



April 2, 2020

Gov. Tony Evers  
115 East Capitol Drive, #1  
Madison, WI 53707

Senate Leader Fitzgerald  
State Capitol, Room 211 South  
Madison, WI 53707

Speaker Robin Vos  
State Capitol, Room 217 West  
Madison, WI 53708

Senate Minority Leader Shilling  
State Capitol, Room 206 South  
Madison, WI 53707

Assembly Minority Leader Hintz  
State Capitol, Room 201 West  
Madison, WI 53708

CC: Legislative Members  
DHS Secretary Designee Palm

Dear Governor Evers, Senators Fitzgerald and Shilling, Representatives Vos and Hintz:

Thank you for your efforts to rapidly respond to the COVID-19 pandemic.

On March 18<sup>th</sup>, Survival Coalition sent a [letter recommending state actions](#) to help high risk populations self-isolate, prevent spread of COVID-19, ensure critical long term care and other services are able to continue, and ensure home and community based providers and workers are sustained through this crisis. **As of today, 41 states have had 1135 waivers approved**, and many states have already applied for 1915(c) Appendix K waivers to respond to COVID-19 crisis.

We have been working with the Governor's office and state agencies, including the Department of Health Services, to maximize the state's flexibility to ensure the home and community based workforce can continue to provide critical services to the 85,000 older adults, people with physical disabilities, people with intellectual disabilities, and children with disabilities rely on Family Care, IRIS, and Children's Long-Term Care waiver programs to stay in their homes and out of expensive Medicaid-funded institutions. State agencies have been responsive and working to take the necessary steps to temporarily relax certain requirements and get permission for additional flexibility.

Survival Coalition wants to draw attention to the importance of the Appendix K and 1135 Medicaid waivers for long term care participants referenced in the [Background document](#) on the Governor's legislative proposal (LRB 5920).

Appendix K of the section 1915(c) Medicaid waiver application is for use by states during emergencies. Survival Coalition recommended using the Appendix K to help address the following Family Care, IRIS, and CLTS concerns:

- Modify provider qualifications and location (temporarily expand settings) to allow providers of group day services and community engagement services to provide services to individuals living in group homes in group home settings<sup>1</sup>.
- Consider a rate adjustment for group home providers who may be required to pay significant overtime in order to provide staff support should their workforce experience illness and Other workers must remain on the job to meet needs.
- Temporarily include retainer payments to retain providers who may otherwise go out of business (residential, employment, day, transportation service providers).
- In the event that someone is quarantined in the community, allow flexibility to authorize family members to be paid as providers without needing to demonstrate that no other provider is available and without needing to identify a back-up plan. Develop a seamless and expedited process to approve alternative care providers.
- Increase payment rates to account for the significant health risk to providers (hazard pay), overtime pay, and to solicit a larger pool of providers.
- Allow reimbursement for alternative services (Ex. Adult Day Care/Services closed let staff provide services in home setting), allowing for phone visits/screening in place of in-person assessment.
- Expand telehealth options as an alternate to face-to-face requirements – ADRCs, MCOs, ICA/FEA, home health/personal care intake assessment, mental health counseling, nurse review and case management etc.
- Temporarily modify the timeline for Long Term Functional Screen re-evaluations.
- Temporarily expand the window (currently 15 days) for staff retention payments (similar to bedhold in institutions) for services for the purpose of guaranteeing waiver participants still have help at home after returning from an acute care hospital or short-term institutional stay.
- Maximize use of Telehealth for long term care populations.
- Ensure billing is allowable for remote service delivery options, where appropriate, and communication between providers and employers of people with disabilities to ensure they can maintain their employment during or develop opportunities for after the crisis.

1135 waivers give states important flexibilities for the duration of a national public health emergency. Specifically, Survival Coalition recommended Wisconsin submit an 1135 waiver request to do the following:

- streamline provider enrollment processes,

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<sup>1</sup> This could increase capacity of group home providers should they have staff who are ill and provide a funding source for group day and community engagement providers who may otherwise go out of business if there are extended closures as a result of expectations for social distancing and quarantine.



of Wisconsin Disability Organizations

- create the opportunity for providers of affected services, such as employment and day services to provide alternate services,
- waive prior authorization requirements to remove barriers to needed services,
- provide care in alternative settings as needed,
- provide the flexibility needed to expand the home- and community-based service provider network,
- relax requirements that physicians and other health care professionals be licensed in the State in which they are providing services, so long as they have equivalent licensing in another State,
- extend deadlines for appeals and state fair hearing requests, and
- waive specific eligibility and enrollment requirements to expand access to services (work requirements, premiums, income).

We recognize Act 370 requires legislative oversight and approval of these Medicaid waivers, and we ask the legislature to expedite this process to ensure Wisconsin has maximum flexibility to maintain critical in-home support so people with disabilities may remain safely in their homes. We must act quickly before Wisconsin is at the COVID-19 outbreak peak. **As of April 1 Wisconsin was one of just 9 states without a submitted and approved 1135 waiver.** You can access an updated map of states with approved 1135 or Appendix K plans [here](https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/). <https://www.kff.org/medicaid/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/>

The COVID-19 public health emergency is evolving and unfolding. We anticipate the situation in Wisconsin may continue to change and it is essential to have the mechanisms in place now so that the long-term care system can continue to serve people during and after the COVID-19 crisis.

People with disabilities and older adults are at high risk as COVID-19 spreads across the country. This population faces a greater risk of complications and death if exposed to the outbreak. Care in institutional or other congregate settings in violation of their rights and at risk to their health.

Survival Coalition is comprised of more than 30 statewide disability organizations that advocate and support policies and practices that lead to the full inclusion, participation, and contribution of people living with disability.

Sincerely,

Survival Co-Chairs:

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