

State Plan for Independent Living (SPIL) for Wisconsin for 2017-2019

General Information

Designated Agency Identification

State: Wisconsin

Agency: Wisconsin Division of Vocational Rehabilitation

Plan for: 2017-2019

Submitted in fiscal year: 2016

View grant [90IS0012-01](#) in the Grant Award screen.

Part I: Assurances

Section 1: Legal Basis and Certifications

1.1 The designated State unit (DSU) eligible to submit the State Plan for Independent Living (SPIL or the plan) and authorized under State law to perform the functions of the State under the State Independent Living Services (SILS) and Centers for Independent Living (CIL) programs.

The DSE is the Bureau of Aging and Disability Resources, Wis. Dept. of Health Services

1.2 The separate State agency eligible to submit the plan and authorized under State law to provide vocational rehabilitation (VR) services to individuals who are blind.

N/A

1.3 The Statewide Independent Living Council (SILC) that meets the requirements of section 705 of the Act and is authorized to perform the functions outlined in section 705(c) of the Act in the State.

The SILC is the Independent Living Council of Wisconsin

1.4 The DSU and, if applicable, the separate State agency authorized to provide VR services to individuals who are blind, and the SILC are authorized to jointly develop, sign and submit this SPIL on behalf of the State, and have adopted or otherwise formally approved the SPIL. Yes

1.5 The DSU, and, if applicable, the separate State agency authorized to provide VR services to individuals who are blind, may legally carry out each provision of the plan and will comply with all applicable Federal statutes and regulations in effect with respect to the three-year period it receives funding under the SPIL. Yes

1.6 The SPIL is the basis for State operation and administration of the program. All provisions of the SPIL are consistent with State law. Yes

1.7 The representative of the DSU and, if applicable, of the separate State agency authorized to provide VR services to individuals who are blind, who has the authority under State law to receive, hold, and disburse Federal funds made available under the SPIL and to submit the SPIL jointly with the SILC chairperson is Carrie Molke, Director, Bureau of Aging and Disability Resources, Wis. Dept. of Health Service.

Section 2: SPIL Development

2.1 The plan shall be reviewed and revised not less than once every three years, to ensure the existence of appropriate planning, financial support and coordination, and other assistance to appropriately address, on a statewide and comprehensive basis, the needs in the State for:

- The provision of State independent living services;

- The development and support of a statewide network of centers for independent living;
- Working relationships between programs providing independent living services and independent living centers, the vocational rehabilitation program established under title I, and other programs providing services for individuals with disabilities.

Yes

2.2 The DSU and SILC conduct public meetings to provide all segments of the public, including interested groups, organizations and individuals, an opportunity to comment on the State plan prior to its submission to the Commissioner and on any revisions to the approved State plan. Yes

2.3 The DSU and SILC establish and maintain a written description of procedures for conducting public meetings in accordance with the following requirements. The DSU and SILC shall provide:

- appropriate and sufficient notice of the public meetings;
- reasonable accommodation to individuals with disabilities who rely on alternative modes of communication in the conduct of the public meetings, including providing sign language interpreters and audio-loops; and
- public meeting notices, written material provided prior to or at the public meetings, and the approved State plan in accessible formats for individuals who rely on alternative modes of communication.

Yes

2.4 At the public meetings to develop the State plan, the DSU and SILC identify those provisions in the SPIL that are State-imposed requirements beyond what would be required to comply with the regulations in 34 CFR parts 364, 365, 366, and 367. Yes

2.5 The DSU will seek to incorporate into, and describe in, the State plan any new methods or approaches for the provision of IL services to older individuals who are blind that are developed under a project funded under chapter 2 of title VII of the Act and that the DSU determines to be effective. Yes

2.6 The DSU and SILC actively consult, as appropriate, in the development of the State plan with the director of the Client Assistance Program (CAP) authorized under section 112 of the Act. Yes

Section 3: Independent Living Services

3.1 The State, directly or through grants or contracts, will provide IL services with Federal, State, or other funds. Yes

3.2 Independent living services shall be provided to individuals with significant disabilities in accordance with an independent living plan mutually agreed upon by an appropriate staff

member of the service provider and the individual, unless the individual signs a waiver stating that such a plan is unnecessary. Yes

3.3 All service providers will use formats that are accessible to notify individuals seeking or receiving IL services under chapter 1 of title VII about:

- the availability of the CAP authorized by section 112 of the Act;
- the purposes of the services provided under the CAP; and
- how to contact the CAP.

Yes

3.4 Participating service providers meet all applicable State licensure or certification requirements. Yes

Section 4: Eligibility

4.1 Any individual with a significant disability, as defined in 34 CFR 364.4(b), is eligible for IL services under the SILS and CIL programs authorized under chapter 1 of title VII of the Act. Any individual may seek information about IL services under these programs and request referral to other services and programs for individuals with significant disabilities, as appropriate. The determination of an individual's eligibility for IL services under the SILS and CIL programs meets the requirements of 34 CFR 364.51. Yes

4.2 Service providers apply eligibility requirements without regard to age, color, creed, gender, national origin, race, religion or type of significant disability of the individual applying for IL services. Yes

4.3 Service providers do not impose any State or local residence requirement that excludes any individual who is present in the State and who is otherwise eligible for IL services from receiving IL services. Yes

Section 5: Staffing Requirements

5.1 Service provider staff includes personnel who are specialists in the development and provision of IL services and in the development and support of centers. Yes

5.2 To the maximum extent feasible, a service provider makes available personnel able to communicate:

- with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication, nonverbal communication devices, Braille or audio tapes, and who apply for or receive IL services under title VII of the Act; and
- in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act.

Yes

5.3 Service providers establish and maintain a program of staff development for all classes of positions involved in providing IL services and, if appropriate, in administering the CIL program. The staff development programs emphasize improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy. Yes

5.4 All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will take affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act. Yes

Section 6: Fiscal Control and Fund Accounting

6.1 All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will comply with applicable EDGAR fiscal and accounting requirements and will adopt those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for those funds. Yes

Section 7: Recordkeeping, Access and Reporting

7.1 In addition to complying with applicable EDGAR recordkeeping requirements, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will maintain records that fully disclose and document:

- the amount and disposition by the recipient of that financial assistance;
- The total cost of the project or undertaking in connection with which the financial assistance is given or used;
- the amount of that portion of the cost of the project or undertaking supplied by other sources;
- compliance with the requirements of chapter 1 of title VII of the Act and Part 364 of the regulations; and
- other information that the Commissioner determines to be appropriate to facilitate an effective audit.

Yes

7.2 With respect to the records that are required by 34 CFR 364.35, all recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will submit reports that the Commissioner determines to be appropriate. Yes

7.3 All recipients of financial assistance under parts B and C of chapter 1 of title VII of the Act will provide access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, to the records listed in 34 CFR 364.37 for the purpose of conducting audits, examinations, and compliance reviews. Yes

Section 8: Protection, Use and Release of Personal Information

8.1 Each service provider will adopt and implement policies and procedures to safeguard the confidentiality of all personal information, including photographs and lists of names in accordance with the requirements of 34 CFR 364.56(a)(1-6). Yes

Section 9: Signatures

As the authorized signatories, we will sign, date and retain in the files of the state agency(ies) and the Statewide Independent Living Council the Part I: Assurances, 1-8, and the separate Certification of Lobbying forms ED-80-0013 (available in [MS Word](#) and [PDF](#) formats) for the state independent living program (Part B) and the centers for independent living program (Part C).

The effective date of this SPIL is October 1, 2016.

Section 9: Signature for SILC Chairperson

Name Stephen West

Title Chairperson

Signed? Yes

Date signed 06/15/2016

Section 9: Signature for DSU Director

Name Carrie Molke

Title Director, Bureau of Aging and Disability Resources, Wis. Dept. of Health Service

Signed? Yes

Date signed 06/22/2016

Section 9: Signature for Separate State Agency for Individuals Who Are Blind

Is there a Separate State Agency for Individuals Who Are Blind? No

Name

Title

Signed? No

Date signed

Part II: Narrative: Section 1 - Goals, Objectives and Activities

Section 1: Goals, Objectives and Activities

1.1 Goals and Mission

Describe the overall goals and mission of the State's IL programs and services. The SPIL must address the goals and mission of both the SILS and the CIL programs, including those of the State agency for individuals who are blind as they relate to the parts of the SPIL administered by that agency.

Goal Name:Mission

Goal Description:

A unified, statewide network of Centers for Independent Living and other consumer-controlled organizations will provide quality services to support people of all ages with all types of disability in Wisconsin, as needed, to:

- determine the course of their lives and the services necessary to support their independence;
- be fully included as active participants by business, government and other parts of community life to maximize their leadership, empowerment and productivity;
- live independently in fully inclusive communities;
- have reasonable economic security;
- have meaningful access to health care and person-centered community living supports; and
- maximize their ability to effect change, manage their lives and live with a sense of personal power.

Goal Name:A. (Communities)

Goal Description:

People with disabilities live in fully inclusive communities, including voting, inclusion in emergency planning and equal access to all other aspects of community life.

Goal Name:B. (Economic)

Goal Description:

People with disabilities have reasonable economic security.

Goal Name:C. (Supports)

Goal Description:

People with disabilities of all types access health care and supports needed for independent living and participation in community life.

Goal Name:D. (Empowerment)

Goal Description:

People with disabilities maximize their ability to effect change, manage their lives and be effective self-advocates.

Goal Name:E. (Network)

Goal Description:

A statewide network of Independent Living Centers provides quality services as needed by People with disabilities.

1.2 Objectives

1.2A. Specify the objectives to be achieved and the time frame for achieving them.

