



State of Wisconsin
Governor's Committee for People with Disabilities

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Quarterly Meeting
June 18, 2015
Crowne Plaza Hotel
4102 East Washington Ave.
Madison Wisconsin
Videoconference Link
Telephone Conference
Minutes

Members Present: Nancy Leipzig, Ben Barrett, Sandy Popp, Ramsey Lee, John Olson, Maureen Ryan, Justin Volmar, John Hartman, and via conference line/video link, Lee Young and Dan Laatch

Members not present: Robert Schlaeger representing Lieutenant Governor Kleefish

Interpreters: Shantel Woodmeier and Carly Beery

Staff: DHS Dan Johnson, Tammy Hofmeister, Amy Thomson, Gary Roth

Guests: Brian Shoup, Administrator Division of Long Term Support, Department of Health Services, Margaret Kristan, Director of Bureau of Managed Care (BMC); Gail Propsom, BMC, Jody Brassfield, IRIS, Ellie Hartman – DWD PROMISE,

9:00 AM Welcome And Introductions-Nancy Leipzig

9:05 AM Review and Approval of Agenda-Nancy Leipzig. Lee Young motion to approve agenda. Ramsey Lee seconded. Motion approved.

9:10 AM Review and Approval of Minutes-Nancy Leipzig. Were sent electronically to the Executive Committee and an approved with some minor corrections.



GCPD 03-12-2015
DRAFT minutes.docx

New Business:

9:15 AM Transition Planning for Home and Community-Based Waivers-Margaret Kristan, Gail Proptom, and Brian Shoup, Administrator, Division of Long-Term Support-Department of Health Services
DHS is working on the Transition Plan to meet compliance with the March 2014 CMS rule. PowerPoint provided:



061815 - Governor's
Committee for People

There is a 5 year transition period and all require public comments.

Question: Does CMS rule apply to all 50 states and the District of Columbia and Puerto Rico?

Answer: The CMS rule applies to all 1915c and 1915i waivers.

Residential care, CBRFs is most impacted, while nursing homes not really affected. Rule covers settings, not services, but services are setting based so we have to look at services to meet compliance.

Question: If I don't want to move to a new place, but if we're trying to make sure everyone has access to the community and independence, isn't that what the IRIS program does?

Answer: Gail stated that this rule does apply to IRIS, but it doesn't impact what programs are available. Margaret stated that IRIS is a strong community based program. From the Federal government level, these rules are applying to each state, without specific guidance on how to apply to our specific programs. WI is trying to understand this rule as it applies to our state specific programs.

Ramsey stated that this rule could be used to keep the IRIS program in WI.

Maureen question: Controlling own resources. Have you received any guidance from CMS for what controlling your own resources means? What about people with a representative payee?

Answer: Not a lot of guidance from CMS on any part of the rule.

Ramsey stated that BPDD is working with Barbara Evans at CMS and she may be the CMS contact for WI.

CBRFs don't have leases, but do have residency agreements; WI has decided that these meet the requirements of the new rule.

Question: Although CBRF's have residential agreements, they are not well explained and/or the individual didn't have much choice if they wanted to live there or not. Where are the rights as a tenant if the CBRF makes the decision to kick someone out?

Answer: WI has worked with legal counsel, but this is something that WI will have to pay close attention to. Also, settings need to be physically accessible throughout the home, not just a room.

Question: If someone is living in a CBRF and their needs change, is it the CBRF's/owner occupied homes job to make accommodations.

Answer: Yes, it is the CBRF's owner that needs to make accommodations.

Some settings are not eligible waiver funding. For example, CBRF wings connected to nursing home, or facilities on the grounds of publically owned institution.

Question: This will impact the new model that have continuum of care all in the same location/plot of land.

Answer: Sometimes people who private pay are choosing this model as their preference.

There are about 20 counties that operate nursing home/continuum of care type locations.

Question: Are there other types of institutions that may be affected by this rule?

Answer: Any setting that is on the grounds of nursing home/public institution even if it is community based. Settings can refute the assumption that they are institutions, and they need to present the evidence to the federal HHS Secretary. Heightened scrutiny will occur to make sure they are meeting the community based requirement.

