



Linda Seemeyer  
Secretary

State of Wisconsin  
Department of Health Services

1 WEST WILSON STREET  
MADISON, WI 53703

## OPEN MEETING NOTICE

### Wisconsin Long Term Care Advisory Council

Tuesday, September 11, 2018

9:30 AM to 3:30 PM  
Clarion Suites -- 2110 Rimrock Rd  
Madison, WI 53703

### AGENDA

**9:30 AM Meeting Call to Order**

**Heather Bruemmer**, *Long Term Care Advisory Council Chair*

- Introductions
- Review of agenda and approval of minutes
- Council Attendance

**9:35 AM Department Updates**

**Curtis Cunningham**, *DHS – Assistant Administrator of Long Term Care Benefits and Programs*  
**Carrie Molke**, *DHS – Bureau of Aging and Disability Resources*

**10:00 AM CMS Waiver Renewal announcement and solicitation of potential change**

**Betsy Genz**, *DHS – Bureau of Adult Programs and Policy*  
**Diane Poole**, *DHS – Bureau of Adult Programs and Policy*

**10:15 AM WisCaregiver Career updates**

**Kevin Coughlin**, *DHS – Long Term Care Benefits and Programs*

**10:30 AM Break**

**10:45 AM Community Development - Transportation charge updates, Secretary response**

**Carrie Molke**, *DHS – Bureau of Aging and Disability Resources*

**11:00 AM Transportation services and funding**

**Curtis Cunningham**, *DHS – Assistant Administrator of Long Term Care Benefits and Programs*

**11:45 PM Comments from the Public**

**Heather Bruemmer**, *Long Term Care Advisory Council Chair*

- 12:00 PM** *Catered Lunch for council members and staff (catered)*
- 12:30 PM** **Commute to Careers Grant**  
**Andrew Heidt, DWD**
- 1:00 PM** **Transit programs**  
**Ian Ritz, DOT**
- 1:30 PM** *Break*
- 1:45 PM** **Update on Community of Practice Grant for Cultural and Linguistic Competency**  
**Beth Swedeen, BPDD**
- 2:15 PM** **2019 Council Charges proposals and further discussion**  
**Curtis Cunningham, DHS – Assistant Administrator of Long Term Care Benefits and Programs**
- 3:15 PM** **Council Business**  
**Heather Bruemmer, Long Term Care Advisory Council Chair**
- 3:30 PM** **Adjourn**  
**Heather Bruemmer, Long Term Care Advisory Council Chair**

The purpose of this meeting is to conduct the governmental business outlined in the above agenda. The Wisconsin Long Term Care Advisory Council was first created through the 1999 Wisconsin Act 9 with the responsibility to report annually to the legislature and to the Governor on the status of Family Care and assist in developing broad policy issues related to long-term care services. Wisconsin Act 9 sunset the Council as a legislative council as of July 21, 2001, but the council was reappointed a few months later as an advisory group to the Department on emerging issues in long-term care. The Council has continued to provide guidance to the secretary and make recommendations regarding long-term care policies, programs, and services. More information about the council is available at [wcltc.wisconsin.gov](http://wcltc.wisconsin.gov).

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## OPEN MEETING MINUTES

Instructions: [F-01922A](#)

Name of Governmental Body: Wisconsin Long Term Care Advisory Council			Attending: Amie Goldman, Audrey Nelson, Carol Eschner, Cathy Ley, Christine Witt, Cindy Bentley, Denise Pommer, Heather Bruemmer, John Sauer, Mary Frederickson, Maureen Ryan, Robert Kellerman, Roberto Escamilla II, Sam Wilson, Tim Garrity, William MacLean.
Date: 7/10/2018	Time Started: 9:30 a.m.	Time Ended: 3:30 p.m.	
Location: Clarion Suites at the Alliant Energy Center, Madison			Presiding Officer: Heather Bruemmer, Chair

### Minutes

**Members absent:** Beth Swedeen, Jessica Nell.

**Others present:** Dave Varana, Kevin Coughlin, Hannah Cruckson, Curtis Cunningham, Wendy Fearnside, Anne Olson, Linda Seemeyer, Carrie Molke, Betsy Genz, Elizabeth Goodsitt, Cathy Klima.

### Celebrate Expansion of Family Care, IRIS, and ADRCs Statewide

**DHS Secretary Linda Seemeyer attended the council meeting in order to recognize the expansion of Family Care, IRIS, and ADRCs statewide as of July 1, 2018.** The secretary shared her history with long-term care programs and thanked those involved in the long history of development and expansion of these programs. She shared that there is still a lot to do and accomplish.

Many council members expressed their gratitude for the people with the vision for these programs, and their persistence made the expansion reality.

### Meeting called to session

The minutes from the May 2018 meeting were unanimously approved on a motion from Roberto Escamilla, seconded by Amie Goldman. Draft summaries of the council charges were included in the packets for the current meeting.

