presentation on responsibility to help 14 to 22-year-olds achieve their employment outcomes
8. Invite Enid Glenn to update on DVR policy.

To Do list;

Call Ellie Hartman and ask if Promise grant funds could be used to build provider capacity. Explore DWD DVR Innovation and Expansion funding to provide training and technical assistance develop provider capacity.

And then if possible GCPD start a request to provide funding for training, technical assistance and quality assurance to build employment provider capacity, especially for providers of support employment, IPS, customize employment, VFPS.

Nancy Question= Can the Committee receive the number of people enrolled in the Legacy waiver?

Answer Margaret= Yes we can get those number for you and the waitlist numbers too

Need to follow up with Brian to get numbers.

Slide 15 Public hearing process Public hearings will be webcasted **Maureen Question request accommodations.**

Answer Julie Hyland each hearing will have a sign language interpreter at each hearing. No need to make a request they will be there.

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***Bret will get stats for SWC for IRIS participants for the Committee.**

Need to follow up with Brett to get data.

Working Documents

1. Family Care/IRIS 2.0 Comments and suggested proposals
Council will address at a minimum the 5 questions
8 public hearings; hearings in Milwaukee, Wausau, Hayward, La Crosse, 2 in Madison and one for the tribes to be held in Wausau
2. DVR changes Comments and suggested proposals Oct 15th Public Hearing
 - Sandy would like to get bullet points from Linda V. to develop Councils position for Oct 15 Public Hearing. Can provide Public testimony via a letter.