

The A-Team Concern	Bill language	Bill intent and compromise
<p>(the bill will) reduce a full array of choices for employment and day services</p>	<p>Page 5 lines 5-9:</p> <p>“Nothing in this subsection shall be construed to limit access to or choice of allowable services, including prevocational services provided in accordance with 42 CFR parts 440 and 441, in the family care program under ss. 46.2805 to 46.2895, the Family Care Partnership program, and the self-directed services option, as defined in s. 46.2899 (1).”</p>	<p>The phrase “not limiting access to or choice of allowable services, including prevocational services” was intentionally included in LRB-0888/1 and LRB-5241/1 to address concerns about reducing choice in any way. This is the same phrasing used in <a href="#">Act 178</a> – the employment first law - which was supported by The A-Team.</p> <p>The clarification and protection of choice was important to all providers and stakeholders involved in the bill drafting process, including and especially, lead bill authors, Rep. Edming and Senator Tiffany.</p>
<p>(the bill requires) Community Rehabilitation Programs (CRPs)... to “transform”</p>	<p>The Legislative Reference Bureau drafter made significant language changes throughout the bill draft on 11/14 eliminating any language that led to required transformation outcomes.</p> <p>The term “transformation” did appear in early versions of the bill draft shared with A-Team and providers.</p> <p>The bill’s title was updated by the drafter to: (page 2 line 2) “COMMUNITY-BASED SERVICES GRANT PROGRAM.”</p> <p>Early draft references to the bill supporting providers to “come into compliance with the Home and Community-Based Services Settings Final Rule established by the federal Centers for Medicare and Medicaid Services” were removed and replaced with (page 2 lines 6-8; page 2 lines 12-13; page 2 lines 18-19; page 3 lines 21-22;</p>	<p>The P/8 bill draft which became LRB 0888/1: LRB-5248/1 was significantly updated to remove original references or language that referred to transformation in any form. The word “transformation” appears nowhere in the existing bill, even though it did in early drafts.</p> <p>This change was made to acknowledge concerns that participation in the program would require movement from facility-based operations to 100% community-based service provision. Wisconsin providers who are undertaking efforts to increase capacity for community-based services indicate multiple barriers including sustainable funding, transportation, staff recruitment and training, limited community resources in rural areas, etc. Addressing these challenges and making the organizational changes necessary to provide individualized community-based services take longer than the term of this grant.</p> <p>Therefore, the intentional change was made on 11/14/19 to ensure all bill language did not indicate or in any way lead to a transformation expectation.</p> <p>Updates to the bill to add “to initiate or increase and sustain their provision of community-based services” were</p>

	<p>“to initiate, or increase and sustain their provision of community-based services that create pathways to and increase competitive integrated employment for people with disabilities.”</p>	<p>meant to acknowledge the different starting and ending points of potential grantee providers with no reference to a requirement to completely transform.</p>
<p>(participating CRPs will) <b>eliminate(s)</b> a choice for individuals with the highest-level disabilities</p>	<p>The final bill draft added language to clarify bill intent (page 2 lines 6-8; page 2 lines 12-13; page 2 lines 18-19; page 3 lines 21-22;</p> <p>“to initiate, or increase and sustain their provision of community-based services that create pathways to and increase competitive integrated employment for people with disabilities.”</p> <p>Page 5 lines 5-9:</p> <p>Nothing in this subsection shall be construed to limit access to or choice of allowable services, including prevocational services provided in accordance with 42 CFR parts 440 and 441, in the family care program under ss. 46.2805 to 46.2895, the Family Care Partnership program, and the self-directed services option, as defined in s. 46.2899 (1).</p>	<p>Bill authors reiterated throughout drafting their specific intention to not eliminate choice for facility-based services, ensuring that the same choice phrasing that was included and that had tremendous support in <a href="#">Act 178</a> – the employment first law – be included in this legislation.</p> <p>Facility-based prevocational and day services are part of Family Care/Partnership and IRIS waivers and were included in the newly approved Family Care waiver (December 2020) without changes. This bill does not direct or allow DHS to change facility-based services in any way. Other significant policy changes would need to be made in order to eliminate these services.</p>
<p>CRPs will be expected to move these individuals into a solely community-based service</p>	<p>No bill language requires that grant participants only participate in community-based services.</p> <p>Page 2 lines 4-6 confirm this is a voluntary program for providers:</p> <p>“to provider organizations offering facility-based prevocational and day services who <u>choose to apply</u>”</p>	<p>Wisconsin providers who have undertaken efforts to increase capacity for community-based services indicate most of their clients participate in both community and facility-based services. Often the facility is a “hub” or a daily routine for someone who has a part-time community-based job, increasing their skills and social relationships across a variety of settings.</p> <p>Selection of individual grant participants will be the decision of awarded providers (not the state) and with the consent of the participant. The bill intentionally includes required planning and conversation with families and</p>