Goal(s) from Section 1.1	Objective to be achieved	Time frame start date	Time frame end date
Mission A. (Communities)	<p>People with disabilities access coordinated, integrated, affordable, accessible, transportation options as shown by an increase to fifty</p> <p>color:#333333">counties that coordinate non-emergency medical transportation with other transportation programs that serve PwD.</p> <p>Lead: IL Centers (ILCs) through Wisconsin IL Network (WILN) Transportation Group</p> <p>Others: Wisconsin Coalition of IL Centers (WCILC), IL Council of Wisconsin ("ILCW" – ILCW will be involved in monitoring the implementation of all objectives, see section 7), Disability Rights Wisconsin (DRW), Mobility Managers, Survival</p>	10/01/2016	09/30/2019

	<p>Coalition of Wisconsin Disability Organizations (Survival) and other allies</p> <p>Major Activities</p> <p>Collaboration, including service enhancement; advocacy, including through the NEMT Advisory Council and other appropriate entities</p>		
<p>Mission</p> <p>A. (Communities)</p>	<p>People with disabilities access coordinated, integrated, affordable, accessible, transportation options as shown by 95% of Transportation Coordination Councils (TCCs) with at least one person with a disability (PwD) with connections to the area's disability community.</p> <p>Lead: ILCs through WILN Transportation Group</p> <p>Others: WCILC, ILCW, WisDoT, DRW, Mobility Managers and other allies</p> <p>Major Activities</p> <p>Collaboration, recruitment of consumers, advocacy</p>	10/01/2016	09/30/2019
<p>Mission</p> <p>A. (Communities)</p>	<p>People with disabilities receive assistance finding accessible, affordable, integrated and safe housing as shown by 8 ILCs assisting at least 95% of consumers served in 2015 (2015 baseline: 653) to meet their housing goals.</p> <p>Lead: IL Centers</p> <p>Others: ILCW, WCILC, DSE</p> <p>Major Activities: Providing IL services related to housing.</p>	10/01/2016	09/30/2019
<p>Mission</p> <p>B. (Economic)</p>	<p>People with disabilities access work incentives benefits consultation as shown by the number of people with disabilities who are able to access work incentives benefits consultation services from the 8</p>	10/01/2016	09/30/2019

	<p>ILCs is no less than the number of completed work incentives benefits consultations in 2015 less consultations attributable to BOND (2015 baseline: 1711).</p> <p>Lead: WCILC</p> <p>Others: ILCs, DVR, DHS, WDBN</p> <p>Major Activities</p> <p>Collaboration & Advocacy; Best Practices/Training and other Quality Assurance/Quality Maintenance activities</p>		
<p>Mission B. (Economic)</p>	<p>People with disabilities access assistive technology assessments and/or consultations for work as shown by 8 ILCs serving no less than the number of work AT assessments/consultations completed in 2015 (177).</p> <p>Lead: WCILC</p> <p>Others: DHS, ILCs, DVR</p> <p>Major Activities</p> <p>Advocacy and collaboration to develop service descriptions which promote independent assessment and consultation for DVR and others who purchase AT services for work.</p>	10/01/2016	09/30/2019
<p>Mission C. (Supports)</p>	<p>Mental health and substance use consumers access individual supports in all Wisconsin counties that are person-centered, empowering and help meet basic needs as shown by greater than 75% of Comprehensive Community Services (CCS) consumers reporting mostly recovery-oriented experience on ROSI.</p> <p>Lead: ILCs through WILN Mental Health Group</p>	10/01/2016	09/30/2019

	<p>Others: ILCW, WCILC, DRW, DHS, County HSDs, GEP</p> <p>Major Activities</p> <p>Advocacy and collaboration (Centers advocate to promote county involvement, consumer involvement and recovery orientation)</p>		
<p>Mission</p> <p>C. (Supports)</p>	<p>Consumers access individual supports that allow them to participate in all aspects of our communities as shown by development and implementation of quality standards of managed care across all populations in the family care model that is assessed autonomously by a third party, and is publicly available and 90% of members who report meeting their community living goals.</p> <p>Lead: WCILC</p> <p>Others: ILCW, ILCs, DHS, MCOs/IHAs, IRIS, LTC & disability councils</p> <p>Major Activities</p> <p>Collaboration through WILN, other collaboration and advocacy</p>	10/01/2016	09/30/2019
<p>Mission</p> <p>C. (Supports)</p>	<p>Participants in the managed care model will benefit from a robust long-term care stakeholder engagement process that includes ongoing education, and technical assistance to ensure participants are fully informed of all options, and receive their services that maximize their opportunities to engage in community life, as shown by 1,000 individuals annually learning about options, giving feedback about services and/or advising policymakers at stakeholder engagement activities or events.</p> <p>Lead: ILCs through WILN LTIC group</p> <p>Others: WCILC, ILCW, DHS, MCOs/IHAs, LTC & disability councils</p>	10/01/2016	09/30/2019

	<p>Major Activities</p> <p>Collaboration through WILN, other collaboration and advocacy</p>		
<p>Mission</p> <p>C. (Supports)</p>	<p>Children who need long-term supports and services access supports that allow them to participate in family, community and school, as appropriate, as shown by eliminating the wait list for children's LTC services and supports (currently 36% of all eligible families are in "wait" status).</p> <p>Lead: WCILC</p> <p>Others: ILCW, ILCs, DHS, county human service departments, Children's LTC council</p> <p>Major Activities</p> <p>Collaboration through WILN, other collaboration and advocacy</p>	10/01/2016	09/30/2019
<p>Mission</p> <p>C. (Supports)</p>	<p>People with disabilities access assistive technology, home modification and/or home safety assessments or consultations for community living as shown by 8 ILCs serving no less than the number of community living AT assessments and consultations completed in 2015 (1582).</p> <p>Lead: WCILC</p> <p>Others: DHS, ILCs</p> <p>Major Activities</p> <p>Advocacy and collaboration to develop service descriptions which promote independent assessment and consultation for community living.</p>	10/01/2016	09/30/2019
<p>Mission</p> <p>C. (Supports)</p>	<p>People with disabilities who reside in nursing facilities and other institutions relocate to home and community-based residences as shown by nursing</p>	10/01/2016	09/30/2019

	<p>facility and other institutional residents relocating with ILC assistance:</p> <ul style="list-style-type: none"> • 12 in 2017, • 16 in 2018 and • 20 in 2019. <p>Lead: IL Centers through WILN LTIC group</p> <p>Others: WCILC, ILCW</p> <p>Major Activities</p> <p>Center staff help consumers develop and achieve community living goals leading to relocation from institutions.</p>		
<p>Mission</p> <p>D. (Empowerment)</p>	<p>Youth with disabilities (aged 15-24) develop advocacy skills, to include training and education on disability-related advocacy, civil rights and their enforcement, as shown by 200 youth with disabilities who report an increase in advocacy skills on surveys (and unit tests for curriculum).</p> <p>Lead: IL Centers</p> <p>Others: WCILC, DVR, DHS, DPI</p> <p>Major Activities</p> <p>Skills training, including through the “Help Yourself!” curriculum, and youth training at the IL Days. WCILC Youth Workgroup will develop other materials with program committee approval.</p>	10/01/2016	09/30/2019
<p>Mission</p> <p>E. (Network)</p>	<p>Consumers access IL Services, including:</p> <ul style="list-style-type: none"> * Information and Referral, * Advocacy, * Peer Support, 	10/01/2016	09/30/2019

	<p>* IL Skills Training,</p> <p>* Assistive Technology Device Loan and</p> <p>* IL services that promote full access to community life for individuals with significant disabilities,</p> <p>as shown by 14 counties where at least 10 consumers receive services requiring service records (CSRs) per 1000 people with disabilities in the county.</p> <p>Lead: WCILC</p> <p>Others: IL Centers, ILCW, ILA, DHS & policy-makers</p> <p>Major Activities</p> <p>Outreach planning: Website, newsletters, outreach, incl. physical, brochures in all stakeholder locations (ADRCs, meal sites, VR, Job Centers, etc.)</p> <p>Collaborate to secure base funding mechanism & increase all funding</p> <p>Ensure maintenance of current advocacy services available to people with disabilities and fight for/promote expansion of advocacy services</p>		
<p>Mission</p> <p>E. (Network)</p>	<p>Consumers access quality IL services as shown by at least 75% of consumers having "completed all goals set" at (consumer service record) closure at all eight IL Centers in the reporting year.</p> <p>Lead: WCILC</p> <p>Others: IL Centers, consumers</p> <p>Major Activities</p> <p>Collaborate through WCILC Program Committee to develop and implement best practices for IL services, including services that promote full access to community life.</p>	<p>10/01/2016</p>	<p>09/30/2019</p>

	<p>QUILS Peer Review. The Network of Centers selects one or more Centers for a review each year considering the available funds, the preference of each Center and giving preference to the Center with the longest time since its most recent review.</p> <p>Participating Centers prepare a review plan which includes the proposed review dates, its prior peer review dates, its most recent federal compliance review dates, if any, team composition, budget and its expectations with technical assistance from WCILC. The team, conducts the review and reports its findings and recommendations to the IL Center's Executive Director and Board Chair or other Board Director designated by the Board to receive the report.</p> <p>The participating IL Center reports to ILCW and DHS/BADR its review plan and the results of the review with respect to the plan. The report includes a summary of actual expenses.</p> <p>Note - The QUILS™ method is a voluntary, confidential process. As such, neither the IL Council nor the DSE require any review team member or Center to provide the findings or recommendations to ILCW, DHS/BADR or any other party outside of the designated ILC officials.</p>		
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1.2 Objectives

1.2B Describe the steps planned regarding outreach to populations in the State that are unserved or underserved by programs under title VII, including minority groups and urban and rural populations.

- Identify the populations to be designated for targeted outreach efforts

Wisconsin is a state abounding with diversity. The population includes dense urban and suburban areas in the Southeastern part of the state and other metropolitan areas including part of the Minneapolis-St. Paul area in the West. It also includes forest country farm country and the people who live in these rural areas over the majority of the State. Different racial and ethnic groups are found in many parts of the state. The Independent Living Council, Centers and DSE have thoroughly analyzed service data throughout the term of the prior State Plan. We find that no part of the State or any significant population segment is unserved. Yet consumers in virtually every part of the State and across all population segments are underserved. We reviewed the definition of "unserved and underserved groups or populations...." We believe that on the whole the following groups of individuals with significant disabilities meeting that definition are not

underserved to a greater extent than other groups or populations of individuals with significant disabilities in the State: * Those who have cognitive and sensory impairments; * Those who are members of racial and ethnic minority groups, except for Asians and Hispanics/Latinos/as; * Those who live in rural areas. The service data does show, however, that the following groups of consumers are relatively underserved: * Asians; * Latinos and Hispanics * Those with Mental/Emotional disabilities and * Those living in health-care facilities. We identified a concern about our level of service to veterans with disabilities but have insufficient information to document whether they are relatively underserved.