### Department Updates

**Curtis Cunningham Assistant Administrator, Division of Medicaid Services, Long Term Care Benefits and Programs, gave the following Department of Health Services updates:**

- Family Care and IRIS expansion is complete. Hats off to a lot of staff.
- The tribal option ensures Menomonie and Oneida can maintain case management models to ensure that tribe members get the support they need through tribal case management. Those tribes had existing legacy waivers under COP and CIP. We will have to continue to refine the tribal option.
- Direct care workforce funding went out to MCOs. MCOs will be distributing it to providers. 60 million dollars over the next year will be distributed to direct care workers to try to improve workforce.
- Competitive integrated employment - we have some initiatives across the state and SELN to develop a long term plan for competitive integrated employment. 14.9% working, and only 3.5% is competitive integrated employment. We want to get more individuals that want to work in the community.
- We have developed a PM structure for MAPP and will establish a stakeholder workgroup.
- EVV bill is extending implementation. CMS is giving guidance about which benefits in Long Term Care.
- Heightened Scrutiny is out for public comment. There are five identified facilities. We are still working through non-residential HCBS.
- CLTS waitlist elimination. Continuing to move children off the waitlist. Counties are growing 35% to meet those demands.
- A lot of work is going on internally for our MMIS such as system visioning, claims payments, and counter processing.

- Comment - is there any thought for WISITS connecting into MMIS?
- Care management module is part of the larger strategic plan. What happens is what occurs through the RFP process. It will be developed as an enterprise wide system. Scheduled for 2022.
- Comment - Any update on MAPP?
- There were two failed recruitments for a project manager. We finally turned internally for project management. It is an eligibility category, so a lot of the conversations internally are about engaging eligibility. We have a good PM structure, but it is a very complex piece of legislation, along with the eligibility demands.
- Comment - Pet peeve concerning premiums.
- Still trying to break down MAPP into component parts. That is part of the project management that we need to do. Nothing has been sent to CMS yet.
- Comment - who is the project manager?
- Executive sponsor is Marlia Mattke. Reach out to Marlia or Curtis with questions.

**Carrie Molke gave the following Bureau of Aging and Disability Resources (BADR) updates:**

- New admin rules in effect for The Alzheimer's Family Caregiver Support Program (AFCSP) and Telecommunication Assistance Program (TAP).
- TAP program - we spent some time with focus groups of people served by the program. There are some changes making it much more appealing. Not just TTY, which has become obsolete. Updated rules will be effective shortly. There will be a website and marketing materials.
- Comment - A big shoutout that it was a great program but it is out of date.
- It's also allowed us to create a stronger relationship with the Public Service Commission.
- Aging and Disability Network Conference Sept 12-14 in Wisconsin Dells. This is the second joint conference between Aging and ADRC networks.
- PHAB Accreditation for DPH - We haven't heard anything yet but we're still expecting to hear about accreditation. It's been a great orientation of BADR into Public Health, and we have learned so much about public health and greater quality.
- Comment - would that allow additional types of funding?
- Accreditation is about internal quality improvement for network and partnerships.
- Developing State Aging Plan for 2019-2021 - submitting it to Administration for Community Living (ACL) by end-June. 25 goals of the plan relate to Older Americans Act and other work. It will be available on the website in the future. These are 3 year plans. All AAAs do it and all county aging units. The whole network is heavily engaged.
- Dementia state plan - we're getting organized and putting together a steering committee. The first task is identifying who is part of the workgroups. The actual plan will be effective 2019.
- AT state plan is out for public comment.
- ASTOP - time to start next state health plan. This is the first time BADR is involved and has a voice.
- Emergency Preparedness Toolkit for people with disabilities- Recently Puerto Rico who is still dealing with disasters were researching other states and they loved Wisconsin's toolkit. They are going to be using our toolkit and, in exchange, converting it to Spanish.
- Caregivers – Wisconsin Caregiver Coalition formed a year ago of 30+ agencies. In collaboration with the WI Womens Council, they have been conducting sessions to develop plans as a state agency to focus on workforce.
- ADRC regions have been separating and becoming individual county ADRCs. There are now 46 ADRCs. Oneida and Vilas have submitted applications to become single county resource centers.
- Public Health has a lot of data. Developing a framework for surveillance and for a warehouse for all the data within the division.

**Anne Olson and Wendy Fearnside shared the 2019 ADRC contract changes and made the following comments:**

- The changes are primarily to clarify the meaning of scope of services or to add detail. In a couple of instances, we are filling gaps in order to be consistent with statutory changes.
- Working through some larger issues and guiding principles for ADRCs with WCHSA and ADPAW.

**MCO Contract Amendment Update**

**Nate Vercauteren shared the MCO Contract changes initiated by new State or Federal requirements.**

**Public Comments**

There were no public comments.

**Quality – National Core Indicators (NCI) Data**

**Angela Witt shared the 2016-17 National Core Indicators Adult Consumer Survey results.**

**Attendance**

**Heather Bruemmer shared the council member attendance policy and the practice of recording attendance for full and partial attendance.**

The council discussed some of the barriers for perfect attendance and made suggestions.

**2018-2018 Council Charges, Timeline tracker, and 2019 LTC Council**

**Curtis Cunningham** led the conversation about the current council charges and which charges would be beneficial to continue in 2019.

**Workforce**

- Comment: Workforce overlaps with Transportation and Employment. There is feedback that is valuable when in conversations with those agencies.
- Comment - It is the most critical issue that we're facing, and the system will collapse without focus and also interagency cooperation.

