CHIPPEWA COUNTY

ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD

REGULAR MEETING

MARCH 9, 2023

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:45 PM

1. CALL TO ORDER

The meeting was called to order at 4:46 p.m. by Chair Kari Ives.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21 (Chair)	Present	
Patricia German	Chippewa County	Citizen Rep (Vice-Chair)	Present	
Larry Marquardt	Chippewa County	Citizen Rep	Present	
Don Hauser	Chippewa County	Citizen Rep	Present	
Mary Frasier	Chippewa County	Citizen Rep	Absent	
Janet Mayer	Chippewa County	Citizen Rep	Present	
Glen Howell	Chippewa County	Citizen Rep	Present	

Others Present: Leslie Fijalkiewicz, ADRC Manager; Pauline Spiegel, Administrative Assistant; ADRC Staff: Kelly Zimmerman; Prospective Board Member: Bonnie Ferstenou

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

Prospective Board member Bonnie Ferstenou attended for observation and learning purposes.

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Janet Mayer, Citizen Rep
SECONDER:	Patricia German, Citizen Rep (Vice-Chair)
AYES:	Ives, German, Marquardt, Hauser, Mayer, Howell
ABSENT:	Frasier

1. Approve the agenda

2. Approve the Minutes

   ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Jan 12, 2023 4:45 PM

3. Schedule next meeting date - May 11, 2023

5. BUSINESS ITEMS

1. ADRC Portion of 2022 Human Services Annual Report - Leslie Fijalkiewicz
   The ADRC achievements, challenges, and data for 2022 that are part of the Human Services 2022 annual performance report were presented and approved.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Patricia German, Citizen Rep (Vice-Chair)
SECONDER:	Glen Howell, Citizen Rep
AYES:	Ives, German, Marquardt, Hauser, Mayer, Howell
ABSENT:	Frasier

6. REPORTS

1. ADRC Staff Presentation - Kelly Zimmerman
   ADRC Nutrition and Transportation Program Coordinator presented "behind the scenes" information on the logistics of administering the Senior Nutrition Program (Meals on Wheels and Senior Dining).

RESULT:	**DISCUSSED**

2. ADRC Manager Program and Financial Report - Leslie Fijalkiewicz
   ADRC Manager Leslie Fijalkiewicz presented the ADRC Manager Report and highlighted several items from her report including hiring of new Options Counselor, Independent Living Support grant, advocacy opportunities, and history of Wisconsin ADRCs. The final financial report for 2022 was reviewed as well as the fiscal report through February 2023.

3. ADRC Advocacy Report - Leslie Fijalkiewicz
   The advocacy information reviewed this month is based on the 2023-25 Governor's 2023-25 budget proposal as it relates to the consumers served by the ADRC. The Joint Finance Committee has dates set for public testimony on the budget and board members are invited to participate or observe.

RESULT:	**REVIEWED**

4. ADRC Program Prioritization Education - Leslie Fijalkiewicz
   The ADRC programs and services description summary was presented to board members for prioritization through a ranking form.

RESULT:	**DISCUSSED**

5. ADRC Website Analytics - Leslie Fijalkiewicz
   The analytics data for the ADRC website were presented and reviewed.

RESULT:	**DISCUSSED**

6. ADRC Board 2022 Performance Evaluation Results - Leslie Fijalkiewicz
   The ADRC Board 20222 Board Performance Evaluation was presented and reviewed. A suggestion was brought forth for a manager's report be sent to board members in the months between meetings. This will be implemented by the manager.

RESULT:	**DISCUSSED**

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

The meeting was adjourned at 6:15 p.m. A thank you extended to Janet Mayer for serving two three-year terms on the board.

RESULT:	**APPROVED [5 TO 0]**
MOVER:	Don Hauser, Citizen Rep
SECONDER:	Janet Mayer, Citizen Rep
AYES:	German, Marquardt, Hauser, Mayer, Howell
ABSENT:	Frasier
AWAY:	Ives

CHIPPEWA COUNTY

ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD

REGULAR MEETING

JANUARY 12, 2023

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:45 PM

1. CALL TO ORDER

Chair Kari Ives called the meeting to order at 4:47 p.m.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Kari Ives	Chippewa County	District 21 (Chair)	Present	
Patricia German	Chippewa County	Citizen Rep (Vice-Chair)	Present	
Larry Marquardt	Chippewa County	Citizen Rep	Present	
Don Hauser	Chippewa County	Citizen Rep	Present	
Mary Frasier	Chippewa County	Citizen Rep	Absent	
Janet Mayer	Chippewa County	Citizen Rep	Present	
Glen Howell	Chippewa County	Citizen Rep	Present	

Others Present: Leslie Fijalkiewicz, ADRC Manager; Tim Easker, Human Services Director; Pauline Spiegel, Administrative Assistant; ADRC Staff: Michelle Fellom

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

There were no members of the public wishing to be heard.