- Identify the geographic areas (i.e., communities) in which the targeted populations reside

All consumers - statewide but especially in the seventeen counties of the Options for Independent Living service area and several other counties (see sec. 3.2A); The highest concentrations of Asians and Latinos and Hispanics (by percentage) are in the following counties (ordered by ILC Service Area): ILC Service Area: Counties (Asian >2.5%, Hispanic/Latino >5%) ===== ATI: Dane (Asian, Hispanic/Latino) CILWW: Eau Claire (Asian) Independence 1st: Milwaukee (Asian, Hispanic/Latino); Waukesha (Asian) ILR: La Crosse (Asian), Trempealeau (Hispanic/Latino) Midstate: Marathon (Asian); Portage (Asian) North Country: none Options: Brown (Asian, Hispanic/Latino); Manitowoc (Asian); Outagamie (Asian); Sheboygan (Asian, Hispanic/Latino); Waushara (Hispanic/Latino) Society's Assets: Jefferson (Hispanic/Latino); Kenosha (Hispanic/Latino); Racine (Hispanic/Latino); Rock (Hispanic/Latino); Walworth (Hispanic/Latino) Our other identified underserved groups people with mental/emotional disabilities and those living in health-care facilities reside statewide.

- Describe how the needs of individuals with significant disabilities from minority group backgrounds will be addressed

IL Centers have the primary responsibility for outreach to these groups. Centers and other providers should consider strategies for outreach that include the following.

- Make brochures and other information in English, alternate formats and high-concentration foreign languages such as Spanish and Hmong to consumers directly and through county officials, disability organizations, refugee assistance organizations and other local contacts in underserved counties or areas with other underserved groups.
- Communicate and provide culturally appropriate services for underserved groups.
- Advertise in publications serving Asian, Hispanic or Latino, immigrant and other communities identified by the agency as underserved.
- Work with community organizations serving Asians, Hispanics or Latinos, people with Mental/Emotional disabilities and other communities identified by the agency as underserved.
- Target people with Mental/Emotional disabilities for advocacy efforts.
- Open and support an office in an underserved county to coordinate work with consumers and others in that area.

- Recruit Board and staff members from underserved disability-type (e.g. mental/emotional disability), minority (e.g. Asian, Hispanic or Latino), recent facility residence and/or other groups identified by the agency as underserved.
- Recruit and develop leadership by youth, young adults and other people with disabilities representing underserved groups within the Center.
- Track veteran status for consumers served.
- Develop services for veterans, people living in healthcare facilities and people with significant mental/emotional disability, especially when funding is available for providing those services (e.g. peer specialists, Comprehensive Community Service programs).
- Conduct outreach activities in nursing facilities and other institutions serving individuals with significant disabilities.

At the state level, we identify best outreach strategies within the IL community state-wide and nationally and provide training and technical assistance to centers with respect to the various strategies and practices in identifying underserved groups and planning to meet their needs.

ILCW and the DSE have made a commitment to diversity. We show this commitment by our efforts to recruit individuals from all areas of the State, with all types of disabilities and from all significant minority populations within the State and support them for membership on the council and staff. We support nomination and recommendation to the governor for the American Indian tribal SILC representatives directly from the tribal agencies in the State of Wisconsin as is the practice with appointment of the IL network representative to the council. Work groups and committees identify potential minority organizations and/or members, consistently provide materials in alternate formats, and accomplish activities in an accessible setting that meet standards of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, as amended.

1.3 Financial Plan

Describe in sections 1.3A and 1.3B, below, the financial plan for the use of Federal and non-Federal funds to meet the SPIL objectives.

1.3A Financial Plan Tables

Complete the financial plan tables covering years 1, 2 and 3 of this SPIL. For each funding source, provide estimated dollar amounts anticipated for the applicable uses. The financial plan table should include only those funding sources and amounts that are intended to support one or more of the objectives identified in section 1.2 of the SPIL. To the extent possible, the tables and narratives must reflect the applicable financial information from centers for independent living. Refer to the SPIL Instructions for additional information about completing the financial tables and narratives.

Year 1 - 2017 Approximate funding amounts and uses

Sources	SILC resource plan	IL services	General CIL operations	Other SPIL activities
Title VII Funds				
Title VII Funds Chapter 1, Part B	91605	155245	0	58500
Title VII Funds Chapter 1, Part C	0	0	1146900	0
Title VII Funds Chapter 2, OIB (only those provided by the OIB grantee to further a SPIL objective)	0	0	0	0
Other Federal funds - Sec. 101(a)(18) of the Act (Innovation and Expansion)	60000	0	0	0
Other Federal funds - other	0	0	600000	0
Non-Federal funds - State funds	10178	17249	983500	6500
Non-Federal funds - Other				
Total	161783	172494	2730400	65000

Year 2 - 2018 Approximate funding amounts and uses

Sources	SILC resource plan	IL services	General CIL operations	Other SPIL activities
Title VII Funds				
Title VII Funds Chapter 1, Part B	91605	155245	0	58500
Title VII Funds Chapter 1, Part C	0	0	1146900	0
Title VII Funds Chapter 2, OIB (only those provided by the OIB grantee to further a SPIL objective)	0	0	0	0
Other Federal funds - Sec. 101(a)(18) of the Act (Innovation and Expansion)	60000	0	0	0
Other Federal funds - other	0	0	600000	0
Non-Federal funds - State funds	10178	17249	983500	6500

Non-Federal funds - Other				
Total	161783	172494	2730400	65000

Year 3 - 2019 Approximate funding amounts and uses

Sources	SILC resource plan	IL services	General CIL operations	Other SPIL activities
Title VII Funds				
Title VII Funds Chapter 1, Part B	91605	155245	0	58500
Title VII Funds Chapter 1, Part C	0	0	1146900	0
Title VII Funds Chapter 2, OIB (only those provided by the OIB grantee to further a SPIL objective)	0	0	0	0
Other Federal funds - Sec. 101(a)(18) of the Act (Innovation and Expansion)	60000	0	0	0
Other Federal funds - other	0	0	600000	0
Non-Federal funds - State funds	10178	17249	983500	6500
Non-Federal funds - Other				
Total	161783	172494	2730400	65000

1.3B Financial Plan Narratives

1.3B(1) Specify how the part B, part C and chapter 2 (Older Blind) funds, if applicable, will further the SPIL objectives.

Title VII, Ch. 1, Part B funds will support the following SPIL Objectives:

- Fully inclusive communities objectives 1-2 (Transportation for collaboration, advocacy and recruitment of consumers for TCCs).
- Economic Security objective 1 (Work Benefits Consultation for Best Practices/Training, Collaboration & Advocacy) and 2 (AT for Collaboration & Advocacy)
- Community Living Supports objectives 1 (Mental Health for Collaboration and Advocacy); 2 (Adult LTC Quality Standards for Collaboration and Advocacy), 3 (Adult LTC Stakeholders for Collaboration and Advocacy), 4 (Children's LTSS for Collaboration and Advocacy); 5 (AT for Collaboration and Advocacy) and 6 (Facility Relocations for IL services necessary to relocate)

- Empowerment objective 1 (youth leadership for developing and maintaining information on opportunities; identifying and addressing barriers in collaboration with network and partners; working with family members on youth leading transition goal development).
- Network of Centers objectives 1 (access for outreach planning and coordination, to include: website, outreach, brochures at stakeholders, e.g. ADRCs, meal sites, VR, Job Centers; collaboration to secure base funding mechanism, to include increasing funding from all sources); ensuring maintenance of current advocacy services available to People with Disabilities and promotion of expansion of advocacy services) and 2 (quality for collaboration through WCILC Program Committee; QUILS Peer Review).

The DSE will develop contracts with IL Centers, ILCW and the Wisconsin Coalition of Independent Living Centers (WCILC) to achieve outcomes and perform activities described in Sec. 1.2, consistently with the tables and worksheets approved during SPIL Development. WCILC is an independently incorporated, nonprofit organization controlled by the eight Wisconsin Centers for Independent Living.

Provision of IL services related to SPIL objectives, as outlined above, will be a priority for Part B funds for all three years of the Plan. A second priority will be for continuation of QUILS Peer Reviews.

Title VII, Ch. 1, Part C funds will support, at minimum, the following SPIL Objectives:

- Fully inclusive communities objectives 1-2 (Transportation for collaboration, advocacy and recruitment of consumers for TCCs) and 3 (Housing for IL services)
- Economic Security objection 1 (Work Benefits Consultation for Best Practices/Training, Collaboration & Advocacy) and 2 (AT for Collaboration & Advocacy)
- Community Living Supports objectives 1 (Mental Health for Collaboration and IL services); 2-4 (LTSS for Collaboration and IL services); 5 (AT for Collaboration and IL services) and 6 (Facility Relocation for IL services).
- Empowerment objective 1 (youth leadership for developing and maintaining information on opportunities; identifying and addressing barriers in collaboration with network and partners; working with family members on youth leading transition goal development and IL services).
- Network of Centers objectives 1 (access for outreach planning, coordination and IL services) and 2 (quality for collaboration through WCILC Program Committee, IL services and QUILS Peer Review)

This plan does not include Title VII, Ch. 2 funds as support for SPIL Objectives.

1.3B(2) Describe efforts to coordinate Federal and State funding for centers and IL services, including the amounts, sources and purposes of the funding to be coordinated.

We coordinate funding through the DSE, ILCW and WCILC meetings. The DSE administers both federal and state funding for centers and IL services. "State Funds" listed in Table 1.3A include two components:

- State ILC funding under sec. 46.96, Wis. Stats., \$983,500 annually, and
- State Match for Title VII, Ch. 1, Part B funds under its State appropriation.

State Funds under sec. 46.96, Wis. Stats. and VR program revenue will be used for general CIL operations, including provision of IL services, consistently with designated uses for Title VII, Ch. 1, Pt. C funds (see 1.3B(1), above).

Innovation and expansion (I & E) funds are for the SILC Resource Plan. The funds are combined with Part B funds and state funds to provide resources to carry out the functions of the Council pursuant to section 705(e) of the Rehabilitation Act of 1973, as amended. DHS will work to develop a sustainable model for council operations in year two and three.

The other federal funds, including Social Security Program Revenue, may be used consistently with designated uses for General CIL Operations, including providing IL services and support for outreach to underserved groups.

DHS combines the state funds with Social Security Program Revenue received from the DSU pursuant to state law for general operation of IL Centers. The DSU and DSE will have a Memorandum of Agreement (MOA) in effect to govern use of the Social Security Program Revenue consistently with this plan and other federal requirements. The MOA will address other coordination issues such as compliance with federal standards and assurances.