**Quality**

- Comment - Quality is vitally important, and some progress has been made. There is more discussion we need to get to reasonably develop a quality program. Why not use a council to continue to develop the quality program at each level?
- Comment - Cultural competency in general and also data for tribal members, and determining whether we are providing culturally competent care across populations.
- Comment - Health equity is another big issue.
- Comment - This is a critical topic for a \$2b program.

**Communication**

- Comment - Could be taken off of the charges in 2019.
- Comment - Communication is more about the development of the message and not just the vehicle or how it's organized.
- Comment - this can be continued internally if not at the council.

**Community Development**

- Comment - We could keep Community Development but widen the scope again and review the council recommendations.
- Comment - Review the language in the Community Development charge so that it emphasizes the need for "OR over-consumption of" LTC services.
- Comment - Focus on stabilization of community placements and focus on transitions of care, lack of behavioral health options.
- Comment - Transitions of Care is something that is an issue.
- Comment - Transportation could be a charge in and of itself.
- Comment - Housing is trending up.

#### Additional ideas

- Comment - Workforce, transportation, and community have been discussed to keep in 2019. Do we have more time on the next agenda to continue the discussion and prioritize?
- Comment - Discuss future state down 10-20+ years.
- Comment - Do visioning for the next 15 years.
- Comment - Do we have a good North Star to continue?
- Comment - If we went through the whole process to prioritize an issue, we should go down the road we already paved. It doesn't mean that the others aren't a priority. Weave in quality, communication, cultural competency through each charge. Draft how we would weave those charges for 2019.
- Comment - How do we stop from discouraging natural supports, which are supposed to supplement FC?
- Comment - Preventative health - right place, right time, right cost, in the right amount. How we run programs following the right amount. Effective coordination of services is an issue.
- Comment - When we start talking about medical, we need to be concerned that focusing on medical doesn't take away from the services of FC.
- Comment - If we don't start thinking about how we coordinate care, someone is going to devise an integrated system before we do. We don't want a fully integrated system run by big health, but we could consider how to coordinate care.
- Comment - One charge could be visioning for the future.

The meeting was adjourned unanimously without any other council business comments.

Prepared by: Hannah Cruckson on 7/10/2018.

These minutes are in draft form. They will be presented for approval by the governmental body on: 9/11/2018

Scott Walker  
Governor



**DIVISION OF MEDICAID SERVICES**

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Linda Seemeyer  
Secretary

**State of Wisconsin**  
Department of Health Services

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[DATE]

Re: Request for Family Care Waiver Ideas

Dear Stakeholders and Family Care Supporters:

The Wisconsin Department of Health Services (DHS) invites you to submit your ideas regarding the future direction of the Wisconsin Family Care and Family Care Partnership long-term care programs.

**What is a Medicaid Waiver?**

The Family Care and Family Care Partnership programs are jointly operated by the State of Wisconsin and the federal government. Every five years, DHS must submit two applications, called waivers, to the Centers for Medicare & Medicaid Services (CMS). The waivers are for funding and approval of the programs. The waivers describe benefits, oversight responsibilities, eligibility criteria, member rights, financial accountability, and much more. You can see the current waivers at <https://www.dhs.wisconsin.gov/familycare/statefedreqs/index.htm>.

**Please Submit Your Ideas to DHS by [30 DAYS FROM THE DATE OF THIS LETTER]**

We invite you to submit your ideas about aspects of the Family Care and Family Care Partnership programs that you would like to see added, removed, or changed. While we cannot guarantee any particular idea will be included in the waivers DHS submits to CMS, we will consider all the ideas we receive. Ideas must be submitted by [30 DAYS FROM THE DATE OF THIS LETTER] and emailed to [FAMILY CARE EMAIL ADDRESS].

This request for ideas does not replace the formal public and tribal input process required for all federal waivers. That process provides an opportunity for you to review and provide comments on the actual draft waivers prior to DHS submitting them to CMS.

**Key Dates**

October 1, 2018	Deadline to submit ideas to DHS
May 31, 2019	Formal public and tribal comment period on draft waivers begins
September 2, 2019	DHS submits waivers to CMS for review and approval
January 1, 2010	Waivers effective

Sincerely,

Curtis Cunningham,  
Assistant Administrator

# Family Care Waivers

Wisconsin Long Term Care Advisory Council  
September 11, 2018

1

## What Is A Medicaid Waiver?

- A waiver is a request (application) to the Centers for Medicare and Medicaid Services (CMS) to operate specific programs differently than regular Medicaid (where a person uses a card to receive health care benefits).
- Waivers can be about eligibility requirements, benefits, delivery systems (such as managed care), and much more.
- The Family Care waivers allow people to get services at home and in the community.
- Waivers are very technical and complex. You can see the current waivers at <https://www.dhs.wisconsin.gov/familycare/statefedregs/index.htm>.

2

## Family Care Program

- Operates under two waivers - 1915(b) & 1915(c)
- Waivers are for a five year period.
- Both waivers expire December 31, 2019.

3

## Family Care 1915(b) Waiver

- Allows us to do managed care and provide certain health care benefits, such as mental health, nursing, physical therapy, etc.
- Allows Aging and Disability Resource Centers (ADRCs) to counsel and help eligible people choose a program that will meet their individual needs. They will also provide information on available Family Care managed care organizations (MCOs).