Person Centered Planning is important to the whole rule as it provides informed choice.

Question: Who is in charge of checking settings and are MCOs doing the survey, isn't that a conflict of interest?

Answer: This process is unfolding and we are making it as we learn about it. The provider self-assessment is provided to over 5000 residential providers.

DHS needs to still consider how to do the onsite validation process after they receive the 5000 residential self-assessments.

Question: Is it okay that MCO's do that?

Answer: IRIS is looking to an independent consultant, and has fewer settings to assess vs. MCO. DHS does not have all the residential self-assessments back yet and DHS has contracted this process out and we don't have a full report of the responses yet.

Q: If you get no response, will DHS cut off funding for the site?

A: These are decisions that DHS needs to make to address this concern.

Separate non-residential tool was being developed and was out for public comment until recently. There are many fewer non-residential providers, but the same process of self-assessment, validation and continuing review will occur for these settings..

Q: The problem I have with Family care and why I switched to IRIS, with self-direction of Family Care, I would get only 8 hours of care, but IRIS can meet my needs. If everyone is forced back to Family Care, then I get reduced services.

A: DHS has been told not to comment on budget issues.

Q: How will DHS utilize the right tools to assess properly the services/settings? How can DHS maximize the access to services for individuals? If the services of non-residential programs are not looking at functional abilities of the person and just providing the same old 3 services they have in the past? Using behavioral based assessment tools, with behavioral problems when a lot of people don't have behavioral disabilities, but neurological disabilities. Use the waivers to invest in innovators to develop assessments that are more fitting to the functional abilities of people beyond behavioral assessments.

A: Brian: Not sure I agree with you totally, but we do want to be looking at modifying our tools all the time. DHS added Behavioral Health sections in MCO and Children's Bureau.

A: Margaret: Adult long term care: we do have people with behaviors and plans in place are not prepared to deal with the behavior. DHS is looking to stakeholders to help address these plans and provide better services.

Question: What are initiatives/priorities that you want us to focus on with GCPD to best serve people with disabilities?

A: If this Council would like to be in touch with DHS we would be willing to dialogue. Dan Johnson is in touch with DHS and DHS leadership.

10:30 AM Break

10:45 AM Update on Biennial Budget and other Legislation-Maureen Ryan

- Discuss Strategies to Address Budget Concerns

1. Integrated Health Agencies (IHA) are going to integrate long term acute and primary care. Some possible IHA's, Molina, Blue Cross Blue Shield Anthem, Centene, etc. Survival Coalition has a list of possible IHAs.
 2. Regions are going to be redistricted and there will be no less than 5 regions. There has to be multiple IHAs in each region.
 3. Self-direction will be an option in the IHA model but will it be the same? Issue is Federal requirement for an Interdisciplinary Team (IDT) for each member. So, if person is in Family Care self-direction they will be required to have an IDT. If you are in a CBRF you cannot self-direct. Self-direction will be different in an IHA model.
 4. Any willing provider issue
 5. ADRC: Open up to private providers. There are Title 3 programs supported by the ADRC's and this may be an issue if a private provider provides ADRC services. Adult Protective Services are also housed under the ADRC's. If privatized ADRC's will not have an advisory committee.
 6. A stakeholder group will be developed to look at the implementation of the budget. It will consist of 18 people. Suggested that Governor's Committee for People with Disabilities have a seat on this stakeholder group. Sandy Popp wondered how to get information to and from the different councils. Justin envisioned an advisory council functioning as a funnel to gather information and ideas and then funnel the information to others. But how? Maureen indicated that that is what is supposed to be happening with the Governor's Committee for People with Disabilities.
 7. The Medical Assistance Purchase Plan (MAPP) were not included in budget
 8. Independent assessment for Personal Care is in the budget. For initial analysis of the independent assessment savings were projected as a 10 million dollar savings. This may not be the case and is cause for concern.
 9. Medicare/Medicaid IHA is not addressing Medicare dual-eligibles.
 10. Everyone is waiting for joint finance to complete its work on the budget.
- LRB 1274/2 Draft Legislation regarding Loading of Taxicabs in Accessible Parking Spaces. Issue: a taxicab company and a person with a physical disability approach Representatives Lisa Subeck, Assembly District 78 (Madison) with concerns that the taxicabs in Madison were not able to safely load passengers with physical disabilities because they did not have authority to load from accessible parking spaces. They were however able to drop off people with physical disabilities in accessible parking spaces. The draft legislation would provide the opportunity for taxicabs to load individuals from accessible parking spaces designated for people with physical disabilities. Representative Subeck and her staff person Zach Madden approached the Council on Physical Disabilities for assistance for input, as they were aware that the Council on Physical Disabilities worked with Senator Petrowski on the parking legislation last year. The issue was assigned to the Transportation and Parking Committee and they have had several meetings to review the draft legislation with input from other organizations. Recommendations to date included: included a recommendation to assure that the individual requesting a ride was actually a person with a physical disability eligible to use in accessible parking space; recommendation was to provide the hangtag numbers to taxicab dispatcher when reserving the right; when the person with a physical disability is

