



1 WEST WILSON ST, ROOM 527  
POST OFFICE BOX 7851  
MADISON, WI 53707-7851

Voice: 608-261-7816  
Fax: 608-266-5629  
[www.pdcouncil.state.wi.us](http://www.pdcouncil.state.wi.us)

# State of Wisconsin Council on Physical Disabilities

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Draft minutes of the Wisconsin Council on Physical Disabilities Quarterly Meeting,  
January 22, 2015 at Crowne Plaza Hotel, 4402 East Washington Ave. Madison 53704

Members Present: Ben Barrett, Charles Vandenplas, Joanne Zimmerman, Karen Secor, Roberto Escamilla, Michael Kindschi, John Meissner, and Noah Hershkowitz,

Members Absent: Jon Hoelter and Joey York

Liaisons: Anthonette Gilpatrick-Department of Natural Resources (DNR), Theola Carter-Department of Administration/Division of Housing, Craig Wehner-Department of Workforce Development/Division of Vocational Rehabilitation, Barbara Belling-Office of the Commissioner of Insurance, and Heather Bruemmer-Board on Aging and Long-Term Care

Staff: Dan C Johnson, Meta Cucinotta, Gary Roth and Peggy Christensen

Chairperson Barrett convened the meeting at 9:05 AM on January 22, 2015. Everyone was asked to introduce themselves, indicating who they represent and where they were from in the state.

Ben Barrett, Chairperson-Council on Physical Disabilities, Trego; Charles Vanderplas, Member, Clintonville; Joanne Zimmermann, Member, Chairperson Housing Committee, Milwaukee; Anthonette Gilpatrick, Liaison, Department of Natural Resources (DNR), Madison; Karen Secor, Member, Chairperson Emergency Preparedness Committee, Iron County; Dan C Johnson, Staff to the Council, Coordinator of Resources for People with Physical Disabilities, Wisconsin Department of Health Services (DHS), Madison; Theola Carter, Liaison, Director of Affordable Housing for the Division of Housing, Department of Administration (DOA), Madison; Michael Kindschi, Member, Cottage Grove; Craig Wehner, Liaison, Division of Vocational Rehabilitation (DVR), Department of Workforce Development (DWD), Madison; John Meissner, Member, Chair of the Transportation and Parking Committee, Appleton; Barbara Belling, Liaison, Insurance Commissioner's Office, Madison; Meta Cucinotta, Acting Staff to the Council, Office for Deaf and Hard of Hearing (ODHH), Bureau of Aging and Disability Resources, Division of Long-Term Care, Department of Health Services; Heather Bruemmer, Liaison, Director, Board on Aging and Long-Term Care, Madison; Roberto Escamilla III, Member, Cudahy; Peggy Christensen, CART Provider; Noah Hershkowitz, Member, Retired UW-Madison Engineering Professor, Madison.

## Review and Approval of Agenda

Chairperson Barrett: Does anybody have any additions that we need to put in?

Mr. Escamilla would like to add two things: Under old business, request an update on the Non-emergency Medical Transportation audit and information on the Governor's better bottom line initiative.

Hearing no other additions to the agenda, Chairperson Barrett asked for a motion to approve the agenda as amended.

Mr. Vanderplas made a motion to approve the agenda as amended. Mr. Escamilla:  
Second

Chairperson Barrett asked for any further discussion? Hearing none, all in favor?  
Motion carries.

### Approval of the Minutes

The minutes were reviewed for any additions or corrections.

Mr. Vanderplas made a motion to approve the minutes as printed. Secondly by Mr. Kindschi

Chairperson Barrett asked for any further discussion? Mr. Hershkowitz indicated one minor thing, his name is misspelled in the members present. There is a K left out after the H.

Chairperson Barrett asked for all those in favor as corrected? Motion carries.

### Update from the Division of Vocational Rehabilitation- Graig Wehner

Mr. Wehner, DVR Liaison was introduced and provided an update on DVR/DWD, which included a brief update on where they were last year and where they currently are today. He then focused a little bit on the Workforce Investment and Opportunity Act (WIOA) that was passed in 2014.

Update: WIOA, is something that's a work in progress, meaning that it was passed into law and that right now the guidelines and the interpretations of the law haven't come out yet. They were due out in January, but had been postponed until mid-April. Mr. Wehner indicated that his update would be based on what he understood.

During the past year DVR was able to continue hiring 21 business service consultants and that was something that was new to DVR. They are temporary positions but they had them now for about two years, and they get re-upped every year.

With those 21 positions, they were able to hire nine additional full-time permanent counselor positions. With the addition of those positions, they were able to have the highest placement rate in terms of number of people getting jobs in the last 15 years, finishing out the year, with 4,415 individuals employed.

In addition, they had a fairly long wait list which is right now very small. Category one is immediate activation. That's those who are the most severely disabled. Category two is also immediate activation as of December of last year. Immediate activation is defined as you apply and get services the next day. The only people on the wait list today are in

category three, around 350 individuals. They have been on the wait list for quite a long time and will soon get served.

DVR also got involved in the Promise Grant, a cooperative effort with DPI, Department of Health Services and DVR, working together to serve school-aged kids that are receiving Supplemental Security Income (SSI) beginning at age 14, with wrap-around service. In addition, the families are also receiving services, so a mom or dad or brother and sister who may have some issues in terms of getting into the workforce or whatever are also eligible under this program.

It's a pilot. It's something that the State of Wisconsin and seven or eight other states are doing to demonstrate the effects of early intervention with transition age youth on SSI. The program is expanding in phases to cover the entire state.