4

## Family Care 1915(c) Waiver

- Allows us to define and provide non-health care services, such as residential, supportive home care, home delivered meals, etc. This includes corresponding provider standards.
- Describes how the program will operate, such as how member care plans are developed, grievance and appeals process, the populations who will be served, etc.
- Describes financial integrity and accountability of the program.

5

## Family Care Waiver Renewal Timeline

<b>DATE*</b>	<b>TASK</b>
July – December 2018	DHS subject matter experts (SME) review and revise current waivers
September 1, 2018	DHS solicits ideas from internal stakeholders
September 21, 2018	DHS solicits ideas from external stakeholders
October 1, 2018	Internal stakeholder ideas due to DHS
October 21, 2018	External stakeholder ideas due to DHS
October - December 2018	DHS review of internal and external ideas
January 2019	DHS Policy Team review of SME revisions
February - March 2019	DHS Leadership review of draft waivers
April 2019	DHS prepares public and tribal notices
May 2019	DHS internal review and approval of public and tribal notices
May 31, 2019	Public and tribal notification of comment period
July 1, 2019	Public and tribal comments due
July – August 2019	DHS review of public and tribal comments; DHS response incorporated into waivers
September 2, 2019	Waivers submitted to CMS (CMS has 90 calendar days to approve or deny – can stop the clock with questions to DHS)
January 1, 2020	Effective date of waivers

\*Dates are approximate



## OUR GOALS

- To increase the number of nurse aides available to work in Wisconsin nursing homes
- To raise awareness about the benefits of working in a Wisconsin nursing home and the opportunity to make a difference

As of August 31, there are:

- 17 nursing homes with approved NATPs
- 13 technical colleges with approved NATPs
- 8 private NATPs
- 301 nursing home participants who agreed to pay a \$500 retention bonus
- 3,838 students registered for WisCaregiver Careers
- 861 students enrolled in training for WisCaregiver Careers
- 86 students employed

Monthly Workforce Solution webinars are very successful (First Thursday of the month from 1:30–2:30 p.m.): [https://connect.wisconsin.gov/wiscaregiver\\_career/](https://connect.wisconsin.gov/wiscaregiver_career/)

## NURSING ASSISTANT WEEK

Governor Walker recently celebrated Wisconsin's nursing assistants and highlighted WisCaregiver Careers. While visiting Rennes Health and Rehab Center in DePere, the Governor proclaimed the week of June 11-17, 2018 as "Nursing Assistant Week." A copy of Governor Walker's proclamation can be viewed [here](#).

Press Release: [Gov. Scott Walker Visits Rennes Health & Rehab Center in De Pere.](#)

A number of other states and national organizations have inquired about the program and how it was started.



## **INTRODUCTION**

The Long Term Care Advisory Council (LTCAC) is charged with advising DHS on the following: Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long-term care services by:

- Looking at strategies to prevent people from going into a residential setting before necessary.
- Ensuring that individuals in residential settings are in the right setting for their acuity.
- Providing advice and guidance on prevention strategies that should be developed to delay the need for long-term care services.

The consensus of the Council was that DHS should prioritize improving coordination and access to transportation as a way to impact the overall charge.

### **Based on the Council's recommendations to:**

- a. Establish a Transportation Coordinating Committee
- b. Developing an inventory of transportation options and funding programs in the state; developing a state plan that identifies roles and responsibilities of state and local agencies and coordinates transportation funding and services across the state; and identifying and recommending solutions to address other barriers experienced by older adults and people with disabilities.
- c. Dedicate Staff Resources Within DHS. Establish a point of contact within DHS; an employee dedicated to transportation, who has responsibilities across Divisions and programs.
- d. Evaluate and remove barriers within current DHS programs that fund transportation, including medical and non-medical transportation. Identify ways to coordinate policies across payers.
- e. Incorporate into MCO/IRIS contracts a responsibility to build options and coordinate transportation for members as a part of the care-planning process.
- f. Explore the expansion of programs that work, such as mobility managers and volunteer driver programs.
- g. Consider older adults and people with disabilities in long-range transportation planning.
- h. Expand employment transportation options.
- i. Explore innovative solutions for the future, such as autonomous vehicles and technology.

***The DHS Secretary feels that many of the recommendations of the Council are out of the purview of the Department of Health Services and also feels that many of the solutions that are needed are best met locally. To do what DHS can to respond to the recommendations of the Council, she has asked DHS staff to do the following:***

- 1. To invite DOT to meet with the Council to share program information and to solicit input.***
- 2. Develop an inventory of DHS funding and/or programs that provide or pay for transportation, and make that available to the Council;***
- 3. Obtain a listing of local transportation coordinating committees and promote these local input and coordination opportunities on the DHS website.***
- 4. To clarify what MCOs and IRIS providers are required to do to meet the transportation needs of its members.***



SECRETARY RESPONSE – Community Development

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*Wisconsin Long Term Care Advisory Council*

- 5. Review care plans for MCO members and IRIS participants to ensure transportation needs are identified in the plan.**
- 6. Develop quality measures related to transportation for older adults and people with disabilities.**

