



Board Meeting Packet

March 15-16, 2017
The Sheraton Hotel
706 John Nolen Dr
Madison, WI 53713

The Sheraton Hotel • Madison, Wisconsin • March 15th-16th, 2017

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March 1, 2017

BPDD Board Members,

I hope all of you have had a good couple of months. Change is happening in the state of Wisconsin for people with developmental disabilities. The Governor has released his budget. It is important that we all keep informed and make our voices heard to improve the lives of the people with developmental disabilities. With that in mind I want to remind you all that Disability Advocacy Day will be held on March 21 the week after our March meeting. We encourage everyone to spread the word and invite people from your area of the state to attend and share their stories with their representatives.

A reminder of what was discussed at the January meeting...we ask that all board members to make every effort to attend the entire Board meeting, including committee meetings, guest speakers and café conversations and business meetings. Your input is valued and needed.

I look forward to seeing you in March.





Sincerely,

Patrick B young





BPDD Chair

BOARD AGENDA MARCH 15-16TH, 2017






WEDNESDAY, MARCH 15TH, 2017

Time	Symbol	Topic	Facilitator/Presenter
3:30-4:30 PM		Diversity Ad Hoc Room: Connection 1	Chair: Jennifer Kuhr
4:30-5:30 PM		Consumer Caucus Room: Connection 1	Staff: Fil Clissa
5:30-6:30 PM		Dinner Room: Connection 1	All
6:30-7:30 PM		Nominating & Membership Committee Room: Connection 1	Chair: Erica Larsen

THURSDAY, MARCH 16TH, 2017

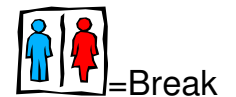
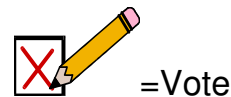
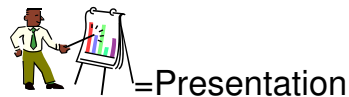
Time	Symbol	Topic	Facilitator/Presenter
7:45-8:30 AM		Breakfast Room: Connection 1	All
8:30-10:00 AM		Governmental Affairs Committee Room: Connection 1	Vice Chair: David Pinno
10:00-10:15 AM		Break – FILL OUT, SIGN, AND RETURN TRAVEL VOUCHERS to BPDD STAFF	All
10:15-11:00 PM		DOA Open Meeting & Lobbying Training Room: Connection 1	

 = Meal
  = Meeting
  = Presentation
  = Vote
  = Walking Activity
  = Break

11:00-12:00 PM		Board Member Communication and Individual Outreach/Representation Room: Connection 1	
12:00-12:45 PM		Lunch Room: Connection 1	All
12:45-1:00		Public Comments	
1:00-2:15 PM		Business Meeting Room: Senate AB <ul style="list-style-type: none"> Chair Report Executive Director Report Executive Committee Governmental Affairs Committee Nominating & Membership Committee 	All <ul style="list-style-type: none"> Patrick Young Beth Swedeen Patrick Young David Pinno Erica Larsen
		Business Meeting Action Items Motion to accept January 2016 Board Minutes	All

THURSDAY, MARCH 16, 2017 CONTINUED

The March Board Meeting will be held at the Sheraton Hotel located at 706 John Nolen Dr, Madison, WI 53713. Any Board members staying overnight will be staying at the Sheraton. If you have any questions about the March Board meeting please contact Jeremy Gundlach at Jeremy.Gundlach@wisconsin.gov or 608-266-7826.



BOARD MEETING MINUTES

January 19, 2017

1:00-3:00 PM

The Sheraton Hotel
706 John Nolen Dr
Madison, WI

Present:	Chair: Patrick Young, Vice Chair: Pam Malin, Barbara Beckert, Amanda Bell, Aliza Claire Bible, Lynn Carus, Kevin Coughlin, Jennifer Kuhr, Erica Larsen, Nathaniel Lentz, Camille Nicklaus, David Pinno, Delores Sallis, Carole Stuebe, Michael Hineberg
Absent:	Judy Quigley, Wendy Ackley, Gail Bovy, Amy Burger, Meredith Dressel, Ramsey Lee, Lynn Stansberry-Brusnahan,
Staff Present:	Brenda Bauer, Fil Clissa, Natasha Fahey-Flynn, James Giese, Jeremy Gundlach, John Shaw, Beth Swedeen,

Chair Patrick Young called the meeting to order at 1:00 PM.

1. Chair Report:

- Patrick talked to the board about the importance of board member attendance at the board meetings. Patrick reviewed the board's bylaws about the attendance. Pam Malin reinforced these bylaws. Jeremy Gundlach talked about the state's rules about hotel rooms and reimbursement. Patrick updated the board on GA being a committee of the whole.

2. Executive Director Report:

- Beth Swedeen gave an update about the board meeting schedule for 2017. The March board meeting will be the week before DAD and we are looking for support on inviting people. Beth talked about Employment First registration being open. BPDD will not be sending board members to Disability Policy Seminar in DC. BPDD and DRW are working together to set up constituent visits in district (WI). Delores Sallis will be having Keith Jones coming to Milwaukee for an event, March 26th and BPDD will be meeting with Keith on March 27th. Beth gave an update on BPDD's budget; we generally operate 12 months behind the federal year. John Shaw mentioned that we will be having budget trainings around WI in 2017.

3. Executive Committee Report:

- Patrick gave an update about planning this board meeting, attendance, switching the amount of meetings a year/switching the format.

4. Government Affairs Committee Report:

- Update was given by Tami earlier. Beth mentioned that BPDD's official budget platform is in the board packet.

5. Nominating & Membership Committee Report:

- Erica Larsen gave an update on the N&M committee meeting from 1-18-17. We have two openings on the board, for parents/family members. Application packets were sent out. Northwest and Southwest parts of the state are in need of representation. Patrick is coming to the end of his term as board chair. John has updated the orientation process and will continue being the staff member who runs it. The idea for having an orientation video/presentation as a refresher was shared.

6. Ad Hoc Diversity Committee Report:

- Jennifer Kuhr is now the sitting chair for Diversity Ad Hoc, Lynn Carus will now be the vice chair. Diversity Ad Hoc recently met with BPDD's cultural connectors.

7. Action Items:

Motion to accept the November, 17, 2016 minutes made by Jennifer Kuhr and seconded by Robert Kuhr. The motion passed unanimously.

8. Agency Updates:

DRW- Barbara Beckert gave an update on a Special Education Family Forum in MKE on March 11th. Mitch Hagopian sent updates to Barbara on functional screen processes and target groups. Barbara talked about having a functional screen expert to a board meeting. She gave an update on an incident in Northern Center (Lake Hallie WI).

DHS- Kevin Coughlin gave an update on restructuring at DHS. Division of Medicaid services (DMS). The three sections are now; long term care benefits and programs, Systems fiscal and operations management, Eligibility and benefits management. Curtis Cunningham has taken over as director for long term care benefits and programs. New position is being added "Deputy Medicaid Director". BPDD will send out the new DMS proposed model. A transition plan will be submitted to CMS in the next month or so.

Waisman- Amanda Bell gave updates on Waisman. Amanda handed out 7 pages of updates and she can expand on any of them if you contact her.

DVR- Sarah Lincoln gave an update on WIOA and new positions around the state due to retirements. DVR and UW whitewater contracted around sheltered workshop assessment. UW Whitewater is hiring for assessment process. WIOA collaboration presentation forums will be happening in the next few months.

9. Other Agenda Items:

- Barbara Beckert informed the board about a candidate forum in Milwaukee in the near future.
- Pam discussed briefly a couple of new projects that DRW is working on and will have more info in the future.

Motion to adjourn by Camille Nicklaus at 2:06 PM; seconded by Jennifer Kuhr. Unanimously passed.

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-  BPDD Board Meeting
-  BPDD Executive Committee Meeting
-  Holiday

-  Self-Determination Conference / Disability Advocacy Day / Employment Conference
-  Partners in Policymaking

Updated: 2/27/2017 JG

Board Meeting Dates & Locations:

January 18 & 19, 2017	Sheraton Madison Hotel 706 John Nolen Dr Madison, WI 53713
March 15 & 16, 2017	Sheraton Madison Hotel 706 John Nolen Dr Madison, WI 53713
May 17 & 18, 2017	Sheraton Madison Hotel 706 John Nolen Dr Madison, WI 53713
July 18, 19 & 20, 2017	Stoney Creek Lodge 3060 S Kinney Coulee Rd Onalaska, WI 54650 http://www.stoneycreekhoteis.com/hotel/travel/lacrosse/home.d o
September 13 & 14, 2017	TBD
November 15 & 16, 2017	Sheraton Madison Hotel 706 John Nolen Dr Madison, WI 53713

Executive Committee Meeting Dates

The Executive Committee meeting dates will no longer be on Tuesdays from 1-2:30 pm. Once new dates and times have been decided and voted on, the board will be notified.

Other BPDD Dates:

March 21, 2017	Disability Advocacy Day
April 5, 2017	Employment First Conference
November 1-3, 2017	Self-Determination Conference

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-  BPDD Board Meeting
-  BPDD Executive Committee Meeting
-  Holiday

-  Self-Determination Conference / Disability Advocacy Day / Employment Conference
-  Partners in Policymaking

Updated: 2/27/2017 JG

Board Meeting Dates & Locations:

January 17 & 18, 2018	TBD
March 14 & 15, 2018	TBD
May 16 & 17, 2018	TBD
July 17, 18 & 19, 2018	TBD
September 19 & 20, 2018	TBD
November 14 & 15, 2018	TBD

Executive Committee Meeting Dates

The Executive Committee meeting dates will no longer be on Tuesdays from 1-2:30 pm. Once new dates and times have been decided and voted on, the board will be notified.