The Division of Vocational Rehabilitation served approximately 29,000 people with disabilities last year. This includes serving 13,000 people with physical disabilities, which was about 44 percent of the individuals served. In terms of the rehabilitation rate, the rehabilitation rate is defined as a person comes to DVR, they're found eligible, they have a plan developed, and then they get a job. The federal government indicates that DVR needs to be at 55.8 percent or above to reach and maintain their expectations. People with physical disabilities are at 61 percent and people who were non-physically disabled also had a rate of about 61 percent. The average person that comes into the DVR and then is successfully closed, is typically on the DVR rolls about 26 months. There are some people who come in to DVR, who are here for a week and they decide this isn't the program for them, and there are some people that might go to a four-year college and are in it for six years. But on average it's about 26 months. One good thing about DVR is that an individual can leave DVR's program and they can always come back and reapply. A successful closure, is a person who comes in to DVR, gets services and a job. DVR keeps their case open for a minimum of 90 days to make sure they are not having any problems, if it's a good fit DVR closes their case after 90 days.

DVR authorizes many different types of an assessments, the type of assessment will depend on the needs of the individual.

DVR can now offer funding for a career exploration to find a kind of a work experience opportunity, proving to themselves and the employer that they can do the job. DVR pays the wages usually it's for 30 days, sometimes it's longer, but DVR will pay the entire wages, and there is no expectations on the employer to hire the person. It's just a work experience.

In addition to purchasing passes for public transportation, DVR can help people who want to own their own vehicle and need it modified in order to allow them to successfully drive. Indicating that DVR spends millions of dollars on that type of service, after a rehab technology/drivers evaluation, DVR uses the assessment to determine the adaptations, and then DVR arranges for the modifications recommended in the assessment to be made to the vehicle. These modifications can get very pricey. But that's not something that we take into consideration. It's more about does it meet the needs of the individual and is it really going to be used for the purposes of either obtaining or maintaining their employment.

Mr. Johnson commented that DVR helps individuals maintain employment in addition to helping them find employment. He indicated that it was over 40 years ago that DVR helped him get his first job and has helped him maintain his employment numerous times over the past 40 years. Sometimes it was by helping with repairs for a lift on his van, an assessment to determine the need for new assistive technology that could improve use of a computer, and/or need for some additional education, DVR would be there to help.

DVR has post-employment services, which were created so somebody who was a DVR consumer got a job and later they were having problems could reenter the DVR system. If the individual only needed something very short-term, and only needed a single service, they could come in and go right to the top of the list and get services right away. The thought is that DVR doesn't want somebody to lose their job.

AUDIENCE MEMBER: What do you do when people have progressive disease where they're somewhat disabled and then five years later they're somewhat more disabled and so on and so on? You can come and go out of our system 100 times, there is no limit in terms of how often you do that. The biggest thing would be, do they still want work and can they work? If they still want and can work, then DVR will fill out an application with them and get them back into the system and work with them. The big thing, is it about work, if it's about work, then DVR will work with that individual.

DVR is not income based at all, so you could be a person with a million dollars in the bank and we would help you or you could have a person with one dollar in the bank and we would help you. You would have equal access to every service that we have. It only matters that you have a disability, does a disability get in the way of you getting employment and do you want to work and can you work, if that's all true, DVR will be there for you.

Currently, DRV's placement rate is 2% above goal and the average rate of pay per hour at the time of this report was \$12.61 per hour. The average hours worked was 27.45 hours per week. And the return on investment (ROI), for every dollar that DVR spends, it generates \$2.22 of income. A 222% gain. DVR is taking dollars, investing them in people, giving them the tools that they need, giving them the training that they need, the adaptive equipment they need to try to be successful, and based upon all of that money that DVR provides them, they become taxpayers.

Workforce Investment and Opportunity Act (WIOA), passed by Congress in July 2014 and was signed into law by President Obama. This act included the reauthorization of the Rehabilitation Act. The federal government will now be working to write the interpretation and guidelines for how it will actually work.

- DVR will be required to be part of a unified state workforce plan, which wasn't in place before.
- Larger role for DVR in getting into working with the youth and transition services.
- More emphasis on DVR being an equal partner in the job centers.
- Expand vocational rehabilitation in regards to employer relations, and

- Moving more into a dual customer, meaning DVR will have a two customers, the person with a disability and the business,
- Modified definitions of customized employment and supported employment.
- Require the division of vocational rehabilitation to spend 15% of their budget on transition services for you 14-24.

In regards to transition services and working with the youth, there are a significant changes:

- Changed the age requirement and lowered it to 14, and expanded it to 24, requiring DVR to be working with younger youth, sooner in the process.
- Require DVR to spend “15 percent of their budget” on the youth, on transition services, the 15 percent includes pre-employment, it is working with youth before they even into the labor market.

DVR is also supposed to:

- Develop a common intake and a common reporting format.
- Be involved in the state plan together.
- Be part of a one-stop delivery system and
- Be more integrated.

### New Business

Planning for the breakfast: The survival coalition has drawn up a list of the current legislative committees, committee members and chairs and I'm going to be sending an email to Tammy Jackson to get what they have compiled and find out the corresponding committee chairs for transportation, housing, emergency preparedness and long-term care. Please watch for emails probably next week. Location: The Capitol was looked into and is too problematic, so we're looking at either Inn on the Park or Concourse. Either of the these hotels will work for the legislators to get to easily. So it will be whatever best deal we can work out.

### 2015 Disability Advocacy Day (DAD):

Disability Advocacy Day is put on by Survival Coalition, (we are a member) it provides opportunity to organize and make appointments for individual constituents with disabilities to meet with their representatives and talk about issues they're having with housing, long-term care, etc. It is March 17, 2015 located at the Monona terrace.