We consider the State ILC and Social Security Program Revenue funds referenced above, together with Title VII, Ch. 1, Part C funds, as "base" funds counted towards the "base funding target" referenced in Sec. 3.2. Historically, our State has combined these funds to assure that a consumer in any county within the state has access to IL services. All Wisconsin IL Centers offer the five core IL services and other IL services.

1.3B(3) Describe any in-kind resources including plant, equipment or services to be provided in support of the SILC resource plan, IL services, general CIL operations and/or other SPIL objectives.

Administrative support services as described in sec. 4.1A.

1.3B(4) Provide any additional information about the financial plan, as appropriate.

The financial plan assumes the same level of funding as the year preceding this plan.

1.4 Compatibility with Chapter 1 of Title VII and the CIL Work Plans

1.4A Describe how the SPIL objectives are consistent with and further the purpose of chapter 1 of title VII of the Act as stated in section 701 of the Act and 34 CFR 364.2.

The Council, IL Centers and the DSE jointly developed the objectives through a consumer-controlled process designed to solicit and address the concerns of consumers. The objectives in the plan are 1) those that most consumers want to have addressed, 2) those to promote access to quality IL services and 3) those to promote relationships between IL partners. In addition, our procedures reflect our intent that services are provided by consumers and/or consumer-controlled entities.

The first four goals of this plan are specifically designed around services to promote the independence of people with disabilities. The last goal is designed to assure that people with disabilities have access to quality independent living services.

The State's priorities reflected in this plan and our procedures promote consumer control, peer support, self-help, self-determination, equal access and individual and systems advocacy. We strive to maximize the leadership, empowerment, independence and productivity of individuals with significant disabilities. We also promote and strive to maximize the integration and full inclusion of individuals with significant disabilities into the mainstream of American society.

Our plan promotes provision, expansion and improvement of IL Services, including by development and support for a strong statewide network of independent living centers. We also promote independent living services through other qualified entities and strive to improve working relationships between all IL partners, including the Council, the Centers, the Department of Health Services, the Client Assistance Program, and other Rehabilitation Act and disability programs.

As indicated elsewhere in this plan, independent living services are provided through the network of eight IL Centers. As shown in Sec. 3.1, this network serves people with disabilities throughout the State of Wisconsin.

The State will provide independent living services described in section 7(18) of the Rehabilitation Act of 1973, as amended, that promote full access to community life for individuals with significant disabilities through the network of IL Centers. Center leadership is working on best practices as we develop this plan. See section 1.2A, Community Living Supports (6th objective) and Network of Centers (First and second objectives).

1.4B Describe how, in developing the SPIL objectives, the DSU and the SILC considered and incorporated, where appropriate, the priorities and objectives established by centers for independent living under section 725(c)(4) of the Act.

In developing the plan, the IL Council, IL Centers and the DSE respect consumers as a joint constituency we share. We solicited information from consumers directly and through IL Centers.

- We involved senior IL Center staff at all stages of the development of this plan to assure maximum compatibility between CIL work plans and the State Plan.
- We anticipate that IL Centers will be the sole provider of IL services under this plan and a preferred provider for other services.

The input provided by IL Centers shaped each of the objectives developed.

1.5 Cooperation, Coordination, and Working Relationships Among Various Entities

Describe the steps that will be taken to maximize the cooperation, coordination and working relationships among the SILS program, the SILC, and centers; the DSU, other State agencies represented on the SILC and other councils that address the needs of specific disability populations and issues; and other public and private entities determined to be appropriate by the SILC.

The description must identify the entities with which the DSU and the SILC will cooperate and coordinate.

DSE and SILC. The DSE and SILC meet at the staff level at least quarterly and as needed, to maximize the cooperation and coordination of roles and responsibilities with respect to the IL programs. The meetings usually include Coalition of IL Centers staff to represent the interests of the network of IL Centers. The ILCW Executive Director reports to the Council about these meetings. The DSE has appointed a representative who attends quarterly IL Council meetings. The representative or another member of the DSE staff update the Council on DSE services as a regular agenda item for Council meetings.

SILC and Centers. The SILC, Coalition of IL Centers and IL Centers have organized the Wisconsin Independent Living Network (WILN) for the purpose of coordination of work related to advocacy, information about Independent Living and other joint concerns. The organizations maintain a joint website and cooperate with informational brochures. The organizations coordinate meeting schedules so that their Boards have overlapping meetings and the IL Center representative on the IL Council is able to attend both meetings. The network of centers through WCILC designates the member of the Council to represent the network. The SILC, WCILC and IL Centers will coordinate trainings where feasible to avoid duplication when training may be useful to Board members or staff of more than one entity within the program. The organizations also maintain joint work groups for the purpose of coordinating advocacy, best practices in delivery of IL Services and giving input into development and evaluation of the State Plan for IL. The IL Council and Coalition staff meet periodically as needed to exchange information about implementation of the State Plan and promote cooperation and coordination of their roles with respect to the IL programs.

DSE, Other State agencies and other councils. The Department of Health Services, which includes the DSE, maintains formal liaison relationships with multiple disability-related councils and other organizations, including:

- * Wisconsin Rehabilitation Council (dwd.wisconsin.gov/dvr/wrc/)
- * State Independent Living Council (www.ilcw.org)
- * Wisconsin Coalition of Independent Living Centers (wcilc.il-wisconsin.net)
- * Governor's Committee for People with Disabilities (dhs.wisconsin.gov/disabilities/Physical/gcpd.htm)
- * State Use Board (stateuseprogram.wi.gov)
- * Great Lakes Intertribal Tribal Council (GLITC) Native American Services MOU (dwd.wisconsin.gov/dvr/pdf_files/glitc_mou.pdf)
- * Statewide Assistive Technology Advisory Council (dhs.wisconsin.gov/disabilities/wistech/AssistTechAdvisBoard.htm)
- * WisLoan Statewide Advisory Council / WisLoan Telework Loan Program (www.independencefirst.org/services/other/wisloan.asp)
- * Wis. Board for People with Developmental Disabilities (BPDD) (www.wi-bpdd.org)
- * Wis. Council on Physical Disabilities (www.pdcouncil.state.wi.us)
- * Wis. Council on Mental Health (www.mhc.state.wi.us)
- * Wis. State Council on Alcohol & Other Drug Abuse (www.scaoda.state.wi.us)
- * Wis. (Statutory) Council on Blindness (dhs.wisconsin.gov/blind)
- * Wis. Council for the Deaf & Hard of Hearing (www.dhhcouncil.state.wi.us)
- * Wisconsin Disability Benefits Network (WDBN) Advisory Council (www.eri-wi.org/wdbn.php)
- * ADA WI Partnership Committee (www.eri-wi.org/ADA.htm)

SILC and other councils and agencies. The IL Council maintains staff contact and/or meets periodically with several disability councils and other organizations to solicit input for development of the State Plan for Independent living or regarding implementation of the Plan or to coordinate activities. These include the following:

- * Wisconsin Rehabilitation Council (dwd.wisconsin.gov/dvr/wrc/)
- * Governor's Committee for People with Disabilities (dhs.wisconsin.gov/disabilities/Physical/gcpd.htm)

- * Statewide Assistive Technology Advisory Council
(dhs.wisconsin.gov/disabilities/wistech/AssistTechAdvisBoard.htm)
- * Wis. Board for People with Developmental Disabilities (BPDD) (www.wi-bpdd.org)
- * Wis. Council on Physical Disabilities (www.pdcouncil.state.wi.us)
- * Wis. Council on Mental Health (www.mhc.state.wi.us)
- * Wis. State Council on Alcohol & Other Drug Abuse (www.scaoda.state.wi.us)
- * Wis. (Statutory) Council on Blindness (dhs.wisconsin.gov/blind)
- * Wis. Council for the Deaf & Hard of Hearing (www.dhhcouncil.state.wi.us)

The SILC representative on the Rehabilitation Council is the lead person with respect to coordination of activities of those two councils.

ILCW works to bring together all Governor-appointed disability councils to better coordinate activities, promote IL philosophy and the State Plan for Independent Living directly or through staff-level meetings. With respect to councils that address the needs of specific disability populations and issues under other federal law, the SILC staff promote discussion on how to coordinate state plans and activities. ILCW also works with other Departments, agencies, councils and organizations in the State that provide services similar to or complementary to independent living services, as appropriate.

ILCW and WCILC both participate in Survival Coalition with representatives of other disability councils and organizations, including the DD Board and the Protection and Advocacy System. The Coalition normally meets twice monthly to discuss statewide cross-disability issues.

State-appointed representatives from the Wis. Department of Transportation, Department of Administration Housing agency, Department of Health Services, Division of Vocational Rehabilitation and a tribal representative are active participants of the ILCW. The SILC staff meets with these representatives as necessary to coordinate activities related to the State Plan for Independent Living.

The Executive Director of the Council meets regularly with senior DHS staff to discuss issues relevant to the State IL Services and Centers for Independent Living programs. DHS administers the Medical Assistance Plan as well as the State IL and Older Blind programs.

1.6 Coordination of Services

Describe how IL services funded under chapter 1 of title VII of the Act will be coordinated with and complement other services to avoid unnecessary duplication with other Federal, State, and

local programs, including the OIB program authorized by chapter 2 of title VII of the Act, that provide IL- or VR-related services.

Education.

The Department of Public Instruction (DPI) coordinates education services within the State. Public education and related services are provided through dozens of largely autonomous, local education agencies (LEAs or school boards), the University of Wisconsin System and the Technical College system. LEAs provide some services jointly through regional Cooperative Educational Service Agencies.

Special Education. Special Education Services in Wisconsin are co-ordinated by the Wisconsin Department of Public Instruction (DPI), the State Educational Agency. DHS, the Department including the DSE, maintains a Memorandum of Understanding with DPI and DVR regarding transition services to define the responsibilities of the three service systems with respect to transition-age youth with disabilities. In addition, DHS participates in the following groups to coordinate activities:

- Statewide Transition Consortium and
- Advisory Council for Special Education (dpi.wi.gov/sped/council.html).

Vocational Education. Vocational education for adults in Wisconsin is coordinated by the Wisconsin Technical College System Board. It is delivered through sixteen regional school boards and their affiliated schools, see www.witechcolleges.org. We consider the role of the Board and College Boards in developing the Plan.

Developmental Disabilities, Public Health, Mental Health and other Social Services, including the OIB program authorized by chapter 2 of title VII of the Act, that provide IL- or VR-related services.