Other BPDD Dates:

March 13, 2018	Disability Advocacy Day
April 4, 2018	Employment First Conference
November 6-8, 2018	Self-Determination Conference

*Dates are not final and still need approval from the Board.

BPDD Committee Assignments 2016 – 2017

<p style="text-align: center;"><u>Executive Committee</u></p> <ul style="list-style-type: none"> • Patrick Young – Chair • Pam Malin – Vice Chair • Erica Larsen (Nominating Chair) • Nathaniel Lentz • David Pinno • Judy Quigley (GA Chair) • Lynn Stansberry-Brusnahan <p>Staff liaison: Beth Swedeen</p>	<p style="text-align: center;"><u>Ad hoc Diversity Committee**</u></p> <ul style="list-style-type: none"> • Jennifer Kuhr – Chair • Lynn Carus – Vice Chair • Barbara Beckert • Meredith Dressel • Pam Malin • Judy Quigley • Delores Sallis <p>Staff liaison: Ann Sievert</p>
<p style="text-align: center;"><u>Governmental Affairs Committee</u></p> <ul style="list-style-type: none"> • Judy Quigley – Chair • David Pinno – Vice Chair <p>Starting January 2017, the Governmental Affairs Committee will be a committee of the whole. All board members will now sit on this committee.</p> <p>Staff liaison: Tami Jackson</p>	<p style="text-align: center;"><u>Nominating and Membership Committee</u></p> <ul style="list-style-type: none"> • Erica Larsen – Chair • Claire Bible – Vice Chair • Wendy Ackley • Amanda Bell • Lynn Carus • Jennifer Kuhr • Pam Malin • Delores Sallis • Suzan Van Beaver <p>Staff liaison: John Shaw</p>

** Still open for others to sit on this committee

EXECUTIVE COMMITTEE MEETING MINUTES

BPDD Office and Teleconference

Present:	Chair: Patrick Young Vice Chair: Pam Malin, Erica Larsen, Nathaniel Lentz, David Pinno, Judy Quigley
Present by Teleconference:	Nathaniel Lentz, Pam Malin, Erica Larsen, Patrick Young, Lynn Stansberry-Brusnahan,
Absent:	Judy Quigley,
Staff Present:	Beth Swedeen

Meeting called to order at 1:15 pm.

1. March Board Mtg Agenda:

- Need time for DOA training on open records and lobbying
- Need to reschedule People First WI
- Additional information into the Board Packet, to be looked at before the meeting.
- It would be helpful to have an “ask” or follow up actions in summary of committee meetings.
- Committee meetings will now have an action item for every

3:00-4:00 PM	Nominating and Membership Committee
4:00-5:00 PM	Diversity Ad Hoc
5:00-6:00 PM	Dinner
6:00-7:00 PM	Consumer Caucus

7:45-8:30 AM	Breakfast 745-830
8:30-10:00 AM	Governmental Affairs Committee 830-10
10:00-10:15 AM	Break
10:15-11:00	DOA Open Meeting and Lobbying Training
11:00-12:00	People First Update
12:00-12:45 PM	Lunch
12:45-2:00 PM	BPDD Business Meeting

2. Update on federal landscape, including BPDD budget:

- Beth gave an update on the conference call. Congress will not vote on the last 6 months of this year’s budget until April. We normally run on about 6 months behind on our fiscal payments. There could be a 10% cut in budget for all non-defense/discretionary budgets. New admin has indicated they will submit their budget to congress in May. Beth summarized how the board’s finances are spent in a timeline (federal fiscal vs State fiscal).

3. How BPDD members can participate in advocacy for the Board:

- In light of all the potential budget cuts and elimination of certain agencies, Board members are needed for advocacy work. BPDD's staff cannot ask or write a letter to congress about the importance of funding BPDD because it is technically lobbying. Pam suggested sending an email/letter for board members to encourage advocacy and have a list of items to discuss. Beth suggested having a handout for all board members with their congressional reps (and contact info).

4. Budget adjustments to first year of 5-year plan:

- We have an additional 35K to spend this year due to adjustments made.
- Board voted to spend less on the Employment First grass roots
- Family Led groups is taking more technical assistance than originally thought.
- Would the Exec Comm consider using the additional 35K to the Family Led project.
- Beth recommends to wait to use the excess funds after we find out about potential budget cuts.
- Exec Comm members agree that we should wait to hear about budget cuts. 4-0

5. Keith Jones visit in March and use of his time with BPDD

- 2016 SD Conference Keynote Speaker. Keith will be available on March 27th to discuss planning our July retreat (cultural Diversity).

6. Discussion: format and outcomes from Governmental Affairs:

- More time for conversation and time to discuss action items.

Erica Larsen motioned to adjourn at 2:09 PM. Seconded by Nathaniel Lentz- Unanimously passed.

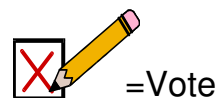
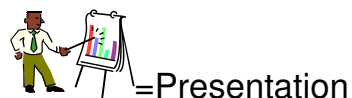
NOMINATING COMMITTEE AGENDA

Members: **Chair:** Erica Larsen **Vice Chair:** Claire Bible; Wendy Ackley, Amanda Bell, Lynn Carus, Jennifer Kuhr, Pam Malin, Delores Sallis,
Staff Liaison: John Shaw

Members
 Absent:

Time	Symbol	Topic	Facilitator/Presenter
3:00-4:00 PM		Discussion of Executive Committee Slate	All
4:00-5:00 PM		Report on Vacancies	All
6:00-7:00 PM		Other	All

Other Information:



NOMINATING COMMITTEE MEETING MINUTES

Committee Present:	Jennifer Kuhr; Acting Chair, Lynn Carus, Pam Malin, Claire Bible, Delores Sallis
Committee Absent:	Wendy Ackley, Amanda Bell, Erica Larsen
Staff Present:	John Shaw

Meeting called to order at 6:35 PM.

1. Vacencies and appointments:

Shaw informed committee that we have two vacancies and both are parents. We discussed the fact that we have no parents of young children which would help to give us a perspective of children's issues. Also discussed the fact that we need some representation from Northwest Wisconsin (above Highway 8) and Southwestern Wisconsin (below LaCrosse). Shaw stated that there is one person who is interested from Viroqua who would fit the category of a younger parent in a geographic area that we need representation to and will reach out to that parent as a potential applicant.

2. Executive Committee Slate:

Shaw discussed the fact that we need to have a slate and to think about replacement of Patrick as chair. We also talked about the fact that Pam, who is vice chair now would normally be slated to replace Patrick. However, she is up for re-appointment and we need to be prepared just in case she is not re-appointed by the Governor. We need to have a back-up plan in case she would not be reappointed. We also talked about looking at the future and thinking about appointing board members who are newer to the board to make sure that we are able to build some experience for the future.

3. Orientation

Discussed Orientation and came up with a few recommendations.

1. Develop a Hierarchy chart so board members would know who to connect with depending on the issues.
2. Have individuals sit at the same table during orientation.
3. See if we can develop an orientation that is more interactive.
4. Explore possibility of doing a slide show and having it posted so people could get a refresher course.

Meeting adjourned at 7:28 PM

March 15th, 2017

3:30-4:30 pm

The Sheraton Hotel





706 John Nolen Dr

Madison, WI 53713

(608) 251-2300

Diversity Ad Hoc Committee Agenda

Members **Chair:** Jennifer Kuhr **Vice Chair:** Lynn Carus, Meredith Dressell, Judy Quigley, Pam Malin Barbara Beckert; Delores Sallis
Staff Liaison: Ann Sievert

Symbol	Topic	Presenter	Time
	1.Call Meeting to order	Jennifer K.	
	2. Update Family Led Diversity Initiative/Update Keith Jones visit	Delores/Fil	30 mins
	3.Update from Cultural Connectors	Ann	10 mins
	4. Update on DRW Diversity Grant	Barbara B.	10 mins



DIVERSITY AD HOC MINUTES

January 18 , 2017

3:30-4:30 PM

Sheraton Hotel

Madison, WI

Committee Present:	Lynn Carus (Chair), Jennifer Kuhr (Vice Chair), Barbara Beckert, Pam Malin, Meredith Dressel, Delores Sallis
Committee Absent:	Judy Quigley
Staff Present:	Ann Sievert, Beth Swedeen

1. Call meeting to order

Meeting called to order at 3:32 pm

2. Update from conference call with Cultural Connectors:

- Cultural Connectors did not meet as group since the last meeting. Ann S. is connecting with each of them individually by phone to get feedback on what are key issues in their communities and what could the board do to better connect with their communities.
- Ann met with Delores S. face to face. Delores reported that she is hosting a family led event in Milwaukee celebrating parents, grandparents, and guardians of kids with disabilities. This free event will be held on March 26 at the African American Women's Center. Keith Jones will be the speaker. Delores is hoping for 100 parents, grandparents, and guardians. Delores will be providing meaningful follow-up with families after the event.
- Barbara G. was not able to participate in a call yet, however send a list of excellent steps that the board could do in conjunction with her to connect better to the Native American Community. Ann S. will work with Barbara G. to begin taking action on some of the activities listed.
- Ann S. was not able to connect with the Elsa B.; however, Elsa is collaborating with the board to reach out to the Latino community in Milwaukee. Alianza received a grant from the board to provide translation and interpretation services for events/written materials. They are also going to provide direct supports to families and individuals with disabilities to participate in meaningful ways in board and other advocacy events.