MS. ZIMMERMAN: Motion to pay for the mileage and lodging of members of the Council who would like to attend legislative days on behalf of the CPD state plan goals and legislative agenda. Karen Secor: Second

CHAIRPERSON BARRETT: is there any further discussion? Hearing none. All of those in favor: Responded AYE. Opposed? No response, Motion carries

Survival Coalition Membership Dues: Discussion on the renewal of the Council on Physical Disabilities membership on Survival Coalition which is \$100 annually. MS ZIMMERMAN: Moved to renew; MR. HERSHKOWITZ: Second

CHAIRPERSON BARRETT: any further discussion on survival membership? No response. Hearing none, all of those in favor? (All responded AYE), Opposed? No response. Motion carries.

Planning for the ADA anniversary: This year is the 25<sup>th</sup> anniversary of the Americans with Disabilities Act. I know they are working on bringing the Road to Freedom bus to Madison. The date is in flux (tentative date Thursday, June 25, 2015) when they're going to be in Madison. They'll have display boards that will talk about the history of disability and where we are, where we've been and where we are going. Governor Walker's staff has said he would be supportive of it and I know the Gov.'s Committee for people with disabilities has passed a resolution and wrote a letter to Secretary Rhodes to come. Employment Resources Incorporated-ADA Wisconsin Partnership will be handling the collection of financial contributions and will serve as the fiscal agent for the Madison activities of the ADA 25<sup>th</sup> anniversary celebration.

MR. JOHNSON: In addition to the ADA legacy tour, each of the Independent Living Centers has agreed to host some kind of 25th anniversary celebration event, so I do know that in Madison Access to Independence has joined forces with the Disability Pride Festival folks and they have a major event on Saturday, July 25<sup>th</sup>. Then I know that Superior is also going to have an activity on that Saturday July 25. Independence First is heading up the planning for the legacy tour stop in Milwaukee. As part of that, there are all kinds of other events that Independence First is planning. They have a planning committee put together with a lot of different organizations in Milwaukee helping plan their event.

This council, along with the Americans with Disabilities Act, turns 25 this year. We could do something in our legislative breakfast about that. We are here because of the legislature, which created the Council in 1989. Our mission, established by state statute 15.197 (4), is: to develop and implement a state plan for services to people with physical disabilities; to advise and make recommendations to state agencies on relevant legislation; to promote public awareness about the abilities of and barriers to people with physical disabilities; to encourage the development of programs and policies that prevent physical disabilities; and to submit recommendations in an annual report to the state legislature. The Council 1<sup>st</sup> met in January 1990 after all the appointments were completed.

MS. ZIMMERMAN: We also talked about cards, business cards for the council. It would be great if we could have those in time for legislative meeting. We had business cards for members in the past. They did not have the name of the person, but provided a line for the person to write their own name.

MR. JOHNSON: Business cards, brochures and Issue paper. We could be put together something that would highlight the accomplishments of what the council has done over the 25 years? We could look back at the Annual Reports and work something up. I won't

promise anything but I will look at crafting some kind of document that talks about the history of the council and its accomplishments.

MS. ZIMMERMAN: That would be great. Because we're also asking for money, so that would be really a nice thing to have, to show what we've done over 25 years.

Fair Housing Challenges and Protections For People with Disabilities: I'm Kori Schneider from the Metropolitan Milwaukee Fair Housing Council. This is my colleague, Margaret Bowbits. The Milwaukee Fair Housing Council has the mission of enforcing fair housing laws, state, federal and local fair housing laws throughout the state of Wisconsin and creating and maintaining economically and racially integrated neighborhoods. So as part of that commission, we enforce all the laws that are applicable. I work in a program called inclusive communities where I look at policy-related issues, housing policies that may impede people's equal access to housing. My presentation will be very, very specific about this mapping and Margaret will be a little bit broader about some of the fair housing projections.

Ms. Schneider: This is a tool that HUD has developed. It's actually still in its prototype stages. It's not fully functional and operational yet and it's not perfect but it is a really nice tool to be able to tell a story. I have an urban planning background, as I have found mapping can often tell you where things are segregated, where things aren't, where high performing schools are. There is a lot of resources available if you can map. The HUD mapping tool is on their website, so you go on to the website and you end up in Chicago when you click to the website so you just have to scroll up to Wisconsin to whatever part of Wisconsin you want to look at. They'll have data available. She took the opportunity to demonstrate the tool. She went to just Milwaukee, Waukesha and used various kinds of maps to show how you can look at a street view or you can look at it with a topography view. She was able to show where housing vouchers are located. One of the things we like to look at from a fair housing point of view is to see if housing choice assistance is allowing people to have access to opportunities. The reason HUD developed this tool is because they have started to see the light that it's really important to locate housing and transportation and high-performing schools and jobs and all of those things need to be considered to have a good housing situation.

She gave a view of the Madison area which plotted persons with disabilities. The map was able to show all types of disabilities. You can see if there is a concentration and how that works. We can look at sensory disability, physical disability, mental disability, and that's really hard to see, it's green, self-care disability, errands disability, and I made the map a different color because otherwise you couldn't see those at all, work disability, and disability by race and ethnicity. So then we can look at disability overlapped with poverty. And is there a strong correlation with poverty and disability and is that something we need to be concerned about. This is access to transit. This is where it looks a little bit better. Perhaps in a lot of these situations persons with disabilities are located where they are because there is access to transit. So again this is a way to incorporate some of the transit issues with the housing issues.