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Patricia German, Citizen Rep (Vice-Chair)
SECONDER:	Janet Mayer, Citizen Rep
AYES:	Ives, German, Marquardt, Hauser, Mayer, Howell
ABSENT:	Frasier

1. Approve the agenda

2. Approve the Minutes

   ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Nov 10, 2022 4:45 PM

3. Schedule next meeting date - March 9

5. REPORTS

1. ADRC Social Media Report
   ADRC Manager Leslie Fijalkiewicz presented 2022 ADRC Social Media Metrics Report.

Minutes Acceptance: Minutes of Jan 12, 2023 4:45 PM (Consent Agenda)

RESULT:	**DISCUSSED**

2. ADRC Staff Presentation
ADRC Elder Benefit Specialist Michelle Fellom presented information on how she assists people ages 60 and older understand and access private or government benefits.

RESULT:	**DISCUSSED**

3. ADRC Manager Program and Financial Report
ADRC Manager Leslie Fijalkiewicz presented the ADRC Manager Report. She highlighted several items from her report. Chair Kari Ives was congratulated on receiving an award of excellence from the National Foundation of Women Legislators.

RESULT:	**DISCUSSED**

4. ADRC Advocacy Report
ADRC Manager Leslie Fijalkiewicz shared current advocacy information. She also shared the Aging Advocacy Day is scheduled for May 9 and Governor Evers presents his budget February 15.

RESULT:	**DISCUSSED**

5. ADRC Board 2022 Performance Evaluation
The purpose and instructions for the board annual performance evaluation for 2022 were provided to the board members. Results will be presented at the March meeting.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

Meeting adjourned at 5:35 p.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Larry Marquardt, Citizen Rep
SECONDER:	Don Hauser, Citizen Rep
AYES:	Ives, German, Marquardt, Hauser, Mayer, Howell
ABSENT:	Frasier

Minutes Acceptance: Minutes of Jan 12, 2023 4:45 PM (Consent Agenda)

STATEMENT OF EXPLANATION
ADRC PORTION OF 2022 HUMAN SERVICES ANNUAL REPORT - LESLIE FIJALKIEWICZ

Background: Leslie has compiled ADRC information about activities in 2022. This information will be included in the 2022 Chippewa County Department of Human Services Annual Report. The document contains information about numbers of customers served by program area as well as achievements and challenges the ADRC experienced.

Action: The recommendation is to approve the ADRC report for the 2022 Human Services Annual Report.

Chippewa County Department of Human Services
2022 Annual Performance Report
Aging & Disability Resource Center (ADRC)

The simplest version of the ADRC mission is to say that we are here to help older people and people with disabilities remain as independent as possible in the setting of their choosing. Aging and Disability Resource Centers (ADRCs) are the first place to go to get accurate, unbiased, and timely information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone - individuals, concerned families or friends, or professionals working with issues related to aging or disabilities - can go for information tailored to their situation. It isn't about what we feel is best for the individual, but rather it's about presenting options so they can make an informed choice.

We also recognize that people don't always know what they need…that's okay too because ADRC staff have extensive training at asking the right questions. The questions not only help people figure out what they need or want, but also help identify their strengths. When help is requested with applying or connecting to programs or services, ADRC staff will assist.

The ADRC of Chippewa County provides more than information and assistance. We also have programs that can help people remain in their home. Meals on Wheels, Senior Dining, Transportation Coordination, Caregiver Respite, In-Home Support, Healthy Living workshops, Memory Screening, Dementia-related programs, and Brain Health education are just some of the programs our agency offers. Our Options Counselors present customers with an array of choices that can help their situation along with assistance in accessing if needed. We also have highly trained Benefit Specialists that assist with Medicare, Social Security, Consumerism, Housing, Medical Assistance, and other private and public benefit questions. Complicated issues require extensive training and our Benefit Specialists work directly with attorneys who specialize in all of these areas as they relate to older people and people with disabilities.