3. Progress on Implementation of Board Diversity Action Plan:

- During the September Board Meeting, a community conversation was held to identify strategies and challenges for reaching diverse communities. This was used to develop an action plan to reach out to diverse communities. The board has implemented several activities identified in the action plan:
 - The BPDD acronym was confusing for many people. The newly developed website includes the name spelled out (Board for People with Developmental Disabilities), reader access, larger text, more accessible color contrasts.
 - The board's main brochure as well conference programs and other materials have been translated into Spanish.
 - The monthly newsletter will include diverse families, including the current issue.
 - The board is also considering using targeted radio in diverse communities as a method of outreach.

- In collaboration with the cultural connectors, the Board is scheduling budget trainings in Spanish in Milwaukee for the Latino Community; On Milwaukee's Northside for the African American community; and in Red Cliff for the Native American community.
- Efforts are being made to increase attendance of diverse communities at the board's annual conferences. Participation of individuals from diverse communities in the November Self-Determination conference increased dramatically.
- The annual July board retreat is being planned and will focus on diversity. Keith Jones will be doing the training. The cultural connectors will also be invited to attend part of the retreat.
- The board is submitting a letter of intent in response to an opportunity presented by AIDD to send 8 states to an intensive training on diversity (i.e., The Disparities Leadership Academy) in New Mexico. Each selected state will be able to send three staff: one from the UCCED, the Board, and the P&A.

4. Update on Disability Rights Wisconsin (DRW) Diversity Grant:






- Barbara B. provided an update on DRW's Diversity Grant. This year long grant will focus on increasing knowledge of, and participation in Children's Long Term Care Services for African American families that have children with disabilities. Grant progress includes:
 - Identified several target neighborhoods for outreach by looking at Madison Public School Systems data for levels of disability and poverty.
 - Building relationships with health centers in the targeted communities.
 - Working on putting together a single guide for families about services available and how to access them. There are plans to share this guide with Milwaukee stakeholders to get feedback and make changes.
 - Collecting stories that highlight problems and solutions.
 - Creating YouTube videos to share this information.

5. Motion to adjourn at 4:28. Unanimously passed.

Government Affairs Committee Agenda

March 16, 2017
Sheraton Hotel
706 John Nolen Dr
Madison, WI
8:30-10:00 AM

Members: **Chair:** Judy Quigley **Vice Chair:** David Pinno **Members:** Committee of the Whole
Staff Liaison: Tami Jackson

Symbol	Topic:	Presenter:	Time:
	1. State Budget Items related to people with disabilities <ul style="list-style-type: none">• What is in Governor's Proposed budget?• How does Governor's budget compare to BPDD Budget Platform?	Tami Jackson	30 minutes
	2. Discussion: Board member Involvement in Federal Medicaid and state budget issues.	All	30 minutes
	3. DRW Update	Barbara Beckert	10 minutes
	4. Other updates board members		10 minutes
	5. Adjourn		

Other Information:

BPDD Financial Summary**Through 1/31/17**

	FFY2014	FFY2015	FFY2016
Revenue			
Federal Allotment			
Actual	1,227,167.00	1,276,488.00	1,311,944.00
Estimate			
Expenditures			
Personnel Expenses			
Original Budget	590,121.67	571,196.00	571,196.00
Adjusted Budget			
Personnel Expenses	590,121.67	622,982.96	296,118.80
Encumbrance	0.00	0.00	0.00
Total Expenses /Encumbrance	590,121.67	622,982.96	296,118.80
Remaining balance from Budget	0.00	(51,786.96)	275,077.20
Operating Expenses			
Original Budget	129,270.11	215,365.00	295,928.00
Adjusted Budget			
Operating Expenses	132,230.89	313,449.73	225,321.98
Encumbrance	0.00	34,638.11	189.99
Total Expenses /Encumbrance	132,230.89	348,087.84	225,511.97
Remaining balance from Budget	(2,960.78)	(132,722.84)	70,416.03
Grants & Projects Expenses			
Original Budget	507,775.22	489,927.00	444,820.00
Adjusted Budget			
Expenses	504,814.44	274,214.45	19,078.58
Encumbrance	0.00	31,053.20	23,114.37
Total Expenses /Encumbrance	504,814.44	305,267.65	42,192.95
Remaining balance from Budget	2,960.78	184,659.35	402,627.05
Total Expenditures/Encumbrances	1,227,167.00	1,276,338.45	563,823.72
Balance/Deficit	0.00	149.55	748,120.28



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U.S. House of Representatives



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Rep. Jim Sensenbrenner (D5 - R)
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Rep. Mark Pocan (D2 - D)
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Rep. Sean Duffy (D7 - R)
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Rep. Gwen Moore (D4 -D)
gwenmoore.house.gov/
414-297-1140

  @RepGwenMoore



Rep. Mike Gallagher (D8 - R)
gallagher.house.gov/
202-225-5665

  @MikeforWI

Goal 1 | Budget: \$186,000



More people with Intellectual and Developmental Disabilities (I/DD) will be included in their communities.

By September 2021, more people with I/DD including those with **diverse identities** will participate in integrated community activities of their choosing as evidenced by:

Objective 1.1 | 2016 Number: 3,601 people



More people with I/DD will be working in the community.

By September 30, 2021, 50% more people with I/DD will be working in **integrated employment** of their choice at a competitive wage.

Objective 1.2 | 2016 Number: **



More people with I/DD have the support they need to make choices in their lives.

By September 30, 2021, 25% more people with I/DD will **make choices** about their everyday lives.

Objective 1.3 | 2016 Number: **



More people with I/DD will have a way to get to where they need to go. (Transportation)

By September 30, 2021, 25% more people with I/DD will reliably be able to get where they need to go each day.

Objective 1.4 | 2016 Number: **



More people with I/DD will have people in their lives that they can count on to help them when needed.

By September 30, 2021, 25% more people with I/DD say they have a network of community members they can rely on.

Objective 1.5 | 2016 Number: **



More African American Families will be connected to their community and resources

By September 30, 2021, African American Families in the central city Milwaukee will be connected to community supports and have access to the resources they need.

***BPDD's Baseline Data are from a national source: National Core Indicators www.nationalcoreindicators.org/. Data will be available 12/31/16.*

Rationale: The number of individuals who use self-directed supports is steadily growing. More than 13,000 are currently self-directing their long-term care services and supports in Wisconsin. Nearly half (48%) are individuals with intellectual and developmental disabilities. Anyone eligible for long-term care should have the opportunity to self-direct any or all services and supports. Individuals may use **Supported Decision-Making** tools to ensure independence and choice in making decisions about their lives. Individuals with I/DD and families need support and resources to create a full life. This means having access to transportation, paid jobs, volunteer work, community activities and clubs, etc. Having a full life means that people with disabilities have all the opportunities, supports, and resources that are available to individuals in their community without a disability. Employment is integral to most people's lives, yet people with I/DD continue to experience many barriers. Research has shown that individuals in long-term care who are employed in integrated jobs are less likely to be reliant on public supports and have better life outcomes. The lack of adequate wrap-around day supports and transportation reduces independence.

Definition:

Intellectual Disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. This disability originates before the age of 18.

Developmental Disabilities is an umbrella term that includes intellectual disability but also includes other disabilities that are apparent during childhood.

Diverse identities refers to people of various races, cultural and ethnic heritages, genders, gender identities, gender expressions, sexual orientations, ages, and religions from diverse socio-economic and geographic backgrounds.

Integrated employment is a job in typical workplace settings where the majority of persons employed are not persons with disabilities, at least minimum wage or higher, where the person is paid directly by the employer and is given opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions. Integrated employment includes self-employment and ownership of micro-businesses.

Making Choices refers to a person being able to make decisions about their own life: where to work, live, to have a roommate etc.

Supported Decision-Making means people with disabilities can get the help they need from friends, family members, and professionals to understand the situations and choices they face, so they may make their own decisions as an alternative to guardianship.

Suggested activities:

- Provide training and support to individuals and families,
- Work on reaching people with disabilities and their families from diverse (all) backgrounds,
- Training events, Employment First Conference and Self-Determination Conference,
- Partner with Disability Rights Wisconsin and Waisman Center,
- Provide grants to work on employment practices, self-determination, self-directed supports, supported decision-making, transportation, and peer mentoring,
- Work to increase self-directed supports in Wisconsin.

Goal 2 | Budget: \$324,000



More people with I/DD trained in advocacy and self-advocacy, resulting in an increase in the number of policies/laws that support people with disabilities to be more included in community life.

By September 2021, more people with I/DD including those with **diverse identities** and their families will increase their advocacy efforts, resulting in increased numbers of policies supporting inclusion of people with disabilities in community life.

Objective 2.1 | 2016 Number: 200



Support People First Wisconsin to increase the number of self-advocates with I/DD involved in local groups.

By September 30, 2021, 25% more self-advocates with I/DD will participate in a **state self-advocacy organization** led by individuals with intellectual disabilities.

Objective 2.2 | 2016 Number: 161



Increase the number of self-advocates with I/DD trained in leadership skills and become leaders in their community.