This is looking at race and ethnicity. This is the Appleton area. Now this is what segregation looks like, racial segregation. So this just gives you an idea of what the different layers and the things that you can look at when you are -- if you want to play around with this mapping to try to see what the issues in your community might be. There is a lot of limitations to the mapping right now, and as I said it's still in a prototype stage. The tool has a lot to offer, you can even look at community assets and stress

indicators. This map came out of some draft rules at HUD. It's their affirmative fair housing rules which are in draft stage and hopefully by April or May they'll be finalized and then we'll have greater access to this tool. But as of right now anybody can go on to this website and play around with it. We could do this statewide, once you get into some of the rural areas, the data is not as reliable. In terms of disability, I think it just depends on the population. Because I looked at some of the more rural areas, somebody told me to look at Tomah and there was just nothing for Tomah. Larger metropolitan areas should have more accurate data.

MR. JOHNSON: The council is responsible for a state plan and we need to update it this year so this may be a very good opportunity to take a look at this and use it to figure out where some of the goals for accessible transportation are. That's what makes this so interesting is you can do it by layers, you can identify the target population, look at poverty, access to housing, transportation and other issues you may identify. It's really good information. This offers a lot of opportunity to identify data in many different ways. The mapping tools are super helpful for the policy work that I do and I imagine for some of you it's going to be helpful as well.

MS. BOWITZ: I'm the senior administrator at the Metropolitan Milwaukee Fair Housing Council. I've been there for 31 years this year. I'm really happy to address this group because as significant as the Americans with Disabilities Act is and was, many people aren't aware of its limitations. That's where the federal fair housing act comes in. It enters into the arena of private market housing. And the disability was added to the federal law in 1989 and it allows -- there are two provisions that are very significant for disabled individuals here.

Under the federal Fair Housing Act and Wisconsin Fair Housing law individuals with disabilities who require a reasonable modification or a reasonable accommodation in order to reside in a property and enjoy all of its benefits and facilities must be granted an accommodation or a modification.

A modification is something as probably common as putting a ramp on the front of the building. It's something individuals who have difficulty with door knobs, it's putting levered door handles on and levered plumbing fixtures, very simple things, but it's also some things that aren't quite as simple that are fairly complex. This is very unique in what we're looking at as legislation to have the disabled community allow these provisions. Disability covers both physical and mental disabilities. And the modifications are any change or alteration to the physical plant. Unfortunately it is at the consumer's expense, which the ADA is charged with paying for. An accommodation can be things such as allowing an individual with a service animal to reside in a property that has no pet policy. An accommodation is allowing somebody to have a live-in aid in a property that perhaps doesn't allow unrelated households and things of that nature. Accommodations and modifications are as broad and unique as the people asking for them.

Disability accounts for 50 percent of complaints filed nationwide, and that reflects also the Wisconsin filings. We at the Fair Housing Council, take complaints from individuals who believe that the rights have been violated and we assist them in securing their rights and at the very least advising people what their rights are, what their Options are and responsibilities are. We have been very successful. I noticed in your position statement, one of your goals is to allow people to stay in their homes. Very interestingly in Wisconsin properties that are rehabbed must meet minimal accessibility guidelines based on the percentage of properties that are rehabbed. This "percentage of the property that is



rehabbed” doesn't exist in the federal Fair Housing Act. A lot of people who were in positions of assisting individuals with disabilities had no clue what the Fair Housing Act would do for their clients, their consumers. If you have clients or consumers that are being denied their rights in any of the protected classes in one of those brochures, I'm just focusing on disability right now, please give them our name and our number. If you have questions, if you work on a lot of legislative issues, if there are things that we can assist you with, we would be more than happy to do that.

MS. BOWITZ: In rehabbing rental properties, multi-units, if you have a four-plex and you're going to rehab a part of it, it has to be in compliance with the accessibility guidelines. Once you get to a certain point of percentage of the property, the entire property has to become accessible. Housing providers can't say no to an individual's request, they can't say no if I want to put up grab bars, just in the bathroom or the hallway or instead of an auditory doorbell system a vibrating or light system. The modifications run the gamut. Interior modifications must be returned to original condition when you move out, not exterior changes. What that means is, if you put a ramp in outside, you don't have to take the ramp out because that provides housing choices or options for other disabled individuals. In the interior, if you put in grab bars or you put in a roll in shower, whether it's a \$50 project or a \$3,000 project, the housing provider can condition you putting it in on your taking it out and returning the unit to its original condition if it affects future use. But something such as winding a doorway, that doorway stays widened because that doesn't affect future use.

Milwaukee Fair Housing Council is strictly involved in fair housing, I can make some very good referrals. I can tell people on a limited basis what their rights are and how to pursue them. We attempt to be a resource for the community because even if it's not fair housing, that person knows somebody who might need us in the future. So don't hesitate to refer people to us or call us directly.

CHAIRPERSON BARRETT: If there are any issues or questions, I'm sure Kori is open to them also.

Even in newer multi-family housing we're talking about minimal standards of accessibility. It's not the dream that you would have of accessibility. It is minimal standards. But beyond that is the consumer's right to expand and we work very closely with independent living centers such as Access to Independence, with Options for Independent Living, and Independence First in assisting them determine, what really is available out there, available to solve the problem. So increasing the funding is very important too.

#### Liaison reports:

MS. BELLING: I was just going to give a little update. We're in the last month of the three-month open enrollment for the Affordable Care Act. And so far it seems to be going pretty well, certainly a lot better than last year. It's been really quiet in our office. We have had very few phone calls on it, and we haven't had a lot of feedback from CMS or any of the enrollment network either, so it seems to be going fairly well. The latest update on enrollment from CMS through the exchanges, through January 16th there were 177,000 people in Wisconsin who have either signed up for coverage or been automatically re-enrolled in coverage. The big issue that's going to be coming up in the next couple of months is the tax issue, because everyone has to have health insurance or pay a penalty.