being picked up the taxicab driver would verify that hangtag was in the possession of the person with a physical disability when loaded. This provides an opportunity for the person with a physical disability to get in the taxicab when the weather is inclement. In addition to the hangtag the taxicab driver will also request a copy of the letter that DOT sends with the placard and is required the person have available at all times when using a hang tag. The 2 verifications required, with the hang tag was to ensure that the individual hangtag actually belonged to the individual and not a fraudulent hangtag.

In addition to verifying disability there was concern that already stressed accessible parking spaces would be overrun by taxicabs loading people with disabilities. The Network of Independent Living Centers (WILN) expressed concern that many taxicab companies are purchasing vans that are not accessible to people with physical disabilities who use wheelchairs. The Representative staff person Zach Madden was asked to check into whether there was any thing Wisconsin could do to require taxicab companies to comply with the ADA requirement to purchase accessible taxicab vans that will serve as taxis. Mr. Madden is doing additional research.

- The committee referred the legislation for input from GCPD to the next executive meeting.
- Update on MTM Audit: Non-emergency medical transportation: John Olson suggests using Uber. Need to have more accessible vehicles. David Steffens, DHCAA, would like to talk about non-emergency transportation at the Sept. meeting. Invite David Stepien to Sept. 10th meeting.

10:45 AM Identifying GCPD Priorities and Initiatives for 2015-2016:

1. Parking
2. Promise
3. Medical
4. ID card for drivers
5. Need to add some measureable goals and outcomes to know when success has been achieved
6. Figure out how to collaborate with all councils to funnel information from councils to this council.
7. Membership and attendance to meetings. Nancy will send in the roster as she has been keeping track. David Moor's application is in the pipeline for approval for this Council. Alex Slappy need to send a formal resignation letter to the Governor's office. Dan will send Alex a letter to remind him to send the letter.
8. Outreach to mental health
9. Website for GCPD.
10. GCPD staff position to replace Sarah Lincoln. Position is drafted and has approval to contract the position, but contractor that DHS usually uses is in unable to provide this service until they run through the request for proposals for IRIS ICAs. Positions through UWW or UW-Stout are options. Dan is working with the department procurement process trying to figure it out.

*Next meeting review bylaws, roster work plan. Dan will send out a copy of the bylaws and roster prior to the next meeting. Invite to the next meeting, Sept 10th, Dr. Brent Losher, Brain Shoup, David Stepien.