Developmental Disabilities and Long-Term Care

DHS, through its Division of Medicaid Services, coordinates services to people with physical or developmental disabilities and other long-term care (LTC) services. DD and LTC services are delivered most frequently through managed care organizations under Family Care and other programs. Services include long-term home and community-based waiver services and fee-for-service Medicaid, see dhs.wisconsin.gov/programs/ltc.htm.

WCILC, IL Centers and ILCW are also engaged in coordination of long-term care and IL services. IL Centers are also actively engaged in local planning to coordinate services.

DHS provides an ombudsman program for long-term care services under age sixty. Ombudsman services for older consumers are available through the Board on Aging and Long-Term Care. The program for younger consumers is contracted to Disability Rights Wisconsin, the Protection and Advocacy System for people with disabilities in Wisconsin.

Assistive Technology. DHS also coordinates the WisTech Assistive Technology (AT) program. Many WisTech services are provided through IL Centers. IL Centers actively participate on the WisTech Advisory Committee to coordinate delivery of AT services with IL services and other services for individuals with disabilities.

Older Blind. The State has an Office for the Blind and Visually Impaired (OBVI) attached to the DSE. DVR contracts with this office to provide services under the Older Blind IL Program. Services are coordinated through meetings including DSE and SILC staff meetings described above.

OBVI staff provides disability -specific independent living services for persons who are blind or visually impaired. The OBVI and IL Centers make cross referrals and are co-located in one of the ILC facilities. For those individuals seeking assistance with low-vision or blindness skills training but do not meet federal eligibility, appropriate referrals will be made to the Independent Living Centers and/or other community resources.

DHS/BADR and IL Council staff meet with the Statutory Council on Blindness (SCOB) to ascertain the needs of Blind persons and those with visual impairments and coordinate services. The SCOB is a statutory, consumer-controlled council which advises the OBVI and other state programs with respect to Blindness and visual impairment.

Public Health and Disaster Preparedness. DHS, through its Division of Public Health, coordinates services to promote public health and prevent injury, disease, death and property damage from disasters. Under a reorganization underway at the time this plan is submitted, the DSE is expected to report to administrators of this Division. Public health and disaster planning services are often delivered through county and other local agencies.

The state coordinates IL services with other services offered through this division through the DHS Council member and through other efforts by IL partners to keep posted with developments affecting people with disabilities by this division. IL Centers engage with local public health agencies with respect to services for people with disabilities.

Mental Health and Substance Abuse Services. DHS, through its Division of Mental Health and Substance Abuse Services, coordinates mental health and substance abuse services. Services are offered through the Wisconsin Medical Assistance Program, through the long-term care system for Individuals eligible for those services and through county and other local agencies. The mental health service delivery system is described in the annual Mental Health Block Grant Plan found on the Wisconsin Council for Mental Health website, www.mhc.state.wi.us/mhbg.htm. Staff from IL centers and the IL Council participate in the Mental Health Council, its committees and other mental health advisory bodies to coordination services and activities.

Medical Assistance (SSA Title XIX). DHS, through its Division of Medicaid Services, coordinates the Wisconsin Medical Assistance Program (MA). IL partners continually engage with the division to coordinate services with respect to individuals with disabilities.

Wisconsin is increasingly relying upon managed care organizations for delivery of MA services. It does provide ombudsman services for SSI recipients with issues related to their MA Managed Care. These services are also offered through Disability Rights Wisconsin.

DHS supports advisory councils regarding aspects of the Wisconsin Medical Assistance Program. Staff from IL centers and the Council participate in these councils, including the Non-emergency Medicaid Transportation council, to promote coordination of services.

Social Security Act Title XX. Title XX funds are coordinated by DHS and the Department of Children and Families (DCF) in Wisconsin. The state agencies pass through these funds to county agencies through the state's community aids program. IL Centers are actively engaged with county social service agencies to coordinate IL services with Title XX services.

Housing, transportation, employment and veterans programs, and the program authorized under title XVIII of the Social Security Act

Housing. In Wisconsin, Housing services are coordinated through the Department of Administration, Division of Housing and Economic Development. Services are provided through the Wisconsin Housing and Economic Development Authority (WHEDA), more than 200 public housing authorities and other entities. A representative of the Division is a member of the Council.

Transportation. Coordination of Transportation services is through the Wisconsin Department of Transportation and various regional planning authorities, transportation coordination councils (TCCs) and other entities. Services are offered through counties, local governments and a variety of other entities.

A representative of the department is a member of the Council. She helps facilitate coordination of IL Services with transportation services. Staff from IL Centers and the IL Council also meet with staff from the mobility managers association, other stakeholder groups and the DoT to promote greater coordination of transportation services, see Inclusive Communities objectives, above.

Employment and Vocational Rehabilitation. Employment and Vocational Rehabilitation (VR) services are provided primarily within the Wisconsin Department of Workforce Development (DWD) statewide one-stop employment system network. DVR is the division within DWD responsible for VR services. In addition to the DWD/DVR, services are provided through various local and private entities, including county agencies and community rehabilitation providers. IL services are coordinated with other employment and VR services through representatives on the Wisconsin Rehabilitation Council and other bodies as well as meetings with Division and departmental administrators.

Social Security Act Title XVIII (Medicare). These services are provided by the U.S. Department of Health and Human Services, Centers for Medicare/Medicaid Services. IL Centers help consumers with individual Medicare issues. Centers also provide benefits counseling to help individual consumers coordinate their services.

Veterans Services. In Wisconsin, Veterans Services are coordinated by the Wisconsin Department of Veterans Affairs. Services are provided through the U.S. Department of Veterans Affairs, county Veterans Service Offices and various other entities. IL Centers also work to coordinate services at the local level.

1.7 Independent Living Services for Individuals who are Older Blind

Describe how the DSU seeks to incorporate into, and describe in, the State plan any new methods or approaches for the provision of IL services to older individuals who are blind that are developed under the Older Individuals who are Blind program and that the DSU determines to be effective.

The Independent Living-Older Blind program is administered by MOA between DVR and the DSE by the Office for the Blind and Visually Impaired (OBVI), a part of the DSE.

The OBVI will collaborate with other agencies that also provide services to blind individuals who are 55 or older. The OBVI will provide other agency staff with training on working with individuals who are blind and visually impaired. OBVI may provide this training to the DSE, ILC staff, or other agencies.

The OBVI recognizes that the ILCW and CILs is a model of peer support and will collaborate with them in this effort. The OBVI will assist the CILs in providing volunteers to read Braille signage as requested.

Part II: Narrative: Section 2 - Scope, Extent, and Arrangements of Services

2.1 Scope and Extent

2.1A Check the appropriate boxes in the SPIL Instrument table indicating the types of IL services to be provided to meet the objectives identified in section 1.2 of this SPIL, and whether the services will be provided by the CILs or by the DSU (directly and/or through contract or grant).

Table 2.1A: Independent living services	Provided by the DSU (directly)	Provided by the DSU (through contract and/or grant)	Provided by the CILs (Not through DSU contracts/grants)
Core Independent Living Services - Information and referral	No	Yes	Yes
Core Independent Living Services - IL skills training	No	Yes	Yes
Core Independent Living Services - Peer counseling	No	Yes	Yes
Core Independent Living Services - Individual and systems advocacy	No	Yes	Yes
Counseling services, including psychological, psychotherapeutic, and related services	No	No	No
Services related to securing housing or shelter, including services related to community group living, and supportive of the purposes of this Act and of the titles of this Act, and adaptive housing services (including appropriate accommodations to and modifications of any space used to serve, or occupied by, individuals with significant disabilities)	No	Yes	Yes
Rehabilitation technology	No	Yes	Yes
Mobility training	No	Yes	Yes
Services and training for individuals with cognitive and sensory disabilities, including life skills training, and interpreter and reader services	No	Yes	Yes

Personal assistance services, including attendant care and the training of personnel providing such services	No	Yes	Yes
Surveys, directories and other activities to identify appropriate housing, recreation, accessible transportation and other support services	No	Yes	Yes
Consumer information programs on rehabilitation and IL services available under this Act, especially for minorities and other individuals with disabilities who have traditionally been unserved or underserved by programs under this Act	No	Yes	Yes
Education and training necessary for living in the community and participating in community activities	No	Yes	Yes
Supported living	No	No	No
Transportation, including referral and assistance for such transportation	No	Yes	Yes
Physical rehabilitation	No	No	No
Therapeutic treatment	No	No	No
Provision of needed prostheses and other appliances and devices	No	No	No
Individual and group social and recreational services	No	Yes	Yes
Training to develop skills specifically designed for youths who are individuals with significant disabilities to promote self-awareness and esteem, develop advocacy and self-empowerment skills, and explore career options	No	Yes	Yes
Services for children with significant disabilities	No	Yes	Yes
Services under other Federal, State, or local programs designed to provide resources, training, counseling, or other assistance of substantial benefit in enhancing the independence, productivity, and quality of life of individuals with significant disabilities	No	Yes	Yes

Appropriate preventive services to decrease the need of individuals with significant disabilities for similar services in the future	No	Yes	Yes
Community awareness programs to enhance the understanding and integration into society of individuals with disabilities	No	Yes	Yes
Other necessary services not inconsistent with the Act	No	Yes	Yes

2.1B Describe any service provision priorities, including types of services or populations, established for meeting the SPIL objectives identified in section 1.2.

Objective ->Service priorities (type/population)

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Inclusive Communities

- Transportation -> I&R, Advocacy, Skills Training
- Housing -> Advocacy, Skills Training, Housing Assistance

Economic Security

- Benefits -> Benefits Consultation, Advocacy
- Work-related AT -> AT loan & demonstration, Advocacy

Community Living Supports

- Access -> Advocacy
- Community living AT -> AT loan & demonstration, Advocacy
- Facility Relocation -> Skills training, peer support and advocacy

Empowerment

- Youth Leadership -> Skills Training, Peer Support

Network of Centers

- Access -> Community Education, I&R, Peer Support, Skills Training, Advocacy, especially for people living in counties with low service levels
- Quality -> I&R, Peer Support, Skills Training, Advocacy, IL services that promote full access to community life

Outreach

- Steps -> Consumer information programs, programs for underserved. See Sec. 1.2B

See generally, Sec. 1.3(B)(1). See also, Sec. 1.4 (the new 5th core IL service)

2.1C If the State allows service providers to charge consumers for the cost of services or to consider the ability of individual consumers to pay for the cost of IL services, specify the types of IL services for which costs may be charged and for which a financial need test may be applied, and describe how the State will ensure that:

- Any consideration of financial need is applied uniformly so that all individuals who are eligible for IL services are treated equally; and
- Written policies and consumer documentation required by 34 CFR 364.59(d) will be kept by the service provider.