## Housing:

Hi. My name is Theola Carter. I am the Bureau Director of Affordable Housing at the Department of Administration. One of the things that I guess I would like to let you know is that the division has finished its five-year consolidated plan for which I did provide three copies via Mr. Johnson's office, I made available and I see a copy is available here. I just want you to know that we just recently received some further direction from HUD, so there might be some slight changes to that plan because it's not finalized. Right now we're in the middle of the public comment period. That public comment period will go on through February 5th of 2015. I am the liaison contact right now. I'm in the process of hiring a new staff. Hopefully there will be a new liaison -- not that I don't like you, but you deserve a new full-time liaison assigned to the council to represent housing, but until then, feel free to contact me because no matter what. If you need to get in touch with the housing associations call me, you know that they too have a council, WAHA. They meet quarterly, I think, and I also go to those meetings as well, so you might want to get in touch with them regarding potentially some type of communication as you were talking about availability of housing for persons with disabilities and whether they have units that are available so that might be an avenue that you may want to pursue and try to forge some type of relationship with Wisconsin Housing Council and Wisconsin Association of Housing Authorities (WAHA) covers the whole entire state with the housing associations come together and things of that nature.

DNR Liaison: I'm Anthonette Gilpatrick, I haven't been to these meetings for a long time because Andy represented DNR, I had this job, before Andy and before that I worked for an independent living center, Access to Independence many years ago, 1978 to 1989, and then went to the DNR as the Accessibility Coordinator to work with Kayleen Brereton, for those of you who knew her, and had the job until 2000. Then I worked in DNR regional office -- still kept my fingers in accessibility but I was working in the south central part of the state on construction projects and development.

There has been a lot of catch up because a lot of things have changed and needed to be addressed in the accessibility world at the DNR. I feel like I'm making some ground finally again and I guess the newest thing is we have seven cabins in the state park system currently for people with disabilities, and we'll be adding our eighth cabin at Harrington Beach State Park. Hopefully it will be done sometime this summer. The friends group of Harrington Beach State Park is working on it, so that's a really exciting new feature. We'll be spending a lot of time in February and March with trainings. Training has been something that's been sorely missing in the DNR, so incorporating that back in, we have lots of new staff, lots of turn over because of retirements, and so one of the big trainings I'll be doing is in March 11th at Stevens Point, Bill BOTTEN from the U.S. Access Board is going to come and do training for us which will be wonderful. Right now there is lots of discussion on the ADA power driven mobility device or in the ADA it's called other power driven mobility device, at the DNR we call it PMD which allows people with disabilities to use a variety of vehicles to access state lands, and I think we have had a lot of success with that. Michael Lokoski, an intern did a lot of good work and I think a lot of states have actually adopted our PMD policies, a lot of people are given access to the state lands that you might not have thought of before.

Our Disability Advisory Council is recruiting for two positions on it. They advised the department on anything from recreation -- their main focus has really been on hunting and fishing, but, you know, I am trying to stretch them a little to look at recreational

opportunities. I know this council had questions on camping and more diversity in the type of campsites that the Wisconsin State Park System currently allows. Dan reminded me of that shortly before this meeting. And I'm going to track down the head of the council because the letter went to actually to the Disability Advisory Council, Tom Zimmer, and Tom is still our Chairperson on the council. I will talk with him to get more information about the actions taken and get back to you guys so that you can get an answer to your letter.

Some of the issues we have with providing some more accessible sites is our number of electric sites are capped, because of a lot of our private groups who really don't want state parks to have more -- they think it's highly competitive with their business, and so we have a cap on our electrical sites which makes it kind of difficult at times. But we have put in more electrical sites. We still have our work cut out for us. We're certainly not done.

Long-Term Care Advisory Council: Heather Bruemmer, I just have two items. We have a really popular resource at the Board on Aging called Making the Right Choice, choosing a residential facility, and we are just reprinting these booklets all the time. And I wanted to share a copy for each of you, if you know of someone that's looking for residential living, we have wonderful questions and guides and how to make a really effective visit announced, or unannounced. I think we all know that the Older Americans Act is celebrating their 50th anniversary, and January 20<sup>th</sup> Bipartisan legislation to reauthorize the Older Americans Act was introduced in the 114th Congress. We've been working on this for many years, and finally someone has taken the initiative and the United States Senate, Senators LAMAR Alexander from Tennessee, a Republican, and Patty Murray, a Democrat from Washington, are the cosigners of the bill. We don't have a bill number yet. This is really great news and we're really hoping that we can move this forward and reauthorize it. Now states have managed care, we have so many other services that we're hoping to include in that Older Americans Reauthorization Bill.

Update from the Bureau of Aging and Disability Resources (BADR) Liaison: Carrie Molke here, I absolutely concur with Heather that this is fabulous and it's about time in that it was due for a reauthorization in 2011. One thing to just note though is that part of this also looks at the funding formulas. Even though our population of older adults is significantly increasing, it's been increasing more rapidly in other parts of the country. We may see a cut, as a result of that. There is some hold harmless provisions in there in that each state wouldn't receive less than 1 percent of a decrease in the first year, 1 percent in the second year, additional 1 percent for the following year. So again it could negatively impact our funding available in Wisconsin, if no additional funding is provided.

Within BADR, we have the Office on Aging, the Office for Resource Center Development so that includes statewide oversight, analysis of the ADRC, and implementing Aging and Disability Resource Centers. We also have the Office for the Deaf and Hard of Hearing, the Office for Blind and Visually Impaired, and a Coordinator of Resources for People with Physical Disabilities. Molly Michaels and Sarah Lincoln who provided staff support along with Dan have left DHS. They provided staff support to this council and other councils as well, so we are internally talking about how to really cover that workload. So Meta who you may have met early has agreed to help with some of the logistical compliance for setting up these meetings but we do need to look at some additional staff support. So as soon as we can move forward with that, we definitely want that to happen.