By September 30, 2021, 50% more **self-advocates with I/DD** will participate in leadership training and practice their leadership skills.

Objective 2.3 | 2016 Number: New Project



Work with Disability Rights Wisconsin and Waisman Center to identify and support people with diverse backgrounds to participate in different leadership groups.

By September 30, 2021, 50% more people with I/DD and their families will participate in cross-disability and culturally diverse leadership coalitions through collaboration with the **AIDD Partnership**.

Objective 2.4 | 2016 Number:



Support more people with I/DD and families from different backgrounds will increase their advocacy.

By September 30, 2021, 25% more people with I/DD with **diverse identities** and their families will increase involvement in advocacy activities.



Work with legislators and policy makers to improve the lives of people with disabilities in Wisconsin.

By September 30, 2021, BPDD will act as a policy advisor to the Legislature, Governor and other policy makers on policies that affect all aspects of community life, decision-making, and full inclusion. This will result in 25 improved policies and practices that increase community participation, decision making and full inclusion.

**** Data will be available 9/30/16.**

Rationale: Nothing about me without me. Individuals with disabilities and their family members must be included in the decision-making process on policies and practices that affect their lives and impact their ability to obtain the services and supports they need to live in the community. People with I/DD need support in exercising their rights and responsibilities as citizens. Speaking at a public event, writing a letter to an elected official, and voting are just a few examples. Self-advocacy and advocacy groups need training, education, and opportunities to practice their skills. Self-advocates and families provide vital and unique insight to their local communities on how public policies impact their lives.

Definitions:

Diverse identities refers to people of various races, cultural and ethnic heritages, genders, gender identities, gender expressions, sexual orientations, ages, and religions from diverse socio-economic and geographic backgrounds.

AIDD Partnership: The Administration on Intellectual and Developmental Disabilities defines the partnership as being between The Board for People with Developmental Disabilities, Disability Rights Wisconsin, and Waisman Center.

State self-advocacy organization: People First Wisconsin is the self-advocacy organization in Wisconsin. They have a state office run by people with intellectual and developmental disabilities.

Self-advocacy: refers to an individual with a disability's ability to effectively communicate, convey, negotiate or assert his or her own interests, desires, needs, and rights.

Suggested activities:

- Promote collaboration among agencies and strengthen coalitions,
- Provide information and e-mail alerts on policy and legislative initiatives affecting people with I/DD,
- Assist People First-WI with outreach and training activities,
- Provide grants and technical assistance to support local self-advocacy coalitions,
- Support joint policy positions with AIDD partners (Disability Rights Wisconsin and Waisman Center),
- Provide advocacy and leadership training and mentoring to self-advocates, including youth and families,
- Support voting activities,
- Engage in systems change activities that promote the inclusion of people with I/DD in all facets of community life,
- Educate policy makers, legal system on disability issues.

2017-2019 Biennial Budget Platform

Prioritize real jobs in the community for people with disabilities

People with disabilities want to work in real community jobs alongside others who do not have disabilities at minimum wage or higher, at the same wage anyone else would make for that job. Employment builds connections to others in the community, improves psychological well-being, increases income, reduces the impacts of poverty, and improves health. 60% of people with developmental disabilities said they want to work or work more in a Wisconsin survey of more than 500 people.

Ensure people spend their days included in the community, not in a Medicaid-funded facility

People with disabilities want to fully participate in their community. Day supports wrap around a person's community employment to further a person's interests, education, volunteering, fitness, and other goals and support age-appropriate activities in the community. Community day supports can be used to build natural support connections and enhance employment skills – leading to increased hours worked, new employment opportunities and higher wages.

Prioritize independent living with supports

People with disabilities want to choose who they live with (if anyone), who provides their supports, decide how they want their home to look and how they want to live in it, and maximize independence. Community Supported Living enables people with disabilities to live in their own home, not in a place owned or controlled by an exclusive service provider/agency. Supports/services are flexible to the needs of the individual and delivered in their own home.

Ensure people with disabilities can get where they need to go

Transportation is the number one concern identified by people with disabilities. People with disabilities are not able to get where they need to go on their schedule. A Wisconsin survey of more than 500 people with developmental disabilities finds a lack of transportation affects people with disabilities' ability to get to work (70%), impacts getting to medical appointments (66%), limits the ability to participate in their communities (86%), limits ability to shop and support local businesses (75%), and impacts people's ability to see their family (53%).

Connect families so they can solve problems while reducing service system involvement

Family Networks facilitate and connect families to do together what a single family cannot do alone. Well informed and supported families can solve challenges and provide direct support needs—transportation, community living, community integration, obtaining and maintaining community employment, changing

personal and home health care needs—that affect the quality of life and outcomes for people with disabilities. Connecting families to each other, provides support for the family as a whole, but ultimately benefit the individual with a disability.

Support the community based direct care workforce

People with disabilities rely on direct care worker assistance in order to remain independent, employed, and in the community. If the community-based workforce is insufficient, people with disabilities may be forced into institutional settings, which will dramatically increase the Medicaid budget.

Support people with I/DD and caregivers affected by Alzheimer's or dementia

More people with I/DD are living long enough to develop Alzheimer's disease and other dementias. Both family and professional caregivers need to be able to recognize changes and adjust their approaches accordingly. According to the national ARC, 75% of adults with I/DD live at home with their family. More than 900,000 of those families have caregivers who are age 60 or older. A separate and related challenge occurs when the caregiver is affected by Alzheimer's/Dementia and their ability to provide the needed level of care declines.

Prepare students with disabilities to succeed

Research clearly shows that 99% of students – including those with disabilities -- can learn grade-level content in the general education curriculum and achieve proficiency on grade level standards with the appropriate supports. Education is the foundation that prepares students with disabilities to become contributing members of their communities and a valuable asset to Wisconsin's skilled workforce.

Ensure children with disabilities receive services and are included in our communities

BPDD's vision is that every child with a disability grows into a person who is self-determined, participating and engaged in his or her community, employed in an integrated setting at a living wage, and maximizing their independence, including a reduced reliance on public benefit programs. Many Wisconsin children with disabilities are waiting to access the home and community based children's long term care waiver program.

Protect rights and access to polls for voters with disabilities

People with disabilities face a number of obstacles to voting including: inadequate accessibility of polling places, transportation to and from polling places, barriers to obtaining photo IDs, difficulties voting in-person; lack of information and varying early voting and absentee ballot processes, difficulty in reading or seeing the ballot and understanding how to vote or use voting equipment.

Keep people with I/DD in the community and out of mental health institutions

50% of long-term care participants with I/DD also have behavioral health conditions, and require specialized behavioral supports. Investment in individualized positive behavior supports can result in successful community living, employment and community participation for people with complex needs, while minimizing costly emergency detentions and institutional stays.

Close Wisconsin's remaining state Centers for the Developmentally Disabled and ICF-IDs

Family Care has successfully supported people with complex needs in their own homes and community, including people who have previously lived in state institutions. 11 states have closed all state operated centers for the developmentally disabled. It's time for Wisconsin to do the same.

Prioritize real jobs in the community for people with disabilities

Fast facts:

- Integrated community employment supports are more cost effective¹. Costs for integrated employment supports for individuals decrease over time, as individuals learn real world skills and gain support from co-workers, the need for paid service staff diminishes and may fade away entirely.
- In contrast, facility-based pre-vocational training services have high overhead and staffing levels, which translate into high fixed constant costs.
- People working in integrated community employment earn higher wages, resulting in more financial independence and the ability to be less reliant on Medicaid funded services².
- Research has shown that all people with disabilities who are employed are healthier. Employment can improve health by increasing social capital, psychological well-being, improving income, and reducing negative health impacts of economic hardship.³
- DHS's 2014 report on sustainability of Medicaid funded long term care programs stated that community integrated employment is more cost-effective than facility-based employment and that a shift to this type of employment is necessary for fiscal sustainability in state programs⁴.

Employment proposals

- Define "*competitive integrated employment*" in the statutes using the definition in the federal Workforce Innovation Opportunity Act (WIOA),⁵ and explicitly state that competitive integrated employment is the first and preferred outcome for all people with disabilities.

¹ DHS' 2013 Long-Term Care report cites the cost of integrated employment support at \$8.01 per hour worked, compared with a cost of \$10.45 per hour worked in facility-based employment.

² According to DHS data, people in integrated employment earn more than three times more per hour than their facility based counterparts (\$8.28 per hour versus \$2.43 per hour).

³ Hall, J.P., Kurth, N.K., & Hunt, S.L. (2013). Employment as a health determinant for working-age, dually-eligible people with disabilities. *Disability and Health Journal*, 6, 100-106; <http://www.ncbi.nlm.nih.gov/pubmed/23507160>

⁴ <https://www.dhs.wisconsin.gov/publications/p0/p00590.pdf>

⁵ Under WIOA, "competitive integrated employment" means work that is performed on a full-time or part-time basis (including self-employment) (A) for which an individual is compensated at a rate that –(I.) (aa) shall be not less than the higher of the rate specified in section 6 (a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206 (a)(1) or the rate specified in the applicable state or local minimum wage law; and (bb) is not less than the customary rate paid by the employer for the same or similar work performed by other employees who are not individuals with disabilities, and who are similarly situated in similar occupations by the same employer and who have similar training, experience, and skills; or (II.) in the case of an individual who is self-employed, yields an income that is comparable to the income received by other individuals who are not individuals with disabilities, and who are self-employed in similar occupations or on similar tasks and who have similar training, experience, and skills; and (ii). is eligible for the level of benefits provided to other employees; (B.) that is at a location where the employee interacts with other persons who are not individuals with disabilities (not including supervisory personnel or individuals who are providing services to such employee) to the same extent that individuals who are not individuals with disabilities and who are in comparable positions interact with other persons; and (C.) that, as appropriate, present opportunities for advancement that are similar to those for other employees who are not individuals with disabilities and who have similar positions.

