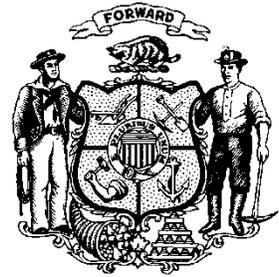


# WISCONSIN COUNCIL ON PHYSICAL DISABILITIES



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THE COUNCIL ENVISIONS A WORLD WHERE ALL PEOPLE WITH PHYSICAL DISABILITIES HAVE ACCESS TO THE SAME OPPORTUNITIES AND LIFE CHOICES AS ALL WISCONSIN RESIDENTS.

**ANNUAL REPORT FOR STATE FISCAL YEAR 2017  
(JULY 1, 2016 – JUNE 30, 2017)**

## ABOUT THE COUNCIL

The Wisconsin Council on Physical Disabilities (Council) was created by the Wisconsin State Legislature in 1989 to address the needs of people with physical disabilities. The combined efforts of consumers, advocates, and legislators led to Wisconsin State Statute 46.29, which established the 14 member Council and assigned the Council with the following responsibilities:

- Develop, approve, and continue modification of a state plan for people with physical disabilities.
- Advise and make recommendations to state agencies on funding, programs, policies, and legislation that impact people with physical disabilities.
- Promote public awareness about the abilities of and barriers to people with physical disabilities.
- Encourage the development of programs and policies that prevent physical disabilities.
- Submit recommendations in an annual report to the state legislature on imposed ordinances related to accessible parking and motor vehicle use by people with disabilities (s. 346.50 (3m)).
- Consider all questions and matters concerning people with physical disabilities arising within the Council or brought to the Council for review.
- Form committees for consideration of policies or programs for people with physical disabilities.
- Meet at least four times annually.

The Council members are unpaid volunteers who are appointed by the Governor for staggered three-year terms with one position is reserved for the Governor's representative. Members are people with physical disabilities, parents, guardians, or relatives of a person with a physical disability, and service providers. The remainder of the Council is comprised of the following organizational liaisons:

- State superintendent of public instruction
- Secretary of transportation
- Secretary of workforce development
- Director of the office of state employment relations
- Secretary of commerce
- Commissioner of insurance
- President of the University of Wisconsin system
- President of the technical college system board
- Executive director of the board on aging and long-term care

The Council envisions a world where all people with physical disabilities have access to the same opportunities and life choices as all Wisconsin residents. To achieve this vision, the Council promotes programs and policies that enable people with physical disabilities to:

- Be included and integrated in their communities
- Make their own life choices
- Enter, re-enter, or remain in the workforce to their maximum of their capacity
- Participate in improving and evaluating services
- Utilize beneficial assistive technology
- Access transportation and parking
- Access affordable housing that is visitable

The Council has established the following committees to carry out the work of the Council in between its regularly scheduled quarterly meetings: Executive Committee (comprised of Council Officers and Council Committee Chairs); Housing Committee; Transportation Committee; Emergency Preparedness Committee; and the Employment and Health Committee.

The Council is administratively attached to the Department of Health Services.

To learn more about the Council, please visit our website: <https://cpd.wisconsin.gov>.

## THE COUNCIL WELCOMES YOUR INPUT

In order for the Council to accomplish its goals and achieve its vision, it is necessary to hear from people with physical disabilities and other concerned individuals. The Council values and relies on input from the public on programs and policies that impact people with physical disabilities. Write, email, or fax your concerns, opinions, or suggestions to the Council. Individuals are also encouraged to attend Council meetings, as all meetings are open to members of the public. Additionally, a portion of every meeting agenda is set aside to receive public comment. Contact the Council for details.

The Council will carefully consider the problems people cite, the laws people feel need to be changed, and suggestions people have to make state programs more effective for people with physical disabilities.

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## COUNCIL YEAR-END SUMMARY

The Wisconsin Council on Physical Disabilities worked on the following major initiatives during State Fiscal Year 2017 (July 1, 2016 – June 30, 2017).