Beth Wroblewski is actually my boss so she's in our administrator's office, she's the Deputy Administrator of Division of Long-Term Care. She actually has taken on a new role. She is no longer the Deputy Administrator. One of the activities that she'll be doing is really looking at how to ensure that the consumer/customer voice is heard in DHS policy and program development, looking across all of our programs within the division is something that I strongly support. She will have some additional responsibilities as well related to various policy issues, so she will be the policy advisor to the division. We have hired a new Disability Benefits Specialist (DBS) Coordinator so disability benefits coordinator specialty and her name is Rosa Plasencia.

I realize that we're about one year into the plan, we had developed about a 57 or so page plan last February and a lot has been accomplished, a lot has been started, a lot of energy has been put in within the last year to really focus on building dementia capable systems all the way from the community to facility as you were mentioning with nursing homes but also an assisted living facilities, the need to build community, capacity, awareness, education, training, all of these different things that really encompass the system of care for people with dementia. One year later some neat things that I just want to highlight, these are mostly recent so they're really within the last month. One is that DHS has built a partnership with AARP to really help us promote the education -- and educate members. They have about 850,000 members in Wisconsin. So this is a really broad network that we will be able to utilize to help us spread the word. Essentially they make phone calls in the evening to AARP members and they say essentially if you would like to listen to information about dementia, hang on the line and away we go kind of thing. We were really pleased that we get to do this with 42 thousand people participated in those phone calls. So again it was just a fabulous outreach opportunity for us and we were really pleased with that. They also wrote an article in their publication that goes out to membership all across the state, and so again we're really trying to help create awareness. So that was one opportunity for us that we're excited about. A second is one of the issues that we've seen is that the relationship between our medical community and our community, if you will, has not really been strong. So there has actually been resistance in the medical community to look at things like early diagnosis. Most doctors, including geriatric doctors, don't include in their just normal practice things like screening for dementia. Recently we have been working with the UW Health systems, which is a fairly large system here focused primarily in the southeastern part of the state, but we've also engaged Aurora, who again is a very big health system to really look at implementing processes to really do some of that early screening. With only a year in we've been able to see some really great things that these particular physicians have been able to bring. So one of the things that is probably obvious is the individual consultation that they can provide to individuals and families to get them connected with services and supports and information, assistance and all of these different things that can help them.

Three more things; One is to mention that our Office for the Blind and Visually Impaired and our Office for Deaf and Hard of Hearing are really looking at the deaf-blind population in Wisconsin. So when we talk about an underserved population of people in Wisconsin, I would say that this is one of those significant groups. Both of those offices are doing is beginning with some surveys to get some additional information about who is available out there, who is already providing services, who -- and what types of services are those. And what are they seeing as barriers or challenges because it is our sense that there is very little out there. I think the other piece is that data really is important. We have very limited data on this population.

Secondly, there is a very huge initiative on the side of aging and ADRCs to look at more fully integrating the aging unit and the ADRCs in local communities. We are really looking at this statewide and how we can really get those organizations to come together to really serve older adults better.

Last but not least is, as Heather mentioned, this is an exciting year for the Older Americans Act, It's 80 years of Social Security, and then Medicare and Medicaid is also 50 years, and then the ADA is 25 years. And most importantly today is 25 years of this council.

Update from the Bureau of Managed Care - Diane Poole, Dana Raue, Jessica Malec and Melanie Yeager, Bureau of Managed Care. "Family Care Waivers" is just kind of an introduction. This is an agreement between the state and the federal government to operate certain Medicaid programs differently than the fee for service program. Family Care operates under a C. Waiver and a B. Waiver. The B. Waiver is what allows us to do managed care. C. Waiver itself is the one that allows us to do home and community-based services. These are services outside of your straight Medicaid state plan. Both waivers are good for five years. And this year the Feds for the first time allowed states to combine target groups into one waiver. There are some changes; language taken right out of the waiver, put right out into the contract, the exact definition. The other one is adaptive aids. We now can cover service animals, service dogs. There are many changes, we expanded that definition to include assistive technologies so that we can pay for those also. We use an interdisciplinary team assigned to that specific member that was involved in making the decision.

Transportation Committee: BARRETT, we should entertain a motion to send a letter to the secretary of the Department of Transportation asking for liaisons for the council. The people that are designated don't seem to be coming.

MR. ESCAMILLA: Move that we send a letter to the Department of Transportation to ask for their assistance in finding a Liaison who will actually be able to attend meetings.

MR. HERSHKOWITZ: Second.

CHAIRPERSON BARRETT: Any further discussion? (No response) All those in favor? All responded AYE, Opposed? (No response)

Motion Carries

CHAIRPERSON BARRETT: All right. That's done.

There was a transportation audit done. There is going to be a report out, I thought I heard before the end of the state fiscal year. So June maybe, they are doing it right now, and it's detailed.

CHAIRPERSON BARRETT: Health and employment, long-term support, you folks heard what I mentioned about MAPP and Representative Andre Jacque is planning on reintroducing his bill. I know that the department did not have the changes to the medical assistance purchase plan in their recommendations. We have asked the governor to reintroduce his language and Representative Jacque's bill was very similar to what Governor Walker had introduced but it had not changed the definition of in-kind, so it is closer to what the GCPD is proposing. It will be a moving target. We'll have to watch in the next six months for sure, in the next four most likely.

MR. JOHNSON: Ben, the ad hoc committee is recommending to the department that if the department does not support the elimination of the spouse's income and assets upon eligibility that they would give that up to assure that the other recommendations are possible. So you may want to ask if the council supports that position also.