**Transportation Services Funded by the Department of Health Services and County Human Services Agencies**

	Program Participation Category	Types of Transportation Services Provided	Delivered by MCO/Manager/Other Provider	Annual Spend (SFY17 unless noted otherwise)	Number of People Receiving Services?	Number of People Eligible	Average Per Eligible Individual Per Month Cost	Percentage of Eligible People Receiving Transportation Services
<b>A. Medicaid Funded Services</b>								
1.	Eldery, Blind, & Disabled Individuals and Foster Children	Rides to medical appointments	Statewide Transportation Manager (Current Vendor: MTM, Inc)	\$38.1M	121,427 rides per month	181,304 (average monthly enrollment)	\$17.53	67%
2.	BadgerCare Plus Children	Rides to medical appointments	Statewide Transportation Manager (Current Vendor: MTM, Inc)	\$6.7M	17,100 rides per month	443,398 (average monthly enrollment)	\$1.43	4%
3.	BadgerCare Plus Parents, Caretakers, Medicaid Well Women, & Family Planning	Rides to medical appointments	Statewide Transportation Manager (Current Vendor: MTM, Inc)	\$16.1M	48,515 rides per month	218,190 (average monthly enrollment)	\$6.98	22%
4.	BadgerCare Plus Childless Adults	Rides to medical appointments	Statewide Transportation Manager (Current Vendor: MTM, Inc)	\$20.6M	65,965 rides per month	136,416 (average monthly enrollment)	\$13.98	48%
5.	Family Care	Non-medical, non-emergency, non-Medicaid community and other transportation to participants who do not have access to unpaid transportation. May include tickets, fare cards, or other fare media or services.	Delivered by MCO via transit services, taxis, other local community transportation service providers.	\$42.4M	23,395 unique individuals in SFY17	52,994 unique individuals in SFY17	\$66.67	44%
6.	PACE/Partnership	Non-medical, non-emergency, non-Medicaid community and other transportation to participants who do not have access to unpaid transportation. May include tickets, fare cards, or other fare media or services.	Delivered by MCO via transit services, taxis, other local community transportation service providers.	\$5.5M	3,030 unique individuals in SFY17	4,332 unique individuals in SFY17	\$105.80	70%
7.	IRIS (Include, Respect, I Self-Direct): Non-Medical Transportation Services	Non-medical, non-emergency community transportation to participants who do not have access to unpaid transportation.	Transit services, taxis, other local community transportation service providers.	\$12.1M	5,375 unique individuals in SFY17	16,609 unique individuals in SFY17	\$60.71	32%
8.	Adult Home and Community Based Legacy Waivers (CIP/COP)	Specialized transportation (community access): includes transport tickets, passes, vouchers or other fare medium; direct payment to providers covering the cost of conveyance; may include standing participant account between county waiver agency and transportation provider.	Transit services, taxis, other local community transportation service providers.	\$9.34M	1,607 unique individuals in SFY17; 1,144 (average monthly utilization)	10,470 (average monthly enrollment)	\$74.35	11%
9.	Nursing Homes	Some nursing homes choose to provide specialized medical vehicle transportation to their residents and bill Medicaid fee for service or MCO.	Nursing Home	\$1.2M	NA	Approx. 15,000 individuals in Wisconsin nursing homes are on Medicaid; however, not all live in nursing homes that provide transportation services.	\$6.67	NA

**Transportation Services Funded by the Department of Health Services and County Human Services Agencies**

	Program Participation Category	Types of Transportation Services Provided	Delivered by MCO/Manager/Other Provider	Annual Spend (SFY17 unless noted otherwise)	Number of People Receiving Services?	Number of People Eligible	Average Per Eligible Individual Per Month Cost	Percentage of Eligible People Receiving Transportation Services
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**B. County Programs**

1.	Senior Programs / Older Americans Act (OAA)	Rides on predetermined routes and rides provides upon customer request	Over 60 volunteer driver programs around the state.	\$379K of OAA Title III transportation expenses and \$217K of OAA Title III assisted transportation expenses	205,039 rides in SFY17 (not counting s. 85.21-funded rides)	1,237,534 seniors in Wisconsin	NA	17%
2.	Community Aids / County Tax Levy	Rides on predetermined routes and rides provides upon customer request	Over 60 volunteer driver programs around the state.	Approx. \$14M of s. 85.21 funding	NA	1,237,534 seniors in Wisconsin	\$0.94	NA

**C. FoodShare**

1.	FoodShare Employment and Training	Auto repair, bus fare, gas voucher, and taxi fare	FSET participants, transit services, taxis	\$2.1M AF in FFY17	16,862 unique individuals in SFY17	21,925 unique individuals in SFY17	\$7.98	77%
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**D. DHS Operated Direct Care Facilities**