- **STATE LEGISLATION:** Medicaid Purchase Plan Program Expansion and Changes
- **POLICY:** Include, Respect, I Self-direct (IRIS) 40-Hour Health and Safety Assurance Policy
- **POLICY:** Personal care independent assessment program for fee-for-service members
- **PROJECT:** Development and Distribution of the Emergency Preparedness Toolkit

## STATE LEGISLATION: MEDICAID PURCHASE PLAN PROGRAM EXPANSION AND CHANGES

The Medicaid Purchase Plan (MAPP) offers people with disabilities who are working, or interested in working, the opportunity to buy health care coverage through the Wisconsin Medicaid Program with or without a required premium payment.

The Council, along with other disability advocates, worked to get this program modified and expanded for over fifteen years. MAPP is vitally important to individuals with physical disabilities who need personal care services, but who would lose these personal care services if they work on a full- or part-time basis as the co-pays for these services may be cost prohibitive for many. The changes passed remove a major barrier to work for people with disabilities in the state of Wisconsin. The Council extends a thank you to Representative Andre Jacque for his leadership on these changes, to the Governor, and all members of the Wisconsin State Legislature who voted for changes to MAPP in the state budget.

### MAPP CHANGES PASSED IN STATE BUDGET:

- **A \$25 MINIMUM PREMIUM FOR EVERYONE ON MAPP.** If an individual is over 100% of the Federal Poverty Guidelines (FPG) (\$16,460 for a family of 2 in 2018) then they will pay \$25 plus 3% of their adjusted income in excess of 100% FPG. There is an undue hardship clause for those unable to pay the \$25 premium.
- **WORK REQUIREMENT STRENGTHENED BY REQUIRING VERIFICATION OF WAGE INCOME.** A person who is performing in-kind work under MAPP must prove in-kind work income by federal tax filing documentation. The in-kind income must be equal to or greater than the minimum amount for which federal income tax is required.
- **ELIMINATION OF THE PREMIUM CLIFF IN THE MAPP PROGRAM TO PROVIDE INCENTIVES FOR PEOPLE WITH DISABILITIES TO WORK.** Currently, earned and unearned income is treated differently when calculating MAPP premiums. This mainly affected people with high Social Security Disability Income payments who had a small increase in earnings and could go from an affordable MAPP premium to an extremely high, thus unaffordable MAPP premium. This will remove the disincentive of working more by treating earned and unearned income the same in premium calculations.
- **EXCLUDES ACTUAL OUT-OF-POCKET MEDICAL AND REMEDIAL EXPENSES, LONG-TERM CARE COSTS, AND IMPAIRMENT-RELATED WORK EXPENSES FROM INCOME FOR PURPOSES OF DETERMINING THE PREMIUM FOR MAPP.** It also excludes from income for purposes of determining eligibility under MAPP medical and remedial expenditures and long-term care costs in excess of \$500 per month that would be incurred by the individual in absence of coverage under MAPP or a Medicaid long-term care program. These changes are good for a high wage earner who has high medical and long-term care costs, lowering their countable income, and allowing them to continue on MAPP.
- **REQUIRES DHS TO EXCLUDE ANY ASSETS ACCUMULATED (IN A PERSON'S INDEPENDENCE ACCOUNT AND ANY ASSETS FROM RETIREMENT BENEFITS ACCUMULATED FROM INCOME OR EMPLOYER CONTRIBUTIONS) WHILE EMPLOYED AND RECEIVING STATE-FUNDED BENEFITS UNDER MAPP WHEN APPLYING FOR OTHER MEDICAL ASSISTANCE, INCLUDING LONG-TERM CARE PROGRAMS.** This will allow people with disabilities to retire and still have access to medical assistance, despite having assets over \$2,000 from working and being on MAPP.

- **DHS IS REQUESTING INCREASES FOR THE MEDICALLY NEEDY RATE.** This is a Medical Assistance program for certain elderly, blind, or disabled individuals who are medically needy. DHS is requesting the rate be raised to 100 percent of FPG, which for a single person is approximately \$1,005 a month. The rate as it is referred has not been raised in over 30 years and is currently at \$591.67. This will allow people who are not able to work and who have income under the 100% FPG per month to acquire Medicaid.

## POLICY: INCLUDE, RESPECT, I SELF-DIRECT (IRIS) 40-HOUR HEALTH AND SAFETY ASSURANCE POLICY

The IRIS Program is designed for adults who have long-term care needs and want to self-directed these supports. IRIS is available to Wisconsin residents who meet financial and functional eligibility requirements and live in a county where managed long-term care and IRIS are available. IRIS provides participants flexibility under the self-direction option to better match resources to meet their individual long-term care needs. People who are eligible have the choice of IRIS or managed care through their local Aging and Disability Resource Center (ADRC). The IRIS program is administered by DHS, Division of Medicaid Services (DMS), Office of IRIS Management. For more information about the IRIS program please visit: [dhs.wisconsin.gov/iris](https://dhs.wisconsin.gov/iris).