11:30 AM Council Updates-Council Representatives

Statutory Council on Blindness-Lee Young

- **Business** Enterprise for the Blind Contracts: were advised to get things in writing and are trying to do that. We have a lot of questions and want to get some answers in person at the next meeting. Update on BEP statutory committee. Next meeting is July 13th, and 14th. Developed a subcommittee just for the BEP. Statutory council is also putting together a work plan and employment and transportation are #1 goals, and statistical info from DVR about the blind community, and 2014 110 successful closures and only 1 was upper management positions. Majority of jobs were minimum wage. Lee had her sister read an email sent by Chairman Doug W and Enid Glenn. DWD will be rebidding the contract this fall and as soon as she has the process she will share it with Doug. What is the contract for? Management services and state licensing for Randall Shepard Act and hasn't been rebid since 2004. Lee will send to Dan J. The BEP council is not happy with the current provider and want it rebid. Majority of operators were not happy with RJCW.
- Council on Physical Disabilities-Benjamin Barrett-working with Representative Subeck advising on the draft taxicab legislation, MAPP with Sandy Popp, have provided written comments opposing LTC portion of the budget. Housing Consolidated Plan provided some comments on 5 year plan for what the priorities are going to be ensure that the plan continue to address access to affordable and accessible housing as a priority. Trying to get into the Capitol a day before our meetings to meet with legislators and bring up current issues. Created work plan for the next year or longer. Carrie liked that so much that she wants the GCPD to do it now too. State planning process will be beginning soon as it is required with no timeline.
- Council for Deaf and Hard of Hearing-Justin Vollmar: want to add Deaf/Blind to our council name as well. ODHH is hiring a deaf blind specialist. What do other councils do for minute taking? Maureen suggests you put in your needs/requests and give to DHS Dan Millikin and Carrie Molke. How often do you meet? Quarterly. We have very minimal DHS support at this time. Do you have a full council or need more? Yes, we have a couple vacancies and seeing what the holdup is and waiting on the Gov's office to appoint someone. Can request some funding for staff through the budget process. Is it appropriate to ask for funding when there are cuts going on? Yes, and just go through the request with ODHH, BADR, and legislators. It is ok to request it. Communication card for drivers and UCP and another disability group also working on this in MH. Justin shared about his background. He is an advocate, parent of WI School for the deaf staff person, 3 children at WI School for the deaf, and advocate for community in general, President of WI School for the deaf parent organization. Looking forward to becoming a theologian and a

virtual deaf church online is his hope for the future. He has a part-time business while getting his Ph.D. Officiates weddings for deaf people and travels across the US. Also for the deaf church. Children are 10, 9, 7 and baby on the way very soon. What is your master's degree? Chicago Theological Seminary.

- BPDD: Ramsey Lee: Partners in Policymaking survey email was sent out by Ramsey. Not everyone received it, so Ramsey will resend the survey. State plan for next 5 years is coming up and BPDD is taking public comments. Is there anything to take back to BPDD that GCPD would like us to focus on? Integrated employment, transportation is important to BPDD, and can GCPD piggyback on this? Yes. SPARKS grant email was also sent out. Maureen pointed out that BPDD is supposed to cover all kids under age 22 with all disabilities, not just ID/DD and they should be more inclusive. BPDD retreat is coming up July 16-18 and looking forward to it. Any other feedback? We will share the GCPD work plan when it is complete.
- GCPD website: we will have a free standing non DHS website and GCPD will be able to post anything without following DHS policy. Executive Committee will likely be the administrators.

12:15 PM Lunch Presentation: Palliative Care Now WI (unable to attend)

1:15 PM Public Comment –none given.

1: 30 PM IRIS Policies and Procedures-Jody Brassfield, Division Long-Term Support-
Department of Health Services

- To find IRIS policy google Wisconsin IRIS at DHS
<https://www.dhs.wisconsin.gov/iris/index.htm>

IRIS Website has all IRIS policies, procedures, and Home and Community Based Waiver contracts with the ICA and fiscal agent.

- Specific question came in about the required contacts for IRIS consultants.
- Appendix A: Consultants responsibility for ongoing contacts: 3rd paragraph on page 20 in waiver language.
- Certification Criteria: contractual obligations: -page 46. 1)Orientation; heightened level of contacts from IC, bi weekly one and monthly face to face contacts and one contact must be in the home; only for 1st 90 days of program20 ongoing service level contact; monthly phone call and 1 quarterly face to face contact. One quarterly visit is the annual review. Participant can request a different contact level between the participant and the IC unless there is evidence of fraud, waste, abuse, neglect, timesheet issues or other issues.
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- The IC will give information to the participant if the participant is not online. Estimated that about 5% of participants are online for IRIS.
- What if someone is self-directing just fine? Is the monthly call/quarterly meetings too much? What are the parameters for people with little or no issues?

MCO can waive quarterly calls, but IRIS is not allowed. Language is available to make this exception. Will CMS say yes to this reduction? August 1 the waiver will be open for public comment.