Indicate N/A if not applicable.

Service providers may neither charge consumers nor consider the ability of individual consumers to pay for the cost of information and referral services.

Service providers may charge consumers or consider their ability to pay for other IL services only when the provider has a written policy identifying the specific types of IL services for which a charge or financial need test may be applied and the policy is approved by the DSE. Such a policy must include a schedule of any fees to be assessed and require the provider's staff to document the individual's financial need and participation in the cost of service.

The DSE will approve the policy when the provider demonstrates that charges or consideration of ability to pay applies to situations where comparable services and benefits are available under any other program.

The DSE may approve policies covering other situations for no longer than the term of this plan when the provider's limits are based upon the provider's financial ability to provide the service. The DSE will condition approval of any provider's policy upon the provider's demonstration that the policy is applied uniformly and that the provider keeps the required documentation.

A service provider may also withhold provision of an IL service when all of the following are true:

- The service is not a core IL service;
- The provider only provides the service on a fee-for-service basis and
- No funds, other than those provided pursuant to this Plan, including funds provided pursuant to Sec. 46.96, Wis. Stats., are available for payment.

DSE approval is not required when a provider withholds service in this manner without regard to an individual's ability to pay.

2.2 Arrangements for State-Provided Services

2.2A If the DSU will provide any of the IL services identified in section 2.1A through grants or contractual arrangements with third parties, describe such arrangements.

The DSE develops contracts for the provision of IL services to consumers with the regional CILs described in section 3.1. These contracts use Part B or other funds administered by the DSE and described in Sec. 1.3 of this plan. All contracts issued will include standard assurances, reporting and billing requirements, record-keeping, and other monitoring procedures as the DSE handles contracts under Section 110 VR funding.

The DSE provides social security reimbursement funds to CILs under an MOA with the Wisconsin Department of Workforce Development/Division of Vocational Rehabilitation (DVR). This funding arrangement is required by statute in the state budget. These funds are provided for general CIL operation.

State General Purpose Revenue is provided to CILs for general CIL operation, including provision of IL Services.

2.2B If the State contracts with or awards a grant to a center for the general operation of the center, describe how the State will ensure that the determination of an individual's eligibility for services from that center shall be delegated to the center.

Staff at each IL Center will determine that a person requesting service (other than information and referral) is an individual with a significant disability as defined in 34 CFR §364.4(b). These staff will ensure that the determination complies with 34 CFR §364.51.

The DSE will ensure that the determination of an individual's eligibility for services from the IL Centers with which there are contracts providing for center operations, shall be determined by qualified staff of the center through explicit statements to that effect in the contracts and included regulatory language. Periodic on-site visits of IL Centers with whom the DSE has contracts will confirm establishment and documentation of eligibility by CIL staff.

Part II: Narrative: Section 3 - Design for the Statewide Network of Centers

3.1 Existing Network

Provide an overview of the existing network of centers, including non-Part C-funded centers that comply with the standards and assurances in section 725 (b) and (c) of the Act, and the geographic areas and populations currently served by the centers.

Wisconsin has eight Independent Living Centers (ILCs) located throughout the state. All 8 centers receive both state and federal (Part B & C) funding. All 8 centers serve all populations within their service area. The centers and their service areas are listed below.

- Access to Independence (ATI): Columbia, Dane, Dodge and Green Counties (South Central)

Roman"-">- SPIL signatory
- Center for Independent Living for Western Wisconsin (CILWW): Polk, Barron, Rusk, St. Croix, Dunn, Chippewa, Pierce, Pepin, Eau Claire, Clark Counties (West Central)

Roman"-">- SPIL signatory
- Independence First (Ind1st): Milwaukee, Ozaukee, Washington and Waukesha Counties (South East)

Roman"-">- SPIL signatory
- Independent Living Resources (ILR): Crawford, Richland, Sauk, Iowa, Grant, LaFayette, Vernon, La Crosse, Monroe, Jackson, Trempealeau, Buffalo, Juneau Counties (South West)

Roman"-">- SPIL signatory
- Midstate Independent Living Consultants (MILC): Adams, Florence, Forest, Langlade, Lincoln, Marathon, Oneida, Portage, Taylor, Vilas, Wood Counties (North Central)

Roman"-">- SPIL signatory
- North Country Independent Living (NC): Douglas, Bayfield, Ashland, Iron, Price, Sawyer, Washburn, Burnett Counties (North West)

Roman"-">- SPIL signatory

- Options for Independent Living (Options): Door, Kewaunee, Manitowoc, Brown, Calumet, Sheboygan, Fond Du Lac, Green Lake, Marquette, Waushara, Winnebago, Outagamie, Waupaca, Shawano, Menominee, Oconto, Marinette Counties (North East)

Roman">- SPIL signatory

- Society's Assets, Inc. (SAI): Jefferson, Kenosha, Racine, Rock and Walworth Counties (South East)

Roman">- SPIL signatory

Representatives of the directors of all eight Centers and the SILC worked jointly on developing the plan. We coordinated this work through a SPIL Coordination Committee, comprised of representatives of the Centers and SILC.

3.2 Expansion of Network

Describe the design for the further expansion of the network, including identification of the unserved and underserved areas in the State and the order of priority for serving these areas as additional funding becomes available (beyond the required cost-of-living increase).

By 1994, Wisconsin resolved to provide service in every county of the State and the Legislature appropriated funds to do so. In 2002, RSA made Title VII, Chapter 1, Part C funds available pursuant to the State Plan to serve all areas and populations that had been unserved by a federally-funded IL Center at the time.

These funds and additional funds appropriated since then have never been sufficient to serve every consumer who needs IL services, let alone others who could benefit from IL Services in Wisconsin. Thus, service information shows that our network underserves virtually every county in the State at existing funding levels.

While virtually every county is underserved, we have a wide range of service levels from area-to-area. The table, below, shows the most underserved counties and other counties served below the average level over the past three years prior to approval of this plan next to the Center designated to serve the county and the number of counties it serves.

CIL (Counties) - Counties served below average level

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ATI (4) - Columbia, Dane, Dodge, Green

CILWW (10) –St. Croix

Ind1st (4) - Waukesha

ILR (13) - Buffalo, Crawford, Grant, Juneau, Lafayette, Sauk, Trempealeau

MILC (11) - Adams, Florence, Forest, Langlade, Lincoln, Oneida, Taylor, Vilas

NC (8) - Burnett, Washburn

Options (17) - Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

SAI (5) - Jefferson, Kenosha, Racine, Rock, Walworth

There is not necessarily a relationship between the rural nature of a center and the level of service to its residents with disabilities. However, the further a county is from an ILC office, the lower the level of service is likely to be.

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In recent years, there have been decreases in CIL operating funds and one-time increases that threaten the ability of some Centers to maintain their current level of services. We value the importance of input from the Network of Centers and the Independent Living Council of Wisconsin in making decisions regarding funding at both the State and Federal level. We also recognize the importance of implementing our long-standing policy regarding funding equity within the Network of Centers.

Note, we use the term "base funds" to refer to funds appropriated under federal and state law to provide general support for the operation of Centers for Independent Living and independent living services when those funds are generally expected to be available from year-to-year. We include as base funds, those authorized under the Rehabilitation Act of 1973, as amended, Title VII, Chapter 1, Part C and Social Security Reimbursement funds and under sec. 46.96(2), Wis. Stats.

Statement of Funding Equity.

A strong network serves to increase access to services for people with disabilities. Adherence to our funding equity policy keeps the network strong. The fundamental aspect of our funding equity policy is that all Centers go up or down together. Equity in funding increases or decreases in a given year occurs when the difference between the "base funds" for that year and for the prior year are essentially equal for each Center. For example, a statewide reduction of \$20,000 in base funds would result in a reduction of \$2,500 per Center (\$20,000/8).

Other aspects of our funding equity policy restrict application of new funds to start a new Center when that might endanger funding to the existing Network. An appropriation providing new funds should not cause funding a new Center unless the funding is expected to continue from year-to-year indefinitely. Nor should a new Center be started until all Centers in the existing Network receive at least our "base funding target," currently \$580,000 in base funds. We have determined this figure to reflect the cost to operate a Center at a basic level we believe all Centers should meet.

Funding Priorities.

Our priorities are, in order, for when new funds (beyond the cost-of-living increase) are available:

1. Maintain the ability of each Center in the existing Network to serve its consumers at 2008 levels (levels received for the performance period from October 2007 through September 2008);
2. Support existing Centers to achieve the \$580,000 base funding target; and
3. Provide additional resources to support Independent Living services in the Options for Independent Living service area

For the first priority, any Center expecting to receive a lower federal (Title VII, Ch. 1, Part C) award in a year when funds are available than it had in 2008 adjusted for inflation, should receive new funds necessary to restore it to the level it received in 2008 (adjusted for inflation). The COLA is applied using the Consumer Price Index for all urban consumers published by the Bureau of Labor Statistics. In any year when funds are available above COLA but less than enough to restore all CILs to inflation-adjusted 2008 levels, available Part C funds above COLA are distributed to affected centers (i.e. those below inflation-adjusted 2008 levels) in proportion to the 2008 awards for each affected CIL relative to the sum of 2008 awards for all affected centers.

The Part C awards in 2008 were: Access To Independence, Inc. \$273,471; Center for Independent Living for Western Wisconsin, Inc., \$399,013; Independence First \$299,647; and \$23,967 for Independent Living Resources, Inc, Midstate Independent Living Consultants, Inc, North Country Independent Living, Inc., Options for Independent Living, Inc. and Society's Assets, Inc.

Our second priority is for all Centers to achieve our designated base funding target. Each Center should receive essentially the same dollar amount increase in a year when funding is available for this priority.

When funds are available beyond that necessary to meet the first and second priorities, we identify the Options for Independent Living area as having the greatest need for additional resources. This is in accord with a long-range plan to split the Center's service area.

Note: Since the 2002 grant competition, all areas and populations are served by one of the eight IL Centers identified above. According to federal guidance, therefore, no further CIL grant competition is possible in Wisconsin absent an unanticipated change of circumstances.

We considered many factors in identifying the third priority.