- Establish a pay for performance system that rewards community employment outcomes and fading or elimination of public employment supports⁶.
- Establish a statewide policy priority requiring every transition age student with a developmental disability to exit high school with a community integrated job⁷.
- Expand eligibility to compete for State Use program contracts to private sector businesses and businesses owned by people with disabilities, require State Use Contractors to pay employees at least minimum wage, ensure employees funded with State Use Contract dollars are being hired in community job settings.
- Invest in growing the number of quality community based employment providers that can help people with disabilities successfully obtain and maintain a community job.
- Promote and incentivize private sector hiring of workers with disabilities by investing in supports to expand the Partners With Business model statewide. This model is proven to save money and allows a typical co-worker to be paid with public funds (often time-limited) to help a person with a disability be successful on the job.
- Invest in the bi-partisan proposal from the Assembly Youth Workforce Readiness Committee to create a pilot program to provide trained job developers to school districts who can work with local businesses.
- Reform the Medicaid Assistance Purchase Plan (MAPP) work incentive program to ensure participants are achieving community jobs, strengthen work requirements and ensure that people who lose their jobs are put back on the path to employment rather than being automatically removed from MAPP, establish a fair premium structure that incentivizes participants to work to their full potential, and ensure savings workers have accumulated in Independence Accounts are retained after retirement.

⁶ Service codes in long-term care can be changed to pay for hours an individual works, rather than hours of service provided. This incentivizes obtaining more hours of employment for a LTC participant, finding a good job match that minimizes the need for support, and rewards fading of job coaching over time because the agency is still paid for the hours a person works regardless of services delivered. This model has already been successfully implemented in Wisconsin by one Wisconsin MCO.

⁷ Dane County has had this type of policy that over the past 30 years. Dane County has the leading integrated employment rate (75%) for people with developmental disabilities in long term care in the nation. Nearly every high school graduate with developmental disabilities in the last 5 years is in paid employment. Nearly 900 local employers have hired people with developmental disabilities. The employment provider network has expanded and focused almost exclusively on integrated jobs. People with disabilities working in community jobs pump more than \$3.6 million in earnings back into local economy. Wages earned now nearly offset local costs of providing employment supports.

Ensure people spend their days included in the community, not in a Medicaid-funded facility

Fast facts:

- Facility-based day service costs are fixed, high, continue into perpetuity, and are often segregated from the rest of the community.
- Connection to the community correlates with healthier living, improved mental status, and other important social determinants of health.
- Community Integrated Day Supports can wrap around a person's competitive integrated employment to create a meaningful day and week.
- Community integrated day supports can build natural support connections and enhance employment skills – leading to increased hours worked, new employment opportunities and higher wages.
- The Wisconsin managed care organization with the strongest emphasis on community building and community connecting has found this approach contributes to a greater use of natural supports and associated savings.

Day Service proposals

- Direct DHS to establish no less than 5 pilot programs in urban and rural areas of the state to establish integrated community day programs that will meet outcomes including independent living skills experience and training, opportunities to build relationships and natural supports; opportunities to explore and engage in activities/interests of the person like in adult education, volunteering, community activities, and recreation/leisure opportunities. Pilots should be directed develop and leverage non-governmental partners to expand the community options and opportunities available for people with I/DD.
- Require each pilot program to collect data elements to measure performance and outcomes⁸ and biennially report their data and outcomes to DHS and to the legislature.
- Develop a rate structure that incentivizes individualized, community-based supports rather than congregate settings.

⁸ Data elements include: How many and what types of community organizations or other partners does the pilot program have a relationship with; Hours of service delivered in each type of community organization or partner; Number and types of activities offered per month; Number of people participating in each type of activity; Number of people with I/DD in any small group; Number of people with I/DD doing individual activities; Ratio of staff to people with I/DD; Number of hours people with I/DD were engaged in activity without paid support there; How and who chose the activities and developed ideas for activities; Number of relationships individuals engaged in the community; Number of hours spent in the community and doing activities; Proportion of hours spend in activities designed for people without disabilities

Prioritize community supported living

Fast facts:

- 65% of people live with a family caregiver; in 25% of cases, the caregiver is over 60 years old⁹.
- Independent community supported living is the best practice and uses family and community resources to reduce bypass more expensive and restrictive Medicaid funded residential services.
- Community Supported Living can cost Medicaid 35% less than a CBRF placement¹⁰.
- In Dane County, families have established community supported living residences that save Medicaid 70% compared to the cost of an adult family home placement.

Housing proposals

- Establish Community Supported Living¹¹ as the first and preferred option for Medicaid reimbursable residential supports.
- Allow use of administrative Medicaid funds to be used for housing-related activities like assisting with housing applications, developing a housing support plan, or providing tenant support services¹².
- Require MCOs to routinely check and match LTC recipients with available affordable housing and Section 811 rental housing vouchers.
- Require MCOs to work with families to develop a clear succession plan to ensure their children can live in community supported living and avoid potentially decades of high cost, restrictive residential placement.

⁹ 2013 data. <http://www.stateofthestates.org/documents/Wisconsin.pdf>

¹⁰ Community Supported Living Within Family Care: Community Care of Central Wisconsin's Experience; Strenn, Norby and Harkins; October, 2013 paper published by the Wisconsin Board for People with Developmental Disabilities

¹¹ Community Supported Living is defined as a partnership between any person needing support to live in their own home and an entity providing individualized assistance.

¹² CMS encourages the use of Medicaid funds for these purposes. California, New York, and Tennessee -- are addressing the housing needs of dually eligible beneficiaries who use LTC. <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

Ensure people with disabilities can get where they need to go

Fast Facts

- Community employment, staying healthy, and independently taking care of personal business depends on reliable and routine access to transportation.
- Barriers to transportation for people with disabilities include; limited transportation on weekends and evenings (64%), transportation options or routes not going where people need to go (62%), rides being cancelled or not arriving on time (34%), and lack of accessible transportation (26%).
- Other barriers to transportation include high fares or unaffordable rates, one-ride one-purpose programs that do not allow people to use the same ride to accomplish multiple tasks, fragmented transportation systems that fail to connect to each other (between towns, across county lines etc.).
- If rides don't come or are late, it can cause other disruptions in an individual's life. Increased costs can result when more transportation must be scheduled, appointments are missed, or jobs are lost because unreliable transportation makes commuting impossible.

Transportation proposals

- Increase funding for public transit systems and expand public transit options (routes, new systems).
- Explore Uber/Lyft and other shared-ride systems as acceptable Medicaid payees to expand ride options and numbers of vehicles available that can be accessed by people with disabilities.
- Pass shared-ride legislation that assures accessibility, requires background checks for drivers, Leaves opportunity to partner with or contract with private companies that already operate wheelchair accessible vans or encourage people who own accessible vans to sign up as drivers, prohibits charging people with disabilities additional fees or higher fares, prohibits discrimination against people with mobility equipment or who use service animals.
- Incentivize health care facilities to coordinate and schedule their own NEMT rides in conjunction with the medical and other treatment appointments they schedule.
- Implement "Pay for Performance" billing for all NEMT rides. BPDD recommends no payment be made if a ride does not show, and a sliding scale penalty be imposed that reduces payment the later the ride is, with no payment due if the ride results in a patient missing a scheduled appointment.

Connect families so they can solve real challenges and reduce service system involvement

Fast Facts

- Family networking is one of three national standards for support to families. Dane county has been operating a Family Network program for 9 years; program data quantifies that the program is a success for families, people with disabilities, and the long term care system.
- Family Networks seek out cost effective community-based solutions and resources, personal resources, and unpaid supports, in lieu of more costly Medicaid funded services.
- Family Networks can increase community employment¹³, independent living¹⁴, and facilitate transportation¹⁵.
- Family Networks can fill in the gaps caused by significant workforce shortages in rural and underserved areas with limited access to qualified service providers.
- Family Networks can plan and prepare for a time when family caregivers may no longer be able to provide the same level of care and succession of caregiving¹⁶.

Family and Caregiver proposals

- Establish two 3-year pilot programs—one in Family Care and one in IRIS—that provides dedicated staffing, technical assistance, training and coaching, requires outcomes reporting, and recommendations to DHS on how to scale and replicate family networks in the long term care system.¹⁷

¹³ In one project, 85% of people with disabilities gained an average of 15 hours per week of employment, and reduced the support provided by Medicaid by 7000 hours per year. If these 11 individuals were not working part-time in the community, it would cost Medicaid \$616,000 for 7000 hours in a sheltered workshop and \$1,155,000 for 7000 hours of adult day services per year.