	<p>Page 2 lines 17-18 clarify that this program is limited in its scope “providing grants for up to 30 service providers that submit a proposal”</p> <p>Page 4 lines 14-15 requires individual planning for any grant participant; choice of goals and services is required under CMS-approved waivers:  “Identify plans to educate on community-based service options, communicate programmatic changes to program participants and their families, and facilitate changes to individualized plans.”</p>	<p>individuals who choose to participate. The bill does not require providers to include every individual client in their grant project; their approved plans will identify who and how many people will participate.</p> <p>All plans by grantees must be approved by DHS. Since the bill specifically protects choice of “allowable services, including prevocational services” – the Department would not be allowed to approve a plan in which a grantee used the project to eliminate choice for an individual.</p>
<p>(the bill requires the state) to hire outside consultants</p>	<p>The bill was changed after 11/14/19 to clarify that Wisconsin experts qualify to provide technical assistance:</p> <p>Page 2 lines 8-10:  “The department shall also award no more than \$1,500,000 to subject matter experts, including those with experience in Wisconsin's long-term care system”</p>	<p>There were early concerns about the potential exclusion of Wisconsin providers as having eligible expertise to qualify for the technical assistance/consultant role. The phrasing to allow for “subject matter experts, including those with experience in Wisconsin's long-term care system” was added after 11/14. Many Wisconsin providers have increased their capacity for community-based services in recent years and understand the Wisconsin long-term care system and related contracting and billing, which can be complicated. Currently, several Wisconsin service providers who have increased community-based services are actively mentoring other Wisconsin service providers to address the barriers in expanding community-based services. The bill authors felt Wisconsin expertise was essential in this process and that Wisconsin tax dollars should stay with Wisconsin experts to the greatest degree possible. Consultant funds could go to multiple entities and will likely allow many experienced Wisconsin providers to apply, increasing geographic reach of the grant.</p>
<p>(consultant’s) job will be to implement ... transformation and eliminate choice</p>	<p>The term “transformation” appeared in early versions of the bill draft. The final bill does not reference transformation as a requirement of the grant in any way.</p>	<p>As stated earlier, the bill specifically prohibits actions that would limit or prohibit access to prevocational services, thus protecting choice for all individuals in the project. In fact, this bill (if it passes) and the employment first law</p>

	<p>The final bill draft outlines bill intent (page 2 lines 6-8; page 2 lines 12-13; page 2 lines 18-19; page 3 lines 21-22)</p> <p>“to initiate, or increase and sustain their provision of community-based services that create pathways to and increase competitive integrated employment for people with disabilities.”</p> <p>The role of the consultant is limited and outlined to include the two charges listed at page 3 lines 19-24:</p> <p>“to provide guidance, consultation, training, and technical assistance to help grant recipients ... initiate or increase and sustain their provision of community-based services consistent with the provider's activities under subd. 7. and assist with necessary changes in business management practices to ensure financial viability in the provision of community-based services.”</p>	<p>would in fact be the only places in Wisconsin statute where choice is specifically protected.</p> <p>Wisconsin providers who are undertaking efforts to increase capacity for community-based services indicate multiple barriers including sustainable funding, transportation, staff recruitment and training, limited community resources in rural areas, etc. The bill authors discussed that offering a funding grant without support and mentoring for grantees would not result in intended outcomes. Consultants will be expected to know what works and does not work from a provider perspective. Hearing from other providers who have learned lessons while increasing capacity for community-based services will help to reduce costs in the project and increase the rate of success for not just providers, but for the individuals involved in the project.</p>
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