CHAIRPERSON BARRETT: Do you guys support leaving the marriage penalty on the table so that we can get a piece of the pie instead of none at all? Because that's basically what it is. That's been the crux of the issue with the MAPP changes.

MR. JOHNSON: There are a lot of people who are mentally ill who are using in kind work as – the definition of in kind work as becoming eligible through MAPP and the proposal last time was to tighten the definition of in-kind work by requiring documentation of income. Income defined by the Internal Revenue Service. They would have to produce some kind of verification indicating that they paid taxes. So no longer would you get away with working for your neighbor walking their dog or doing child care for your daughter or son, grandchildren, unless they were willing to say that you are actually working and they paid you a wage, you withheld taxes, they withheld taxes, and you were then able to report it. So that meant nine thousand people on Medicaid would have lost eligibility. County taxpayers then would have had to pick up the nine thousand people through tax dollars and the county association, human services association and mental health advocates all said, it's not going to happen and we can't have this changed. That killed all of the other options that were being proposed. Now in-kind is still going to remain. GCPD figured out a way of paying for it by requiring by having everyone pay a premium of at least \$20 a month if you are under 150% of poverty and a minimum of \$50 a month if you are over 150's percent of poverty and that works for the mental health advocates.

MR. JOHNSON: The department said that they estimated that 5,000 new people at 600 dollars per month per member would come onto the program because they are SSDI individuals who for two years will not get access to Medicare and therefore will want to get access to Medicaid by using the purchase plan and the flexibility of the in-kind work would allow them to do that without really saying they are working. So the 5,000 new people would require the fiscal to jump from about 6 million dollars to 34 to 41 million.

MS. ZIMMERMAN: What does that have to do with the marriage tax?

MR. JOHNSON: The current eligibility requires the spouse's income and assets, be counted during the determination of eligibility criteria, however, the benefit of the Medicaid health care coverage only goes to the spouse with a disability. So what people with disabilities are not getting married in order to remain eligible for the Medicaid buy-in. Or individuals are actually divorcing to become eligible for the Medicaid buy-in. So the people 5,000 new people who are married will now be eligible, because their spouses income and assets would not be counted in determining their eligibility.

MR. JOHNSON: I'm aware of a number of individuals who are not getting married now, or you have had marriage ceremonies, but without signing a formal marriage certificate and I am aware of individuals who are considering divorce in order to become eligible.

CHAIRPERSON BARRETT: I don't work because if I did and I made 100 bucks a month my wife would lose her Medicaid.

MS. ZIMMERMAN: That's crazy.

MR. JOHNSON: I did find in my research for the committee that people who are on the Medicaid buy-ins are saving the Medicaid program 50 to \$100 a month on average and there is some indication that it's up to 500 to \$1,000 a month. The Department has received the report from the Governor's Committee for People with Disabilities. To my knowledge they haven't looked at it yet and responded to the recommendations in the report or the analysis in the report. GCPD is waiting to hear from them. GCPD is asking everyone's opinion to make sure that everybody is in agreement.

GCPD is asking everyone's opinion on whether the spouse's income and assets should be excluded at time of eligibility should be nonnegotiable to make sure that everybody is in agreement. Ben sits on the Governor's Committee MAPP Ad Hoc Workgroup and he's on the full committee representing CPD, so he could deliver your position.

MS. SECOR: So will a letter written from this Council be useful?

MS. ZIMMERMAN: It appears that after listening to the discussion from Roberto, Noah and Ben that the council consensus is that CPD doesn't agree with the GCPD.

CHAIRPERSON BARRETT: I'll relay our consensus position that CPD doesn't agree with negotiating away the exclusion of a spouse's income and assets when determining eligibility at the next meeting in March of the Governor's Committee for People with Disabilities.

CHAIRPERSON BARRETT: I suggest that we add information on the ABLE Act, that passed about a month ago, to the Agenda for the April Meeting.

MR. JOHNSON: Ben, there is an opportunity to sign a promise to support the ADA as part of the ADA celebration, both an individual promise and an organizational promise. They are looking for 25,000 signatures by July as part of the celebration activity. A part of the agreement states that signers promise to continue to work on the ADA, maintaining and strengthening is also in the language.

Joanne Zimmerman: I move that CPD sign on as an organizational promise supporter.

Karen Secor: Second

CHAIRPERSON BARRETT: Any further discussion? No response, All those in favor? (all responded) AYE, Opposed? No response.

Motion Carries

Housing Committee: I'm not going to take much time. The Housing Committee members had a phone meeting to look at the residential provider self-assessment tool and you helpful. They were sent to you via email and I sent them off to DHS on behalf of CPD. DHS is requesting comment on an assessment tool they will use for residential providers. Just to say a couple things about what this is, this is a tool that is done by residential providers but you might get a completely different perspective if you sent the same tool to the people who were actually living in the situation. If the providers are not in compliance, they have to say why they're not and they have five years to get themselves into compliance, we think that's too long, that two years would be adequate for them to since they have already identified the problem, to be able to come into compliance with.

CHAIRPERSON BARRETT: you all should have gotten a copy of our annual report that we sent to the legislature and governor.

MR. JOHNSON: There are some recommendations for reports from different departments and the timelines on them, so if you want to authorize me to start drafting the letters that would need to go out to the different departments to make sure you get the reports back in a timely manner.

CHAIRPERSON BARRETT: We need a motion to request staff to draft letters that will accomplish the recommendations and requests that we made in the annual report.

CHAIRPERSON BARRETT: Karen Secor made a motion, seconded by John Meisner to authorize Dan to Draft letters that would generate the reports requested/recommended in the annual report.

CHAIRPERSON BARRETT: Any further discussion? All those in favor. All responded AYE, Opposed? No response

Motion carries.