1.	Mendota Mental Health Institute (Madison)	Non-emergency transportation	facility staff	NA	NA	NA	NA	NA
2.	Winnebago Mental Health Institute (near Oshkosh)	Non-emergency transportation	facility staff w/ state vehicle, Oshkosh City Cab, Greyhound	no details on facility staff costs, \$9,400 AF on Oshkosh City Cab, and \$1,789 AF on Greyhound	41 with Oshkosh City Cab and 19 with Greyhound	195 average daily population	\$4.78	NA
3.	Sand Ridge Secure Treatment Facility (Mauston)	Non-emergency transportation	Security staff	NA	NA	NA	NA	NA
4.	Wisconsin Resource Center (near Oshkosh)	Non-emergency transportation	DOC staff	NA	NA	NA	NA	NA
5.	Central Wisconsin Center (CWC, Madison)	Non-emergency transportation	Curtis Ambulance (59% of the time), Ryan Brothers (9%), Paratech (1%), We Care Transportation (31%)	\$23,273 funded by Medicaid through CWC's daily rate. Additional amounts are billed to Medicare.	About 200 non-Medicare rides	211 average daily population	\$9.19	NA
6.	Northern Wisconsin Center (near Chippewa Falls)	Non-emergency transportation	facility staff	NA	NA	NA	NA	NA
7.	Southern Wisconsin Center (near Union Grove)	Non-emergency transportation	Medix Ambulance Services	\$108,008 PR	516 rides	134 average daily population	\$67.17	NA

## Program Overview

Andy Heidt

Office of Skills Development

Division of Employment & Training

Department of Workforce Development



OSD Programs Overview

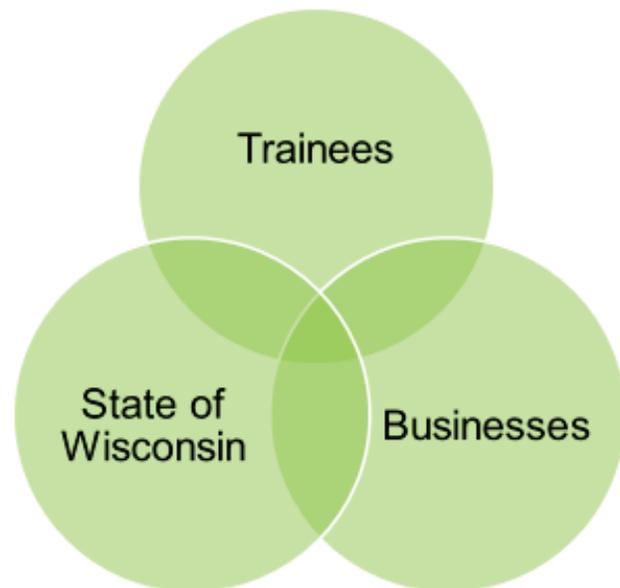
September 19, 2018

### Wisconsin Fast Forward



- Worker training grants to prepare workers for jobs available today and in the years to come
- Grants are available to support employer-led worker training
- Demand-Driven: Must include employers with a skill demand for new/existing workers
- Reimbursable grant program
- More than 20,000 employees have gained additional skills enhancements

- **Trainees:**
  - Transferrable Skills
  - Employment/Wage Increase
  - Career Development
- **Wisconsin Businesses:**
  - Skilled Workforce
  - More Competitive
- **State of Wisconsin:**
  - Reimbursable Grants
  - Return on Investment (ROI) to taxpayers
  - Transparent and Accountable



- Grant applications are open year-round, with awards made quarterly.
- Time your application to meet your needs.
- Projects can start within 60 days of the end of each quarter as follows:

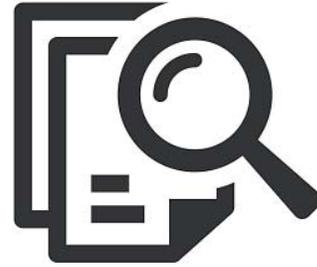
Submission Date	Intent to Award on or Before
January 1 – March 31	May 31
April 1 – June 30	August 30
July 1 – September 30	November 30
October 1 – December 31	February 28

▶ As applications are entered:

- ▶ Technical Assistance

▶ As applications are submitted:

- ▶ Background Checks
- ▶ Clarifications
- ▶ Determine if fit WI Fast Forward Program Criteria



The 2017-2019 Biennial Budget added several initiatives.

- ▶ Teacher Training and Recruitment
- ▶ Advanced Manufacturing Technical Education Equipment
- ▶ Nursing Training in Middle and High Schools
- ▶ Training Teachers to Teach in Dual Enrollment Programs
- ▶ Workforce Retention Pilot
- ▶ High School Student Certifications
- ▶ Teacher Training and Development Grant
- ▶ Commute to Careers

All grants require 20% match. Focus on transportation to employment.