¹⁴ One Family Network decided to focus on achieving independent living for their family members with disabilities. 20 individuals now live independently for 70% lower than if they were in an adult family home placement. If these 20 individuals were placed in Adult Family Homes the cost of supporting them would be \$480,000 to \$1,340,000 per year. Another group of five families is saving Medicaid 30% annually because they are sharing responsibility for hiring, training and scheduling shared staff and thus avoiding the overhead costs of a residential agency (\$24 per hour residential agency versus \$16 hour non-agency). In another example, Medicaid will save an estimated \$27 million over the course of 9 individuals' lifespan because 9 families developed a clear succession plan to ensure their children can live in the community and avoid potentially decades of high cost, restrictive residential placement.

¹⁵ Nine families assessed they collectively need more than 1500 rides per year for employment and community activities; by carpooling they have reduced the number of Medicaid rides by 150.

¹⁶ When families transition caregiving to another family member or have ensured that their loved one can live and work independently in the community with supports, Medicaid may avoid residential and other costs that might have been incurred for decades.

¹⁷ Data elements should include number of families receiving one on one conversation specifically about participating in a Family Network; Number of families expressing interest being connected to Family Networks; Number of families referred to dedicated Family Network staff; Number of family networks and number of families within each network; Types of Activities Family Networks are engaged in (e.g. connecting to other families, connecting to community activities, securing community employment, securing community independent living, supported decision making and self-direction, futures planning, transportation solutions etc.); Engagement of participants whose families are in Family Networks in community employment (hours, wages, employment supports used), community supported living, community engagement, quality of life measures, supported decision-making and self-direction as compared to participants whose families are not participating in Family Networks; The level of family engagement in networks and types of activities families are engaged in; issues identified by families including participation; quantify the participant's existing support system and how many/amount of services are being paid by family, other caregivers, other entities, services available from public or private funding sources.

- Develop an incentive structure within Family Care outside the capitated rate for continuous outcome improvement initiatives, and include replication of the Living Our Visions (LOV-Dane) model as an eligible continuous outcome improvement project.
- Create an incentive structure that rewards families for community integration efforts that result in reportable outcomes (specifically integrated employment, transportation to employment, community integrated living, community connections, etc.)

Support the community based direct care workforce

Fast Facts

- Currently, the turnover rate in Wisconsin for personal care workers is 35-50% annually¹⁸. There are currently 3,000 additional positions that are unfilled, and by 2020 the number of workers needed is projected to increase by 36%.
- Reasons for the high turnover rate of personal care workers in provider agencies include: low wages, unpredictable and insufficient hours, geographical distance travelled to get to clients, isolating work environment that does not provide a team support structure, and inconsistency of clients especially as crises scheduling forces interaction with unfamiliar clients.
- An estimated 40% of the overall community workforce includes family members.

Community Workforce proposals

- Establish a statewide contract with a proven registry (MySupport) that enables long term care participants and available workers to find each other, hire and schedule workers, expand the available worker pool for workers not affiliated with a provider agency, and helps provider agencies to improve administrative efficiency¹⁹.
- Reimburse workers for transportation costs associated with commuting to client homes.²⁰
- Continue allowing IRIS participants to hire workers--including relatives and friends—who are not affiliated with provider agencies.
- Encourage MCOs to incorporate workers not affiliated with a provider agency--including willing family members--into their provider networks.
- Allow individuals who self-direct to pool their budgets to jointly hire staff and offer wage incentives.

¹⁸ There are currently about 90,000 personal care workers in Wisconsin; a 35% annual turnover rate equates to 31,500 positions that must be refilled every year.

¹⁹ Applications have been developed that match participants and workers by via profile information (care needed, geography, availability), enable participants to self-direct and hire workers that fit their needs and personality, enable personal care agencies and workers to track hours to prevent incurring overtime expenses, and enable provider agencies and managed care organizations to reduce administrative overhead while tracking workflow and billable Medicaid expenses. My Support (<http://www.mysupport.com/>) is an example of a platform currently operating in California, New Jersey, Iowa, and preparing to launch in Delaware and Maryland. My Support can be used as an the CMS suggested open registry of workers for public use, and Medicaid administrative match can be used by states to implement the My Support system and pay for ongoing operating costs (CMS Guidance, Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce August, 2016, <https://www.medicaid.gov/federal-policy-guidance/downloads/cib080316.pdf>)

²⁰ These costs should at minimum include gas, mileage, and public transit system fares. Currently, the workforce is only reimbursed for travel time and not mileage. Travel time reimbursement often does not cover the cost of gas and wear and tear on the vehicle.

Support people with I/DD and caregivers affected by Alzheimer's or dementia

Fast Facts

- Certain developmental disabilities can indicate an increased likelihood of developing dementia symptoms and diseases; these symptoms may develop at younger ages.
- When Alzheimer's or dementia is present in a person with I/DD, it may not be recognized or treated, which can have profound consequences on an individual's life and care.
- People who experience both I/DD and Alzheimer's/Dementia are often blamed for being "difficult," and staff may apply punitive measures or removal from residential settings (sometimes resulting in institutionalization).
- Family caregivers of people with I/DD and Alzheimer's/Dementia may not recognize or separate behavior from symptoms of disease.
- Caregivers are aging and people with I/DD are living longer. Caregivers affected by Alzheimer's/dementia, may no longer be able to provide care, and other relatives may be unaware the situation becomes critical for one or both parties.

Alzheimer's/Dementia Proposals:

- Incorporate memory and mental health questions from the NTG Early Detection Screening for Dementia (NTGEDSD) for all individuals with I/DD and all individuals over age 65 in long term care programs.
- Require an annual caregiver assessment.²¹
- Require courts to revisit the terms of the guardianship every five years,²² revise guardianship orders to reflect new skills/capacity of wards with I/DD, and evaluate guardian's capacity to continue to serve as the guardian.
- Explore using funds from the Older American Act to support younger people and people with I/DD who have Alzheimer's and Dementia.

²¹ Caregiver assessments can identify when caregivers are feeling overwhelmed, need additional help because of their own physical health, identify when life circumstances have changed, and identify the person's true circle of support.

²² Courts seldom revisit guardianship agreements once they have been granted. Many guardianships for people with I/DD remain in place without changes for decades. Legal guardian authority may have been granted decades before the onset of Alzheimer's/dementia symptoms in the guardian. It is not clear who and how it is determined that a guardian is no longer capable of fulfilling that role, and how the guardianship is modified or dissolved (assessment of whether a guardianship is needed, transferal to whom, and does the ward have a right to provide input).

Prepare students with disabilities to succeed

Fast Facts

- In the 2015-16 school year, Wisconsin had 104,775 students with disabilities²³. Wisconsin has a significant achievement gap for students with disabilities
- In the 2014-15 school year, 8th graders with disabilities were only one-third as likely to be proficient in language arts as their peers; only one in 10 8th graders with disabilities were proficient in math.
- Poor educational preparation of students with disabilities translates into a lifetime of high unemployment (63%), lower wages (30% less than workers without disabilities), and reliance on public benefit programs.
- There is a strong correlation between general education inclusion/access to general education environments in high school and improvement in employment rates for students with I/DD²⁴

Education proposals

- Support increase in state funding for special education services to 30% of costs, and full funding for high-cost students. Require the amount of per-pupil funding the state provides for educational services accompany the student, if a student changes schools during the school year.
- Require transition age students to have paid community employment work experience as a transition service.
- Require private schools that receive public funds to follow federal Individuals with Disabilities Education Act (IDEA) requirements, and require IDEA's definition of "disability" to be universally used for reporting and other purposes.
- Create a single system to collect standardized data on charter, choice, County Children with Disability Education Boards (CCDEBs), and public schools specifically requiring data collection to measure students' with disabilities progress.
- Fully fund the Better Bottom Line Transition Incentive Fund to reward schools that move more students into community employment at or above minimum wage or into post-secondary education.

²³ Ages 6-21. <http://dpi.wi.gov/sped/data/child-count/10-01-15>

²⁴ Benz, M. R., Lindstrom, L., & Yovanoff, P. (2000). Improving graduation and employment outcomes of students with disabilities: Predictive factors and student perspectives. *Exceptional Children*, 66, 509-541.

Ensure children with disabilities receive services and are included in our communities

Fast Facts

- Approximately 36% of identified children with disabilities currently eligible for Children's Long-Term Supports (CLTS) are waiting for supports in Wisconsin.
- As of August 2014, 5,344 children were enrolled in CLTS program, and there were 2,389 kids on the waiting lists maintained by the county (including 1,403 kids with I/DD) as of August 2014.

Children's proposals

- End the waiting list for home and community based supports for children with disabilities.
- Invest in training for health care providers and pharmacies to understand how to submit claims to the EPSDT HealthCheck system.