- The Options for Independent Living service area, at more than 10,800 square miles, is the largest of all Wisconsin Centers.
- Its population of 1.2 million is the second largest of the service areas. Its population also includes large numbers of underserved groups, minorities and people with limited English proficiency.

These factors are the most significant in limiting the Center's ability to serve consumers in the area. This Center's ability to serve consumers is most limited in those parts of the area farthest from the main Options office in Green Bay.

Expansion plans have referred to the southern part of the area as the "Fox River Valley," comprised of: Calumet, Fond du Lac, Green Lake, Manitowoc, Marquette, Sheboygan, Waupaca, Waushara and Winnebago counties. Access to consumers throughout the area should be of paramount concern in locating a new office.

3.3 Section 723 States Only

3.3A If the State follows an order of priorities for allocating funds among centers within a State that is different from what is outlined in 34 CFR 366.22, describe the alternate order of priority that the DSU director and the SILC chair have agreed upon. Indicate N/A if not applicable.

N/A

3.3B Describe how the State policies, practices and procedures governing the awarding of grants to centers and the oversight of these centers are consistent with 34 CFR 366.37 and 366.38.

N/A

Part II: Narrative: Section 4 - Designated State Unit (DSU)

4.1 Administrative Support Services

4.1A Describe the administrative support services to be provided by the DSU for the SILS (Part B) program and, if the State is a Section 723 State, for the CIL (Part C) program. Refer to the SPIL Instructions for additional information about administrative support services.

The duties of the DSE, including those described in this plan related to the "DSU," will be performed by the Bureau of Aging and Disability Resources of the Wisconsin Department of Health Services as the DSE. The DSE provides administrative support for the SILS program in administration of the contracts and monitoring adherence to contractual requirements. This includes:

- Development of the contracts (between DSE and ILCW and between DSE and other Service Providers)
- Technical assistance in planning and budget development
- Budget review and approval
- Evaluation of IL Centers and other service providers as the administrator of IL service contracts
- Regular programmatic and financial meetings to track progress of the contracts
- Respond to Federal and State Financial and management audits (Example Wisconsin Legislative Audit Bureau)
- Staff development for state independent living services personnel.
- Record keeping to assure access to the US ACL/ILA Administrator or its designee to DSE contract and administration records for the IL program.
- Receive and process invoices that are in compliance with federal and state statutes and regulations
- Obtain audits from certified auditor
- Obtain assurances that contracts adhere to the Americans with Disabilities Act (ADA), Civil Rights Act of 1964, Title V of the Rehab Act Requirements and any other applicable State and Federal Rules and Regulations.

4.1B Describe other DSU arrangements for the administration of the IL program, if any.

The DSE collaborates with the IL Centers, SILC and the Wisconsin Coalition of Independent Living Centers on a regular basis.

Part II: Narrative: Section 5 - Statewide Independent Living Council (SILC)

5.1 Resource plan

5.1A Describe the resource plan prepared by the SILC in conjunction with the DSU for the provision of resources, including staff and personnel, made available under parts B and C of chapter 1 of title VII, section 101(a)(18) of the Act, and from other public and private sources that may be necessary to carry out the functions of the SILC identified in section 705(c). The description must address the three years of this SPIL.

- Refer to the SPIL Instructions for more information about completing this section.

For more information click the icon.

The DSE will continue to support the operation of the Council and ILCW office. This Council support includes continued funding for salary and benefits, including orientation and training, for a full-time Executive Director and other staff as determined to be necessary by the Council to carry out SILC functions.

The Resource Plan also includes, in an amount determined annually to sustain current and anticipated activities, other operating funds necessary to support the council and its staff for items such as rent, equipment, accounting and other services, travel and expenses related to Council meetings, telephone/internet, insurance, postage, photocopying, printing, and supplies. The ILCW rents office space at market rents.

See Sec. 1.3 for how this fits within the full financial plan.

5.1B Describe how the following SILC resource plan requirements will be addressed.

- The SILC's responsibility for the proper expenditure of funds and use of resources that it receives under the resource plan.

The Council has approved policy regarding proper expenditure of funds and use of resources. Policy requires internal controls, including:

- Annual review and approval of a Budget
- Requirement that expenditures are directed according to the approved budget;
- Review of financial reports, including by the Council as a standing item at quarterly meetings;
- All financial transactions and record-keeping are to be made in compliance with applicable fiscal and accounting requirements.

The Council has delegated review to a committee which also approves administrative procedures. Procedures provide more detail, including review of monthly expenditures and bank transactions by the Treasurer, an elected member of the Council.

The Council also retains an accountant annually to review and report on the organization's internal controls.

- Non-inclusion of conditions or requirements in the SILC resource plan that may compromise the independence of the SILC.

ILCW and the DSE have a long term history of collaborative relationships that have always been supportive of the SILC's autonomy. This is reflected in the DSE's practice of contracting with the SILC as state agencies do with other non-profit organizations. The agreement defines the SILC's responsibility and obligations, to meet the intent of the Rehabilitation Act, and to withstand management changes in the DSE or SILC, keeping the SILC's autonomy intact.

- Reliance, to the maximum extent possible, on the use of resources in existence during the period of implementation of the State plan.

The SPIL financial tables were developed based on realistic yet conservative projections, with consideration of historical data combined with current information. The SPIL goals and objectives were developed based on criteria that included careful consideration of the likelihood of an actual positive impact, based on what is realistically feasible to accomplish with our limited funding and staffing levels.

The SPIL goals and objectives were also developed based on the belief that the best use of fluctuating, limited funds is continued advocacy/education activities and continued support of the Network of Centers. Collaboration is an ongoing priority since it maximizes efforts and limited resources. Based on conservative budget figures and developing SPIL goals and objectives within our financial and staffing means, the SILC resource plan is consistent with the existing resources expected to be allocated during the course of the three year SPIL period.

5.2 Establishment and Placement

Describe how the establishment and placement of the SILC ensures its independence with respect to the DSU and all other State agencies. Refer to the SPIL Instructions for more information about completing this section.

The SILC exists under Wisconsin law pursuant to Executive Orders and must be recreated each four years. Governor Walker recreated the SILC by Executive Order 150 dated January 26, 2015. The structure is provided under Governor Doyle's Executive Order 65 dated August 6, 2004, which recreated the SILC as the Independent Living Council of Wisconsin (ILCW).

The SILC is staffed and supported by a nonprofit corporation, the Independent Living Council of Wisconsin, Inc., The Corporation is created under Wisconsin's general non-stock Corporation law. The IRS has recognized it as tax-exempt under sec. 501(c)(3) of the Internal Revenue Code. The Corporation's Board of Directors is the ILCW appointed by the Governor. The DSE retains only the role reserved for it under the Rehabilitation Act, as amended. All state employees serving on the Council serve as non-voting, ex-officio members.

5.3 Appointment and Composition

Describe the process used by the State to appoint members to the SILC who meet the composition requirements in section 705(b). Refer to the SPIL Instructions for more information about completing this section.

The Governor makes appointments to the Independent Living Council of Wisconsin. These appointments do not require confirmation by the State Senate. Historically, the Governor has made appointments based upon the recommendation of the Council.

* Applications to the ILCW shall be made directly to the Office of the Governor. The criteria for appointment under the Executive Orders parallel those under the Rehabilitation act, as amended.

* The Office of the Governor forwards applications to the Council.

* The Council, with the assistance of its membership committee, reviews the applications to assure that appointments will help the council maintain compliance with section 705(b). The council then makes its recommendations and sends them to the DSE and the Governor's Appointments Director.

* When the Governor appoints a member-designate, the appointments director communicates it to the member-designate and the council. However, the member-designate may not attend a meeting as a member until the member-designate has filed the Oath of Office as directed in correspondence from the Office of the Governor.

* The Council keeps a list of all appointments, including expiration dates of terms and categories of membership.

* The Council maintains policy and procedures to ensure that members meet legal requirements upon appointment and throughout the tenure of their appointment.

* The SILC Chairperson is elected biannually from the Council voting membership.

We are working with the Governor and Independent Living Administration to clarify the appointment process. We expect to be in compliance with SILC Composition requirements prior to the effective date of this plan.

5.4 Staffing

Describe how the following SILC staffing requirements will be met.

- SILC supervision and evaluation, consistent with State law, of its staff and other personnel as may be necessary to carry out its functions.

At this time, ILCW budgets for 1.5 FTE positions under the SILC Resource Plan. The ILCW Chair supervises the Executive Director on behalf of and subject to direction of the Council. The Executive Director's evaluation is the annual responsibility of the Executive Committee. The Executive Director supervises and evaluates the performance of other staff. The ILCW Board of Directors (the Council) is ultimately responsible for agency outcomes and oversight of ILCW operations, budget and ensuring that SPIL outcomes are monitored. Neither the DSE nor any other State agency has authority with respect to hiring, firing or supervision of SILC staff.

Council policy and State law require members to avoid conflicts of interest.

- Non-assignment of duties to SILC staff and other personnel made available by the DSU, or any other State agency or office, that would create a conflict of interest while assisting the SILC in carrying out its duties.

Neither the Executive Director nor other personnel are employed by the DSE or any other State agency or office that would create a conflict of interest while assisting the SILC in carrying out its duties. The Council controls staff duties rather than the DSE or any other State agency.

Conflict of Interest is prohibited by Personnel policy.

Part II: Narrative: Section 6 - Service Provider Requirements

Describe how the following service provider requirements will be met:

6.1 Staffing

- Inclusion of personnel who are specialists in the development and provision of IL services and in the development and support of centers.

The DSE contracts with the eight IL Centers to provide Independent Living services throughout the state. The DSE staff reviews contract compliance of all SPIL related CIL contracts on an ongoing basis, regardless of funding source, including Title VII, Part B funds. This is done through desk reviews of 704 and other contract-related reports.

The DSE may contract with other organizations to provide other services under the plan. It will give priority to organizations controlled by consumers at the Board and staff levels and which are specialists in the development and support of centers.

The DSE also reviews records and practices on-site to determine compliance with staffing requirements. As part of this process, it identifies need for technical assistance. When technical assistance is needed, The DSE consults with its staff, WCILC and ILCW to determine the best way of providing the technical assistance. In addition, local liaisons have established local collaborations tailored to needs identified locally.

- Availability, to the maximum extent feasible, of personnel able to communicate (1) with individuals with significant disabilities who rely on alternative modes of communication, such as manual communication, nonverbal communication devices, Braille, or audio tapes and (2) in the native languages of individuals with significant disabilities whose English proficiency is limited and who apply for or receive IL services under title VII of the Act.