Motion Sandy Popp: GCPD will submit an online comment on August 1 requesting that IRIS waiver language reflect the MCO waiver language requesting mandatory conditions for reduced service levels. Lee Young Second. Motion Passed

- IC's profile will be available soon on line.
- If the IRIS consultant is doing something improper it is a contractual issue with TMG or Connections. The participant may file a grievance that goes to Kari Engelke at DHS.
- Jody suggests to read the motion in the detail about the budget and not what is said in the news. We need to wait and see what gets passed, not vetoed, and go from there as far as IRIS goes.
- IRIS has an advisory committee: the committee advises IRIS staff about the program. Information about the advisory committee is on the IRIS webpage: <https://www.dhs.wisconsin.gov/iris/index.htm>
- Policy changes are discussed at bi-weekly phone calls and monthly face to face meetings. There are 12 or 13 members.

2:30 PM Break

2:45 PM Old Business

- Update on MAPP Ad Hoc Workgroup Activities-Sandy Popp: Representative Jacques is reintroducing AB 904 7/22 or 7/23/15. He would like our press releases out to get support. 2 weeks for co-sponsorships and 10 days for standing committee. We need to get out to our networks to get the support and get info out to the assembly. Can inform senators that it is coming up. Talking points are the same as earlier this year and to focus on employment for people with disabilities. Hopefully this will be referred to a standing committee. LRB first and then will get a new AB number. Marriage penalty removal is still in there and if it is, then it is not budget neutral according to DHS but our analysis indicates that it has the opportunity to generate a net savings. GCPD research indicates that MAPP recipients spend \$600/\$1000 less per month than a comparable group of Medicaid beneficiaries who were not working. DHS continues to say that MAPP isn't a priority, but maybe we can talk with them. Jacques has a different fiscal analysis and **Sandy will send out Jacques fiscal analysis.**
- Update on ADA Legacy 25th Anniversary Celebration and History Project-Dan Johnson- June 25th in Madison is set to go at Overture Center. Plenty of speakers from John Hough, DVR Supervisor representing Secretary Newson DWD, a yet to be named representative of Mayor Soglin, and County Executive, Joe Parisi. Senator Tammy Baldwin has sent a tape video message recognizing the 25th anniversary. The ADA 25th anniversary tour will stop in Milwaukee on June 25 and 26, with Milwaukee planning extended ADA anniversary events throughout the month of July and beyond. It will then head out to Montana and return via Superior on July 7, 2015 with North Country Independent Living hosting the ADA legacy tour bus 25th anniversary celebration at the mall.

3:15 PM Promise Grant Update-Ellie Hartman

- Good week with enrollments.
- Numbers are available at the Promise website: <https://promisewi.com/enroll/>
- 842 enrolled
- More direct contact through text, phone, door knocking
- 42% of our goal and about 15% behind where we should be
- Slowdown in May and April
- Mary Brodhagen is meeting individually with recruiters to make goals. One is a Promise mom. If interested in being a Promise Intake Coordinator, we can connect you with Erin Johnson. SSA clearance is required. Community Connectors around the state. All eligible have received an enrollment packet
- Summer employment increases work numbers
- Increased trainings this summer; family trainings, skills to pay the bills, financial literacy, benefits counseling
- Promise 101 video is online on the website. 1 minute long.

Mileage forms will be emailed for Sandy, Ben and John Olson.

Ramsey would like the executive meeting to send a letter again to the Governor, assembly, and senate and then send a copy to the group. Executive committee will decide if they will do this or not. A letter was sent from our last meeting and a copy will be sent to Ramsey.

4:00 PM Motion to adjourn Lee Young. Second Ramsey Lee. Motion Pass. Adjourned at 3:48pm.

Next meeting will be Sept 10th at Options in Green Bay.

Next meeting agenda items:

Invite Brett Loshure Behavioral Health Manged Care Section Chief

Invite Brian Shoup,

Invite David Stepien Division of Health Care Access and Accountability-MTM audit,

Use work plan completion as a guide to who to meet with at the Gov/Lt. Gov office.

Review bylaws, roster and workplan. Dan J. will send bylaws.