Protect rights and access to polls for voters with disabilities

Fast Facts

- Americans with disabilities vote at a rate 5-15% below people without disabilities.
- People with disabilities face a number of obstacles to voting, including: inadequate accessibility of polling places, transportation to and from polling places, barriers to obtaining photo IDs, difficulties voting in-person; lack of information and varying early voting and absentee ballot processes, difficulty in reading or seeing the ballot and understanding how to vote or use voting equipment.
- People with disabilities will account for approximately one sixth of eligible voters in the 2016 election, totaling 34.6 million people in all²⁵ (roughly 17% of the electorate).
- In 2016, there will be 62.7 million eligible voters who either have a disability or have a household member with a disability, more than one-fourth of the total electorate²⁶.
- In 2012, 30 percent of people with disabilities reported difficulty in voting, compared with 8 percent of people without disabilities²⁷

Voting access proposals

- Continue polling place accessibility audits to ensure voters with disabilities can access polls.
- Fully fund DOT to provide state IDs to all Wisconsin citizens that request one. Reject DOT's proposal to issue paper IDs that may only be used for voting purposes to save costs. Free photo IDs—as required by the law—should be durable and the same quality as all IDs available to all Wisconsin residents.
- Prevent guardianships from automatically stripping a person's right to vote and allow a process to have voting rights restored

²⁵ <http://smlr.rutgers.edu/news/projecting-number-eligible-voters-disabilities-november-2016-elections-research-report>

²⁶ <http://smlr.rutgers.edu/news/projecting-number-eligible-voters-disabilities-november-2016-elections-research-report>

²⁷ <https://www.supportthevoter.gov/files/2013/08/Disability-and-Voting-White-Paper-for-Presidential-Commission-Schur.docx> .pdf

Keep people with I/DD in the community and out of mental health institutions

Fast Facts

- When behavioral health needs are not effectively addressed, some individuals with I/DD may express themselves through challenging behaviors. This may lead to inappropriate and costly placements in mental health facilities.
- For 30 years, the UW-Waisman Center's Community TIES program has greatly enhanced Dane County's ability to decrease the need for costly stays in Wisconsin's mental health institutes.
- Community TIES provides positive behavioral support services, collaborates with local law enforcement and develops police safety plans that provide alternatives to hospitalizations, trains provider staff on positive behavioral supports, provides psychiatric consultation, and provides intensive crises response support.
- In 2015 Community TIES consultants provided active behavior support services 16% of the adult I/DD population served by Dane County (231 people).
- Every day these complex individuals are living in the community saves Medicaid 39-60%.

I/DD and behavioral health proposals

- Use the same reimbursement rate for institutional and Home and Community Based (HCBS) services²⁸.
- Establish one or more county pilot projects between Waisman Community TIES, an MCO, a county CLTS program, and county mental health department.
- Develop an incentive structure within Family Care outside the capitated rate for continuous outcome improvement initiatives, and include replication of the Community TIES model as an eligible continuous outcome improvement project.

²⁸ The average per capita cost of institutional services typically is considerably higher than that of HCBS. When a state establishes the same acuity-adjusted Per Member Per Month (PMPM) payment rate for institutional and HCBS services, MCOs have strong incentives to avoid institutional placements and to transition Nursing Facility and other institutional residents to HCBS settings.

<http://www.ncd.gov/publications/2013/20130315/>

Close Wisconsin's remaining state Centers for the Developmentally Disabled and ICF-IDs

- Family Care/IRIS have successfully supported people with complex needs in their own homes and community, including people who have previously lived in state institutions. Prevention and reduction of institutional placements is a primary source of the cost savings that the current system has generated.
- 11 states have closed all state operated centers for the developmentally disabled²⁹
- 8 more states have scheduled the closure of 14 more state operated IDD facilities by 2020.³⁰
- It costs Medicaid \$185,235 annually per person living in ICF/IIDs, compared to \$33,504 for those served in home and community based waivers (Family Care, IRIS)³¹.

Institution Reforms

- Close the state's remaining facilities regulated as institutions (ICF-IDs), and transition residents into Home and Community Based Waiver programs (Family Care/IRIS).
- Ensure that a robust transition plan and adequate funding exists to facilitate successful relocation into the community.
- Expand access to the Adaptive Aids program and diagnostic capacity housed within Central Wisconsin Center to all state residents.
- Use the same reimbursement rate for institutional and Home and Community Based (HCBS) services³².

²⁹ Alabama, Alaska, Hawaii, Indiana, Maine, Michigan, Minnesota, New Hampshire, New Mexico, Oregon, Vermont and the District of Columbia reported no open state IDD facilities with 16 or more residents in June 2013. *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

³⁰ *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

³¹ *2016 In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends through 2013* (Residential Information Systems Project, 2016).

³² The average per capita cost of institutional services typically is considerably higher than that of HCBS. When a state establishes the same acuity-adjusted Per Member Per Month (PMPM) payment rate for institutional and HCBS services, MCOs have strong incentives to avoid institutional placements and to transition Nursing Facility and other institutional residents to HCBS settings.

<http://www.ncd.gov/publications/2013/20130315/>.

Wisconsin State Budget Briefing for Disability Advocates



What You Will Learn

1. Changes at the federal level that impact the state budget
2. Why the state budget is important
3. What is in the state budget
4. How can I have a voice about the state budget



Federal changes: Medicaid

Congress proposing big changes to Medicaid

- Congress is including **as part of the Affordable Care Act replacement** legislation (also known as the ACA or Obamacare) **significant cuts to Medicaid.**
- Congressional leaders and President Trump have stated that they will reduce Medicaid funding to states through either **Medicaid block grants** or **per capita caps**



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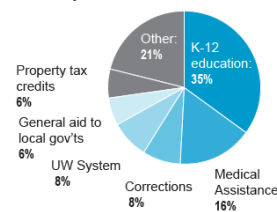
Federal changes: Medicaid

Congress's Actions will impact Wisconsin's State Budget

- Federal changes to Medicaid--such as reductions in federal funding due to block grant or per capita caps--will impact state's budgets
- Depending on what Congress does, Wisconsin may have to make changes to Wisconsin's Medicaid programs and services.

Top Programs in GPR Spending

For fiscal year 2014.



Source: DOA
WISCONSIN BUDGET PROJECT



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Federal changes: Medicaid

Who is in Wisconsin Medicaid programs?

- Medicaid offers critical supports that are not available or accessible on the private market to:
 - children and children with disabilities,
 - people with physical disabilities,
 - people with intellectual/developmental disabilities,
 - people with mental health conditions,
 - older adults,
 - low income pregnant women,
 - low income working adults.



Wisconsin's Medicaid Programs

Family Care/Managed Long-Term Care	Children's Long Term Support Program
IRIS – Self-Directed Long-Term Care	Katie Beckett Program
CIP/COP (Long-Term Care Waivers)	Comprehensive Community Services
Family Care Partnership	Community Support Program
PACE	Community Recovery Services
Personal Care services (through Medicaid)	Targeted Case Management
Elderly Blind Disabled (EBD) Medicaid or Social Security(SSl) Medicaid	SeniorCare
Medical Assistance Purchase Plan (MAPP)	Wisconsin Chronic Disease program
Wisconsin Well Woman program	Family Planning Only Services program
BadgerCare	Services provided using a Wisconsin Forward Health card

Federal changes: Medicaid

How does Medicaid funding work now?

- The federal government pays ~60% of Medicaid costs, states pay ~40%.
- If more people need Medicaid or costs increase, more funding is provided by the Feds/State to cover costs
- When fewer people need services, or costs go down the Feds/State reduce funding.
- Currently if a person meets the eligibility requirements (generally poverty, age, and/or disability), they can get the services they need under Medicaid.



Federal changes: Medicaid

What does Medicaid cover?

- States are required to provide certain **mandatory** services under Federal Medicaid law
- States can choose to provide additional **optional** services
- Wisconsin provides almost all optional services
 - Many “optional” services Wisconsin has invested in have resulted in cost savings for Wisconsin
 - **Everything covered in Family Care/IRIS, prescriptions, dental care, etc. are optional under federal law.**



Mandatory Medicaid Services

- Inpatient hospital services
- Outpatient hospital services
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) (for kids)
- **Nursing facility services***
- Home health services
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and X-ray services
- Family planning services
- Nurse Midwife services
- Certified Pediatric and Family Nurse Practitioner Services
- Freestanding Birth Center services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women
- Tobacco Cessation



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Optional Medicaid Services

- Prescription drugs
- Clinic services
- Physical therapy
- Occupational therapy
- Speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehab services
- Podiatry services
- Optometry services
- Dental services
- Dentures
- Prosthetics
- Eyeglasses
- Chiropractic services
- Private duty nursing services
- Personal care
- Hospice
- Case management
- Services for Individuals Age 65 + in an IMD
- Other services approved by the Secretary
- TB Related Services
- Inpatient psychiatric services for individuals under age 21
- Services in ICF/ID
- **Home and Community-Based Waivers – 1915(c)***
- **State Plan Home and Community Based Services -1915(i)***
- **Self-Directed Personal Assistant Services -1915 (j)***
- **Community First Choice Option - 1915 (k)***



This means Family Care, IRIS, CLTS, etc.



AAIDD | The Arc | AUCD | NACDD | SABLE | UCP

Federal changes: Medicaid

What are Medicaid Block Grants?

- Block Grants give Wisconsin a set dollar amount to cover all Medicaid costs for all people who are in one of Wisconsin's 19 Medicaid funded programs or use the ForwardHealth card.
- Block Grants **do not** guarantee states will receive enough funds to cover people currently in Medicaid, or meet changing needs of a population.
- States would have to decide on whether to provide **extra** funding or **cut** Medicaid costs.



Federal changes: Medicaid

What are Medicaid Per Capita Caps?

- Per Capita allocation gives states a set dollar amount per person enrolled in Medicaid to cover all Medicaid costs.
 - Different populations (e.g. older adults, children, kids with disabilities, people with physical or developmental disabilities, mental health, low income adults) may be capped at different dollar amounts.
 - It is uncertain how the per capita allocations will be determined, whether they will differ among populations, what costs they would cover, etc.
- Per Capita caps **do not** guarantee that states will receive enough money to cover costs.
- States would have to decide on whether to provide **extra** funding or **cut** Medicaid costs.