## ▶ Program Grants

- ▶ Private Business or Business Consortiums
- ▶ 501(c)(3)Non-Profits
- ▶ Organizations focused on people with disabilities

## ▶ Vehicle Grants

- ▶ Targeted traffic congestion/vehicle emissions reduction counties
- ▶ 150% FPL
  - ▶ Non-profits and local public bodies can apply

7



- ▶ Signed into law March 28, 2016 as Wisconsin Act 283
- ▶ Goal of Act 283: Provide Coordination between institutions of higher education and employers to increase the number of students placed in internships
- ▶ Keep Wisconsin's best and brightest in Wisconsin

8

- Over 75% of Businesses nation-wide use internships as a core strategy to fill full-time entry-level positions
- 67% of businesses extend an offer of full-time employment to an intern if there is an opening
- 76% of interns will accept the offer

- One-year retention rate for interns who accept a full-time job at the company: 65% (46% for non-interns)
- Five-year retention rate for interns who accept a full-time job at the company: 52% (36% for non-interns)

- Access to highly motivated students
- Increased productivity--Free up full-time staff
- Low cost labor
- Students are eager to tackle tasks—everything is new and exciting to an intern
- Test drive future employees
- Brand imaging—Interns talk, tweet, and post about their experiences

11

## WisConnect

<https://internshipwisconsin.com/>

A screenshot of the WisConnect website. The header includes the DWD logo, the text "WisConnect", and navigation links for "Help", "Employers", "Students", and a "Sign In" button. The main content area features a search bar with the text "SEARCH FOR A WISCONSIN INTERNSHIP" and fields for "Keyword" and "City". Below the search bar, there are two columns: "EMPLOYERS" and "STUDENTS". The "EMPLOYERS" column includes an icon of a person and a gear, a "REGISTER NOW" button, and a "LEARN MORE" button. The "STUDENTS" column includes an icon of a person and a document, a "REGISTER NOW" button, and a "LEARN MORE" button. A map of Wisconsin is positioned between the two columns. The footer of the screenshot contains the text "Recruit interns on WisConnect to enhance your skilled talent pipeline. Create an employer profile, post..." and "Seek internships to gain valuable job skills and launch your career. Create a professional profile, upload your resume,..."

WisConnect

Help Employers Students Sign In

Your Source for Wisconsin Internships

SEARCH FOR A WISCONSIN INTERNSHIP

Keyword City Go

EMPLOYERS

REGISTER NOW

LEARN MORE

STUDENTS

REGISTER NOW

LEARN MORE

Recruit interns on WisConnect to enhance your skilled talent pipeline. Create an employer profile, post...

Seek internships to gain valuable job skills and launch your career. Create a professional profile, upload your resume,...



# Questions?

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# WisDOT Transit Programs

**Ian Ritz**  
Transit Section Chief

Wisconsin Long Term Care Advisory Council  
Madison

September 11, 2018



1

## Overview

1. Describe transit service in Wisconsin and WisDOT's role in administering transit programs
2. Specialized transportation assistance program for counties (Wis. Stats. § 85.21)
3. Enhanced Mobility of Seniors & Individuals with Disabilities (49 U.S.C. § 5310 and Wis. Stats. § 85.22)
4. Human Service Transportation Coordination Planning

2

# What is transit in Wisconsin?

Madison Metro & Milwaukee County

And...

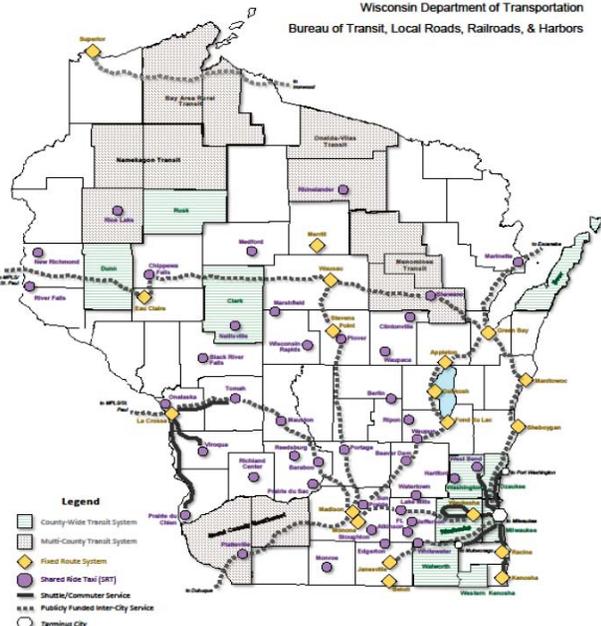
- 79 other public transit systems
- Over 130 specialized transit systems for seniors and individuals with disabilities



3

## Wisconsin Public Transit Systems 2018

Wisconsin Department of Transportation  
Bureau of Transit, Local Roads, Railroads, & Harbors



- 82 public transit systems
  - 47 shared ride taxis
  - 16 small and large urban bus systems
  - 13 rural bus systems
  - 4 commuter services
  - 2 streetcars
- 8 publically funded intercity bus routes
- Over 130 specialized transit projects for seniors and individuals with disabilities, including shuttle buses and volunteer driver programs (not shown)
- Approximately \$210m annual investment (public and specialized)
- For every \$1.00 invested in transit there is a \$3.00 return in the community
- Roughly 55% of trips are for work

4

# WisDOT's role

## What does WisDOT do?

- Administer federal and state transit funding programs
- Provide oversight for regulatory compliance
- Provide technical assistance
- Develop policies

## What doesn't WisDOT do?

- Start, design, or manage transit projects directly
- Provide or contract for transit service
  - Except for Intercity Bus Service

5

# Types of transit

- Public
  - Available to the general public – “open door service”
    - Service includes fixed route (with ADA paratransit), demand response, route deviation
- Specialized
  - Directed toward a specific demographic group
    - Seniors, disabled, low income, etc.
    - Service includes fixed route, demand response, mobility management