Next agenda item we have; discuss and prepare arrangements for an update of the state plan for people with physical disabilities. We have to be updating our annual plan, of course. Do you guys want to have it as an agenda item at our next meeting?

MR. JOHNSON: Based on past experience it will require more than one meeting, multiple activities including needs assessment, reviewing the current plan to identify accomplishments, identifying what is not there are what needs to be there based on your new needs assessment, looking at demographics and this will require planning/discussion at your meeting, so I recommend setting aside at least half of the agenda to begin updating the state plan. I recommend that you have the chairperson and subcommittee members look at their goals and activities in the state plan before the next meeting. See if the objectives under each plan goal are still appropriate, identify new activities that should be in the state plan and bring them to the meeting. At the meeting start documenting the what has been accomplished, then identify what might not be in the state plan that should be there, and then start drafting those new goals/objectives/timelines/measures of success.

CPD had sent a letter to the Department of Natural Resources expressing the lack of accessible camping and recreation, commented on use of land, the need for accessible trails, the need for vehicle use, but nothing in the state plan addresses natural resources or camping or recreational activities. So you may want to consider adding a new goal around access to recreational activities.

MR. JOHNSON: While you have goals around long-term support supporting employment, there really are not any goals in the state plan around employment, other than MAPP. One of the concerns as the Coordinator Resources for People with Physical Disabilities I had when listening to Craig today talk about the new focus on youth in transition, what is that going to do to the availability of funding for adults with physical disabilities who are no longer in school but if he's right about the number of 17 thousand new people eligible automatically, and they have to address those 17 thousand new people?



CHAIRPERSON BARRETT: Who are they going to move off to the side?

MR. JOHNSON: There will be a waiting list again and category two is going to be extended longer. So the new law change is going to be significant, because now it will be clear that DVR will be working to help people achieve a living wage and that will help people who argue that they need to go to college to get an education that will support them in achieving that living wage. However, DVR has a new priority and that is to serve youth (estimated 17,000 students) in transition beginning at age 14 and I thought he said that they will also be required to spend a certain amount of money out of their budget on that population. As the Coordinator of Resources for People with Physical Disabilities I am concerned that they may not have enough funding to meet the needs of adults with physical disabilities who have already transitioned out of high school, but will need to secure a job that will pay a living wage. I encourage the Council to look at a state plan addition that will address this concern.

CHAIRMAN BARRETT: anything else under new business?

MS. ZIMMERMAN: Here is one thing, we need to set up when we're going to have our phone meeting about the next meeting in April.

CHAIRPERSON BARRETT: Yeah, the breakfast and stuff. Actually we have follow up on the strategies to find funding for operations and staffing for a reconstituted DHS fixed point of responsibilities for people with physical disabilities, vocational futures, planning and support provider network and MAPP recommendations for increased work incentives as part of the biennial, and Council funding and staffing budget recommendations.

CHAIRPERSON BARRETT: Need to figure what's in the budget, then set our priorities on what made it in the budget, then identify what did make it. On those issues that they did in the budget we will prepare testimony for joint finance and other committees that support our state plan goals. For those items we identified in July (reconstituted OPPD, CPD staffing and operations funding, 5 VFPS Regional Training and Technical Assistance Centers and improved work incentives for MAPP) that did not make it in the budget, we're going to date to identify legislators who will be willing to introduce amendments to the biennial budget or a separate bills to make the funding and position authority available.

The executive committee members will have to be the lead people on this planning, as we do not meet until well into the budget planning process in April. Since, the committee members are all chair people of the committees, they will work with their committee members to develop issue papers and whatever else is needed to help us get the information in the hands of legislators and the governor about these important initiatives that support our state plan goals.

MR. JOHNSON: I don't have everyone's area of interest identified, so could everybody please send me information on the committees you would like to serve on. Remember we have a standing committee for: Housing, Transportation and Parking, Emergency Preparedness and Long-Term Care, Healthcare and Employment. (Note: Noah Hershkowitz-Transportation)

MR. JOHNSON: I was going to bring the terms and I forgot to bring them. I will identify the people whose terms are up and I will email the location for filling out your

application to continue to serve. You will continue to serve until Governor appoints someone else to fill your position.

MR. JOHNSON: So we have currently ten members, four vacancies, and there could be a fifth. Hopefully, Ben can have a conversation with Jon Hoelter and see if he can facilitate the appointments of people to fill those positions that are vacant.

MR. JOHNSON: Do people see the value in continuing the video conferencing and conference call? I think if we can get the word out that people can participate like this, this is the first public comment we've had in months of people actually coming and saying something. I told a couple people about it but Debbie is the first one that actually took advantage of listening in and providing public comment.

CHAIRPERSON BARRETT: The very last thing we had was to set a date and location for July 2015. We could use the executive committee to determine the date and location. Right now the 25<sup>th</sup> anniversary of the ADA will be taking place in Washington DC the week of our normally scheduled meeting in July. I know some folks would like to attend the national event recognizing the 25<sup>th</sup> anniversary. Dan also informed me that this is the 25<sup>th</sup> anniversary of the Council on Physical Disabilities.

CHAIRPERSON BARRETT: let's set up a conference call for the executive committee meeting in March, to talk about the legislative breakfast, April quarterly meeting, and July meeting date and location. Executive Committee conference call meeting: Tuesday, March 9, 2015 from 3 PM to 5 PM to discuss the plans for the legislative breakfast and quarterly meeting agenda.

Next meeting Thursday, April 23, 2015 in Madison

MR. ESCAMILLA: I make a motion we adjourn.

CHAIRPERSON BARRETT: Hearing no further business, meeting is adjourned.