Federal changes: Medicaid

Impact of Medicaid Block Grants or Per Capita Caps

- Analysis of Medicaid Block and Per Capita Cap proposals estimate a 35-40% reduction in Federal Medicaid funding.
- States would have to choose/change who they serve and what services/supports they provide, and could:
 - Limit or eliminate some services or supports
 - Establish wait lists for programs or services
 - Establish “tiered” benefits for certain populations
 - Restrict who is eligible for Medicaid
 - Eliminate coverage for whole populations or subpopulations
 - Add requirements, like cost-sharing, for participants
 - Eliminate entitlement to Medicaid
 - Use prior authorization or other methods to reduce or restrict access to services
 - Cut reimbursement rates for care providers
 - Or other mechanisms to reduce Medicaid costs

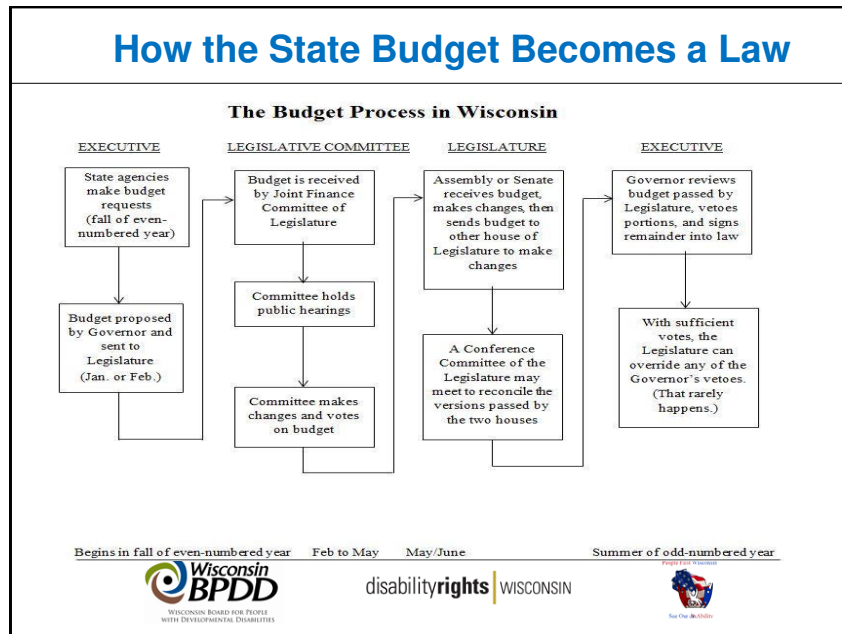


Why is the State Budget Important?

- It is passed every two years and includes important funding for State Programs.
- It determines how much money will be spent on different things that our government provides.
- There are often changes to policy put into the budget, that change the program but do not seem related to a “budget” because they don’t impact cost.



How the State Budget Becomes a Law



Where are we at now?

- Governor Walker gave his budget speech (Feb. 8).
- The Legislative Fiscal Bureau determines the costs or cost savings of different proposals.
- Joint Finance Committee (JFC) will announce hearings around the State of Wisconsin.
- Senate and Assembly vote on budget.
- Budget needs to be passed before July 1, 2017.

What is in the State Budget?

Medicaid: Children's Long Term Supports

- Proposal funds children who've been waiting for long term supports for children with developmental disabilities, physical disabilities or severe emotional disturbances.
- 2,200 families would gain access to critical supports that keep children with significant disabilities out of institutional care and connected to their communities.



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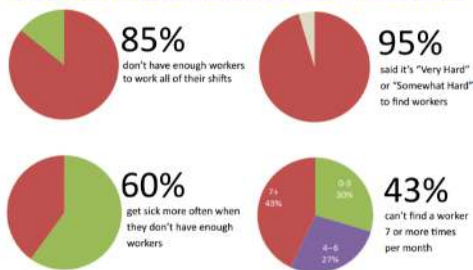


What is in the State Budget?

Medicaid: Personal Care

- Proposal increases Medicaid personal care rates by 2%. Amount does not go far enough to address the direct care crisis Wisconsin is facing statewide, particularly in rural areas.
- Direct care providers in nursing homes are set to receive a more than three-times higher increase in the budget than workers coming into people's homes.

People Can't Find Workers....It's Putting Them at Risk



Source: Survival Coalition Consumer Survey, November 2016.

Contact: survivalcoalitionwi@gmail.com

<http://www.survivalcoalitionwi.org/wp-content/uploads/2016/11/SurvivalSurveyFactSheet.pdf>

What is in the State Budget?

Medicaid: Medical Assistance Purchase Plan (MAPP)

- Establishes a fairer premium structure so premiums increase gradually as people earn more.
- Counts earned and unearned income more favorably
- Allows exclusion of medical and remedial expenses, long-term care costs, and impairment-related work expenses to determine premium and eligibility for MAPP.
- Allows participants to retire without losing Independence Account savings or Retirement contributions and still remain eligible for Medicaid long term care programs
- Changes how people verify how they met the program's work requirements, and increases support for people needing re-employment assistance



What is in the State Budget?

Medicaid: BadgerCare

- Expands work training requirements to all childless adults
- No explicit exemption for childless people who have mental health, physical, developmental, or intermittent disabilities from work training requirements.
 - Not clear if barriers to accessing training or employment would result in BadgerCare ineligibility
 - Not clear if participation in other work training programs (FoodShare, etc.) would count as fulfilling the forthcoming BadgerCare requirements.



What is in the State Budget?

FoodShare

- Budget directs DHS to ask the federal government for permission to implement mandatory work training requirements for some able-bodied childless adults in order to keep FoodShare eligibility



What is in the State Budget?

Federally Funded: Housing

- Many people with disabilities and older adults are recipients of housing vouchers under the federal Housing Choice Voucher Program
- Proposal directs the state housing agency (WHEDA) to ask the federal government for permission to implement a pilot requiring work requirements in order to be eligible for a housing voucher.



What is in the State Budget?

Education: Funding

- No increase in special education funding: nearly a decade of no increases.
- Increase in overall funding, however all schools get the same regardless of level of need.
 - Under the current funding formula, poorest and neediest school districts receive more funds.
- Budget would grant lifetime licenses for teachers



What is in the State Budget?

Education: Transition

Special education transition grants

- Increases funding of the Transition Incentive fund that rewards schools that prove they have moved more students into community employment at a competitive wage and into postsecondary education and training.

Youth Transition Readiness Investment Grants

- Establishes a new grant program to support school districts to get jobs in the community for students with disabilities.



What is in the State Budget?

Education: Mental Health

- School age mental health, provides funding to improve access to mental health services for school-age youth by
 - supporting the availability of social work services in schools
 - funding grants for school-linked mental health services
 - training school personnel in mental health first aid and trauma-informed care



What is in the State Budget?

Transportation

- Small increase in paratransit and Tribal Elderly Transportation Program
- No new investment in public transit
- No investments in new approaches, like shared ride options, mobility management and coordination, etc.



What is in the State Budget?

Other Items



What can you do to
affect the budget?



You Can Speak Up



- Talk to your legislator at the Capitol or in your district:
<http://legis.wisconsin.gov/>
- Attend Disability Advocacy Day in Madison on March 21st
- Write a letter to the editor of your local newspaper



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You Can Speak Up



Joint Finance Committee Hearings

BudgetComments@legis.wisconsin.gov, or send a hand-written letter to: Joe Malkasian, Room 305 East, State Capitol, Madison, WI 53702.



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How do I Talk to My Legislator?

1. Give a clear message and practice saying it. Write it out.
2. Know basic information about the issue or program you are advocating about and how it affects you-- Tell your story.
3. Remember every time you meet with a legislator or staffer you are building a relationship. Relationships need lots of regular contacts over time.
4. Ask for what you really want from your legislator and be clear. For instance, "I want more funding for . . .," or "I want the current changes to . . . to be taken out of the budget."
5. Remember to listen as well as talk to your legislator or staffer.
6. When a legislator or staffer raises an objection or question about your issue, stay calm and polite. Don't feel you have to answer right away. Say, "I'm not sure about that. I will get back to you."






How do I Talk to My Legislator con't?

8. Handouts have to be clear and to the point – read them first.
9. Don't give up. Keep up the contacts until you get a real answer. If they do not commit to help at the meeting, it gives you an excuse to call them back and visit again.
10. Broaden your "base" – get other people involved. Get 2-3 people you know to come with you to a visit in your hometown or the legislator's home town close to you.
11. Remember to say thank you for their time or support.
12. Don't get discouraged-- change takes time.






Key Elements of You or Your Families Personal Story	Building Your Personal Message	Your Priority Policy Goal
<div>Single dad with two sons 6 year old has cerebral palsy</div> <div>Not safe for boys to be home alone after school</div> <div>My son can't climb stairs</div> <div>I am a single parent I am wearing down</div> <div></div>	<p>The Connecting Ideas</p> <div> <div>The Children's waiver can pay for in home support after school services</div> <div>Family Support and the children's waiver can pay for in home modifications</div> <div></div> <div>Family Support and the children's</div> <div></div> <div></div> </div>	<div>Big Picture</div> <div>Eliminate waiting lists for in home services for children with disabilities and their families</div> <div>Your Life/Your Family</div> <div>I need help after school, to make my house accessible and I need a break sometimes</div>



Key Elements of You or Your Families Personal Story	Building Your Personal Message	Your Priority Policy Goal
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Questions?

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