In March of 2017, the IRIS program issued the 40-Hour Health and Safety Assurance Policy which prevented a single personal care home worker (PHW) from providing more than 40 hours per week of paid caregiving to an individual IRIS participant, regardless of the PHW's employer. The goal of this policy is to mitigate safety risks to both the participant and the PHW.

The policy only applied to IRIS participants with personal care needs requiring more than 8 hours of personal care a day. For these individuals, the policy required the participant to have different PHWs, which could result in breaks in care or continuity of care issues. The primary concern of the Council was the lack of stakeholder input and feedback on the policy that could have resulted in unanticipated negative consequences.

### CONCERNS RAISED BY THE COUNCIL ABOUT THIS POLICY:

- **OPPORTUNITY FOR PUBLIC INPUT** – Sufficient opportunity for public input on the policy was not provided.
- **OVERTIME PAY CONCERNS** – The policy was more restrictive than the Fair Labor Standards Act (FLSA).
- **FULL SELF-DIRECTION** – The policy hampered participants from fully exercising employer authority and determining the number of service hours provided by a PHW based on the workers' abilities, skillset, and competencies.
- **ALTERNATIVE MEASURES OF HEALTH AND SAFETY** – It is unclear how the 40 hour limit ensured health and safety. Alternative measures of health and safety could be used which more directly relate to positive health and safety outcomes.

As a result of the Council, and other disability advocates, raising concerns about the policy and engaging in discussions with DHS IRIS staff this policy has since been modified. DHS has revised the 40-Hour Health and Safety Assurance Policy related to the number of hours a caregiver may work for a participant in the IRIS program. The intention is still to ensure the health and safety of participants and caregivers, while protecting the integrity of self-direction and the IRIS program. The policy, as revised, does not reduce the hours of care granted to an IRIS participant; however does also allow for special circumstances exemptions.

## PROJECT: DEVELOPMENT AND DISTRIBUTION OF THE EMERGENCY PREPAREDNESS TOOLKIT

After witnessing what happened to people with physical disabilities in the wake of hurricanes Rita and Katrina, the Wisconsin Council on Physical Disabilities knew more work needed to be done in Wisconsin to ensure the safety and protect the lives of people with physical disabilities, before, during and after emergencies and natural disasters.

The Council believes that it is important to involve people with disabilities in all levels of government when preparing for emergencies and natural disasters to ensure that the diverse needs of the communities served are taken into consideration. It is equally important for people to have their own individual emergency preparedness plans identified and ready for different types of emergencies.

As a result, the Council, in collaboration with the Department of Health Services (DHS), developed the ***Be Prepared, Have a Plan: Emergency Preparedness Toolkit for People with Disabilities***. This toolkit serves as a resource for people with disabilities to plan and prepare for emergencies and natural disasters. The toolkit includes tips, checklists, a family emergency planning form, a medical wallet card, a visual communications tool, and other resources. To view the toolkit and other materials developed by the Council, visit: <https://cpd.wisconsin.gov/toolkit.htm>.

The toolkit has been publicized by DHS, Secretary Linda Seemeyer and Carrie Molke, the Director of the Bureau of Aging and Disability Resources. The toolkit has received national attention and serves as a model for people with disabilities in times of disaster. Other states have reached out to the Department and intend to use the toolkit as a basis to develop their own emergency preparedness toolkits.



### EMERGENCY PREPAREDNESS TOOLKIT STATISTICS

- ISSUED A PRESS RELEASE ON THE TOOLKIT AND DISTRIBUTED TO OVER 200 PEOPLE STATEWIDE
- TRAINED OVER 225 PEOPLE STATEWIDE ON THE TOOLKIT
- DISTRIBUTED OVER 400 TOOLKITS AND GO BAGS STATEWIDE
- DISTRIBUTED OVER 2,000 COPIES OF THE VISUAL COMMUNICATIONS TOOL
- DISTRIBUTED 1,500 COPIES OF THE MEDICAL WALLET CARD

Funding for production of this toolkit and materials was provided by Wisconsin Division of Public Health, Public Health Emergency Preparedness (PHEP) Program, Centers for Disease Control and Prevention (CDC) PHEP Grant.