On-site review includes verification that personnel are able to communicate as outlined above or that the agency has satisfactory arrangements in place for such communication.

- Establishment and maintenance of a program of staff development for all classes of positions involved in providing IL services and, where appropriate, in administering the CIL program, improving the skills of staff directly responsible for the provision of IL services, including knowledge of and practice in the IL philosophy.

The DSE's on-site review verifies that each provider has a staff development program in place and that the provider is aware of training and technical assistance funded under the act and available to providers.

- Affirmative action to employ and advance in employment qualified individuals with significant disabilities on the same terms and conditions required with respect to the employment of individuals with disabilities under section 503 of the Act.

The Department of Health Services, the DSE's parent agency, certifies compliance with state contract affirmative action requirements. Small providers are exempt from a requirement to have an affirmative action plan.

The DSE reviews 704 Report data about staff with disabilities. It inquires about the provider's efforts as part of its on-site review.

6.2 Fiscal Control and Fund Accounting

- Adoption of those fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of and accounting for funds made available through parts B and C of chapter 1 of title VII of the Act, in addition to complying with applicable EDGAR fiscal and accounting requirements.

DSE staff review annual audit reports of providers. On-site compliance review verifies fiscal controls and fund accounting procedures to the extent not answered by audit reports.

6.3 Recordkeeping, Access and Reporting

- Maintenance of records that fully disclose and document the information listed in 34 CFR 364.35.

On-site review verifies that a system of record maintenance is in effect such that required documentation regarding listed information and other records that the Administrator determines to be appropriate to facilitate an effective audit is available.

- Submission of annual performance and financial reports, and any other reports that the Secretary determines to be appropriate

The DSE reviews required reports and inquires to ensure that they are submitted as required, not more than annually.

- Access to the Commissioner and the Comptroller General, or any of their duly authorized representatives, for the purpose of conducting audits, examinations, and compliance reviews, to the information listed in 34 CFR 364.37.

The DSE verifies that the provider is aware of and will comply with requirements to provide access to the Administrator and the Comptroller General or their duly authorized representatives for the designated purposes with respect to required financial and program records.

6.4 Eligibility

- Eligibility of any individual with a significant disability, as defined in 34 CFR 364.4(b), for IL services under the SILS and CIL programs.

The DSE verifies that each provider has a policy in effect to determine eligibility, as defined in the Rehabilitation Act and its regulations. The review assures that the provider will determine that an individual with a severe physical, mental, cognitive, or sensory impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of IL services will improve the ability to function, continue functioning, or move toward functioning independently in the family or community or to continue in employment is eligible for services.

Its on-site review verifies that staff are aware of the policy and that it complies with the Rehabilitation Act and its regulations and that eligibility determinations are properly documented.

- Ability of any individual to seek information about IL services under these programs and to request referral to other services and programs for individuals with significant disabilities.

The DSE verifies that the provider actually provides information and referral services through review of reports.

- Determination of an individual's eligibility for IL services under the SILS and CIL programs in a manner that meets the requirements of 34 CFR 364.51.

The DSE reviews the policy of each provider authorized to determine eligibility to assure that it meets the requirements of the regulation. The DSE verifies that staff are knowledgeable about application of the policy.

- Application of eligibility requirements without regard to age, color, creed, gender, national origin, race, religion, or type of significant disability of the individual applying for IL services.

The DSE prohibits such discrimination. It verifies that provider staff are knowledgeable about this requirement.

- Non-exclusion from receiving IL services of any individual who is present in the State and who is otherwise eligible for IL services, based on the imposition of any State or local residence requirement.

The DSE verifies that no provider excludes any individual who is present in the State and who is eligible for IL services from eligibility.

6.5 Independent Living Plans

- Provision of IL services in accordance with an IL plan complying with Sec. 364.52 and mutually agreed upon by the individuals with significant disabilities and the appropriate service provider staff unless the individual signs a waiver stating that an IL plan is unnecessary.

The DSE reviews reports for compliance with this requirement. Any questions are addressed to the provider.

6.6 Client Assistance Program (CAP) Information

- Use of accessible formats to notify individuals seeking or receiving IL services under chapter 1 of title VII about the availability of the CAP program, the purposes of the services provided under the CAP, and how to contact the CAP.

The DSE verifies that each provider notifies individuals of CAP services in regular and accessible formats.

6.7 Protection, Use and Release of Personal Information

- Adoption and implementation of policies and procedures meeting the requirements of 34 CFR 364.56(a), to safeguard the confidentiality of all personal information, including photographs and lists of names.

The DSE reviews each provider's policies and procedures to assure they meet the requirements of the Rehabilitation Act and its regulations regarding confidentiality of personal information.

Part II: Narrative: Section 7 - Evaluation

Describe the method that will be used to periodically evaluate the effectiveness of the plan in meeting the objectives established in Section 1. The description must include the State's evaluation of satisfaction by individuals with significant disabilities who have participated in the program.

Section 7: Evaluation

Goal(s) and the related Objective(s) from Section 1	Method that will be used to evaluate
Mission A. (Communities)	<ul style="list-style-type: none"> Increased number of counties that coordinate non-emergency medical transportation with other transportation programs that serve PwD <p>ILCW will have a role in evaluation of implementation of the entire plan. For this objective, it will annually request reports from DOT, DHS and county staff to show which counties coordinate non-emergency medical transportation programs with other transportation programs.</p>
Mission A. (Communities)	<ul style="list-style-type: none"> Increase Transportation Coordination Councils (TCCs) with at least one PwD with connections to the area's disability community. <p>ILCW will annually survey county transportation programs or compile data from reports on participation in TCCs by people with disabilities.</p>
Mission A. (Communities)	<ul style="list-style-type: none"> PwD find accessible, affordable, integrated and safe housing. <p>ILCs report to the DSE and ILCW the number of consumers served to meet their housing goals during the federal fiscal year.</p>
Mission B. (Economic)	<ul style="list-style-type: none"> Number of people with disabilities accessing work incentives benefits consultation services <p>WCILC will, with the ILCs' input, report to DSE and ILCW the number of people served through work incentives benefits consultation during the federal fiscal year.</p>

<p>Mission B. (Economic)</p>	<ul style="list-style-type: none"> Number of PwDs receiving assistive technology assessments and/or consultations for work serving at least 95% of consumers served in 2015 with consumers better able to understand their AT options <p>WCILC will, with the ILCs' input, annually report to the DSE and ILCW the number of consumers better able to understand their AT options for work due to assessments and/or consultations during the fiscal year.</p>
<p>Mission C. (Supports)</p>	<ul style="list-style-type: none"> Mental health and substance use consumers access individual supports in all Wisconsin counties that are person-centered, empowering and help meet basic needs. <p>ILCW will annually request a report from DHS on CCS consumers reporting mostly recovery-oriented experience on ROSI.</p>
<p>Mission C. (Supports)</p>	<ul style="list-style-type: none"> Consumers access individual supports that allow them to participate in all aspects of our communities <p>ILCW will annually request from DHS, LTC reports, including EQRO, IHA/MCO quarterly scorecards; and DHS published performance data, that show outcomes related to community living for review by WILN LTC Committee.</p>
<p>Mission C. (Supports)</p>	<ul style="list-style-type: none"> Participants in the managed care model benefit from a robust long-term care stakeholder engagement process that includes ongoing education, and technical assistance to ensure participants are fully informed of all options, and receive their services that maximize their opportunities to engage in community life. <p>WCILC and ILCW will annually request a report from lead organizations, DHS, and IHAs/MCOs on stakeholder participation data.</p>
<p>Mission C. (Supports)</p>	<ul style="list-style-type: none"> Children who need long-term supports and services access supports that allow them to participate in family, community and school, as appropriate. <p>WCILC will annually request a report from DHS on children's long term supports wait lists and provide it to the DSE and ILCW.</p>
<p>Mission C. (Supports)</p>	<ul style="list-style-type: none"> PwDs access assistive technology, home modification and/or home safety assessments or consultations for community living. <p>WCILC will, with the ILCs' input, annually report to the DSE and ILCW the number of consumers better able to understand their AT options for community living during the fiscal year .</p>
<p>Mission C. (Supports)</p>	<ul style="list-style-type: none"> People with disabilities who reside in nursing facilities and other institutions relocate to home and community-based.

	<p>WCILC will, with the ILCs' input, annually report to the DSE and ILCW the number of consumers who relocate to the community during the fiscal year.</p>
<p>Mission D. (Empowerment)</p>	<ul style="list-style-type: none"> Youth with disabilities (aged 15-24) develop advocacy skills, to include training and education on disability-related advocacy, civil rights and their enforcement <p>WCILC will, with the ILCs' input, annually report to the DSE and ILCW the number of youth with disabilities who report an increase in advocacy skills on surveys (and unit tests for curriculum).</p>
<p>Mission E. (Network)</p>	<ul style="list-style-type: none"> Number of counties where at least 10 consumers receive services requiring service records (CSRs) per 1000 people with disabilities in the county <p>ILCW will annually review and tabulate data from ILC 704 Reports and Census data.</p>
<p>Mission E. (Network)</p>	<ul style="list-style-type: none"> Number of Centers where at least 75% of consumers have "completed all goals set" at (consumer service record) closure in the reporting year. <p>ILCW will annually review and compile statewide data from 704 Reports, Pre- and Post-Review Reports provided by ILC using QUILS.</p>
<p>Mission</p>	<p>Outreach steps (1.2B)</p> <ul style="list-style-type: none"> Percentage of people served compared to percentage of people with disabilities <p>ILCW will annually review and tabulate 704 Report and Census data regarding underserved groups.</p>
<p>Mission</p>	<p>All 8 ILCs measure consumer satisfaction through surveys. Some centers use more than one type. For instance, 3 ILCs do I&R surveys.</p> <p>The surveys are conducted by staff at each center, although questions and methodology differ from one center to another. All centers annually describe their surveys and results on 704 reports.</p>

Part II: Narrative: Section 8 - State-Imposed Requirements

8 State-Imposed Requirements

Identify any State-imposed requirements contained in the provisions of this SPIL.

All 8 Centers for Independent Living are supported by both state and federal funds. State funds are provided pursuant to sec. 46.96, Stats. Sec. 46.96 transitioned IL Centers to meeting Rehabilitation Act requirements as of 1994,.

All providers under the SPIL or under state IL Center contracts must meet non-discrimination and other requirements of Wisconsin State contracting law.