6

# Chapter 85.21

- Provides state funding to counties for operation of transit services to elderly and disabled persons
- 72 Counties receive funding via formula, which is based on the proportion of the state's elderly and disabled population located in each county
- In 2018 the total allocation is approximately \$14.1 million; the adopted 2017-2019 biennial budget included an increase of \$278,300 for fiscal year 2018 and \$562,200 for fiscal year 2019
- Counties must provide 20% cash local match

7

# Chapter 85.21

- Programs vary statewide – counties have ability to develop services that meet their needs
- Eligible activities include direct services, purchased transportation, trip reimbursement, coordination and capital items
- Delivers nearly 2.5 million trips annually
  - Approximately 25 percent for employment
  - Approximately 20 percent for healthcare

8

## Section 5310 / Ch. 85.22

- Provides state and federal funding to non-profit organizations and local public bodies for vehicles and services related to transporting elderly and disabled persons
- Approximately \$5.7 million in aid annually statewide
  - Federal - \$4,848,739
  - State - \$912,700
- Currently, the program has approximately 70 county and non-profit participants with nearly 850 active vehicles.

9

## Section 5310 / Ch. 85.22

- Grant funds are awarded through an annual discretionary application process
  - Applications are evaluated based on: demonstration of need; coordination of services; and, financial and technical capacity
- Eligible projects include operating, capital and mobility management
  - At least 55% of federal funds must go toward capital projects

10

# Transportation Coordination

- WisDOT requires all counties to have publicly-available coordination plans as part of FTA initiative.
  - Section 5310 projects must be consistent with coordination plans
- This is an opportunity for transportation stakeholders to be at the table for county and regional efforts.
- Their chance to tell others your story and their chance to hear that of others.

11

## Resources

### Chapter 85.21

- <http://wisconsin.gov/Pages/doing-bus/local-gov/astnce-pgms/transit/county-eld.aspx>

### Section 5310

- <http://wisconsin.gov/Pages/doing-bus/local-gov/astnce-pgms/transit/enhanced-mob.aspx>

### Transportation Coordination

- <http://wisconsin.gov/Pages/doing-bus/local-gov/astnce-pgms/transit/compliance/coord.aspx>

12

# Thank you

## Questions?

### Contact Info

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# Community of Practice Workplan 2018

Tasks and Goals for WI

1

## #1 - Racial Data – sub-groups (Tribes and Asian groups)

Analyze existing data and compare with census to get baseline – will check to see if sub-groups can be added

NCI data – review of NASDDDS website for brief on cultural competence and how we might use NCI data – includes looking at NCI kids data to see if we can use it

Follow up with Georgetown mentor to request webinar on NCI with NACDDDS – kids data has missing counties because of small size – are there ways to augment with NCI data to get a more accurate number:

Is there any disability related information by county we should look at; i.e. Autism, diabetes?

Can we use DPI data to look at kids' services for baseline? E.g. look at numbers in Special Education for CD

2

## #2 –

Request implementation of Ch. 10 of FC Administrative Rules to have job descriptions outline that lived experience and formal education are both qualifications for employment as functional screeners; care managers in FC and CLTS case workers/IRIS consultants

Follow up in regards to ADRCs, include in request for meeting with Secretary, bring to advocates' meeting with Curtis and team and request to be on Kids Council Agenda

3

## #3 – Facilitate/outreach/simplify procedures

Work with Department to become approved vendors for personal care, respite, CLTS services

Bring forward to CLTS team at DHS and request to be on Kids Council agenda

4

## #4 – DHS training – New Employees

DHS to provide, as well as ongoing training and resources on website on cultural and linguistic competence

Bring forward to DHS, meet with Secretary

5

## #5 – Annual Performance Reviews and #6 Job Descriptions

Embed CLC core competencies in annual performance reviews and skills/knowledge required on job descriptions;  
Bring forward to BPDD, DRW and DHS

Embed CLC core competencies in job descriptions – crosswalk into quality improvement efforts such as, the family guided conversations for service coordinators.  
Bring forward to CLTS, DHS, BBPDD, DRW

6

## #7 – Self-Assessment on CLC

Contract requirement in MCO and ICAs, county CLTS, CYSHCN and ADRCs; including a work plan based on self-identified challenges and an annual report on progress

Bring forward to Secretary, talk to Curtis through advocates meeting

7

## #8 – Family Care MCO and the Contract Language

Review of the MCO contract; gather information on Cultural Competency language and policies and procedures MCO have in place

8

## #9 – Translation Services

Seek to have translation services added as a Medicaid benefit – in all areas

9

## #10 – CLC Content/Training

Focus area: “Warm Welcome” at first point of contact – entry staff

ADRCs, Birth-to-3, CLTS, CSHYCN, DHS

10

## #11 & #12 – Meet with the Secretary

Presentation and discussion with Secretary in regards to COP and workgroup

COP team

11

## #13 Overview of task identified and #14 Listening sessions

Brief overview to LTC staff (Curtis' team)

Follow up on listening sessions with LCO, other communities

12

## #15 – Tribal Ombudsman at DRW

Follow up discussion

13

## #16 – LTC Advisory Meeting

Request that an update on the COP be included in this next meeting

14