## POLICY: PERSONAL CARE INDEPENDENT ASSESSMENT PROGRAM FOR FEE-FOR-SERVICE MEMBERS

In spring 2017, DHS announced it was awarding a contract to Liberty Healthcare Corporation to be the personal care independent assessment vendor for personal care services provided on a fee-for-service basis to Wisconsin Medicaid or BadgerCare Plus and IRIS program members. The Personal Care Independent Assessments process is used as a means to avoid potential fraud by providers attempting to add unneeded cares for the members.

### COUKNIL QUESTIONS AND CONCERNS ABOUT THE CHANGE IN PERSONAL CARE ASSESSMENTS WERE:

- WHAT QUALIFICATIONS DID THE INDIVIDUALS COMPLETING THE PERSONAL CARE ASSESSMENTS HAVE?
- THE LENGTH OF THE CONTRACT BEING THREE YEARS
- IF FRAUD CAUSED THE STATE TO PURSUE A THIRD-PARTY ASSESSOR, IS THESE ADDITIONAL COSTS FOR THE THIRD-PARTY LESS OR MORE THAN THE AMOUNT IN FRAUD THAT WAS INCURRED BY THE STATE?
- INQUIRED AS TO THE APPEALS PROCESS, AND ASKED IF IT IS A CONFLICT OF INTEREST TO HAVE LIBERTY TO BE RECEIVING COMPLAINTS RELATED TO THEIR PERSONAL CARE ASSESSMENT?

As a result, effective August 1, 2017 the DHS and Liberty Healthcare Corporation have mutually agreed to end their contract for personal care services assessments. DHS will not be contracting with a new personal care independent assessment vendor as DHS is canceling the independent assessment program for fee-for-service members.

### Looking Forward

The Council is hopeful that the initiatives addressed in SFY 2017 will result in increased quality of life and opportunities for people with physical disabilities in Wisconsin. The Council is working on the State Plan for People with Physical Disabilities for the 2019-2021 biennium and looks forward to continuing to address issues that will allow people with disabilities to have the same opportunities and life choices as every Wisconsin resident. If you would like to work with the Council on projects, policies, or legislation, please contact us:

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This annual report is dedicated to the memory of Dan Johnson who was a tireless advocate to people with physical disabilities and provided staff support to the Wisconsin Council on Physical Disabilities for over thirty years.

Wisconsin Council on Physical Disabilities		
Council Member Name	Location/County	Council Role
Ben Barrett	Trego, WI/Washburn County	Council Chairperson/Person with a Physical Disability
Kurt Roskopf	Lisbon, WI/Waukesha County	Council Vice-Chairperson/Public Member
Roberto Escamilla II	Cudahy, WI/Milwaukee County	Employment and Health Committee Chair/Person with a Physical Disability
Jeff Fox*	Minong, WI/ Washburn County	Person with a Physical Disability
Dr. Noah Hershkowitz	Madison, WI/Dane County	Person with a Physical Disability
Ronald Jansen	North Hudson, WI/St. Croix County	Person with a Physical Disability
John Meissner	Appleton, WI/Outagamie County	Transportation Committee Chair/Person with a Physical Disability
Jason Ostrowski	Waukesha, WI/Waukesha County	Person with a Physical Disability
Karen Secor	Montreal, WI/Iron County	Emergency Preparedness Committee Chair/Public Member
Charles Vandenplas	Shawano, WI/ Shawano County	Person with a Physical Disability
Joanne Zimmerman	Milwaukee, WI/Milwaukee County	Housing Committee Chair/Provider Representative
Liaison Member Name	Agency	Council Role
Barbara Belling	Office of the Commissioner of Insurance	Liaison Member
Heather Bruemmer	Wisconsin Board on Aging and Long-Term Care	Liaison Member
Eva Kubinski	Wisconsin Department of Public Instruction	Liaison Member
Craig Wehner	Division of Vocation Rehabilitation, Wisconsin Department of Workforce Development	Liaison Member
Nicholas Zouski	Wisconsin Department of Natural Resource	Liaison Member

\* Term on Council ended in 2017.