One thing that sets ADRCs apart from other governmental agencies is the fact that we are legislatively required to provide advocacy on behalf of the people we serve. Sometimes that means talking to local businesses and sometimes that means connecting with legislators. But most importantly, it means providing people with information so they are empowered to advocate on their own behalf.

Achievements/Successes of 2022:

- Community outreach for Dementia / Brain health more than doubled from 2021 to 2022
- Options Counselors modified processes and significantly improved timeliness of return calls, home visits and long-term care functional screens
- New Elder and Disability Benefits Specialists completed their trainings in record time and were able to effectively begin working with customers sooner than expected
- Streamlined process for obtaining medical records, thereby improving timeliness of completing long term care functional screens
- Restarted Senior Dining in Cornell and Chippewa Falls
- Provided gas cards to Meals on Wheels volunteers to help with high fuel prices in the first two quarters of 2022
- Co-hosted Chippewa Valley Advocacy Training which brought over 50 advocates from seven counties

- Distributed all of the Senior Farm Market Vouchers allotted to Chippewa County in record time AND distributed additional vouchers that other counties were unable to use

Challenges of 2022:

- Fifteen percent increase in the number of customers and our customers with complex needs is increasing too though that is difficult to measure
- Forty-six percent increase in the number of long-term care functional screens and fifty-seven percent increase in enrollments into Family Care/IRIS from 2021 to 2022
- Meal provider for Stanley/Boyd area had to temporarily discontinue providing meals due to staff shortage
- Resignation/retirement of both Elder and Disability Benefits Specialists
- Difficulty spending all of Alzheimer's Family Caregiver Support Program grant due to lengthy position vacancy requiring our agency to de-obligate funds so state could redistribute to other ADRCs
- Ripple effect of restarting Senior Dining in Chippewa Falls meant changes to Cadott meal delivery due to limited space in van for transporting food from Fall Creek
- Significant rate increases from transportation, nutrition and in-home support providers

Service/Program	Consumer Data for 2022
Bridging Chippewa County	20,200 copies distributed†
Caregiver respite	21 consumers 1,141 hours of respite
Dementia Related Services*	74 consumers 44 programs/services
Disability Benefits	90 consumers 123 cases
Elder Benefits	453 consumers 789 cases/contacts
Healthy Living Workshop Sessions	25 consumers 357 classes/sessions
Information and Assistance/Options Counseling	6,690 consumer contacts
In-home Supports (housekeeping)	21 consumers 202 service units
Nutrition Program	471 consumers 39,361 meals
Transportation	4497 rides 252,687 miles

†Does not include the number of online views of the newsletter.

**Dementia consumers does not include numbers of people who attended various presentations or workshops. The number of programs/services reflects separate programs but not the number of sessions for each. For example, Memory Café is counted as 2 (Chippewa Falls and Cornell sites) rather than 12 different meetings of the Memory Café in Chippewa County. Numbers for Dementia Related Services do not include any for Dunn County.*

STATEMENT OF EXPLANATION
ADRC STAFF PRESENTATION - KELLY ZIMMERMAN

This presentation by Aging & Disability Resource Center (ADRC) staff educates the ADRC Board about the policy implications of services received through the ADRC.

The nutrition program is funded through a combination of federal Older Americans Act, state general purpose revenue (GPR), and participant donations. It primarily supports group dining (Senior Dining) and Home Delivered Meals (Meals on Wheels). While most people benefit from the nutritional aspects of the program, it can be argued that social connectedness is at least as beneficial if not more so in some cases.

STATEMENT OF EXPLANATION
ADRC MANAGER PROGRAM AND FINANCIAL REPORT - LESLIE FIJALKIEWICZ

ADRC Manager Leslie Fijalkiewicz provides a division program and financial report.

The fiscal information will be added to the electronic packet prior to the meeting and handouts provided at the meeting.

Manager's Report to the ADRC Board
Leslie Fijalkiewicz

Board Meeting Date: March 9, 2023

1. **Staffing**
   We had 29 applicants for the Options Counselor position and interviewed 6. We had some excellent candidates and are just working on negotiating a job offer.

2. **Independent Living Support Pilot Grant**
   We were awarded the competitive grant (plus additional funding end enrollment slots!!) that we applied for with Dunn and Eau Claire Counties. Dunn is the fiscal agent and employer for the two positions that will be hired. The overarching goal of this grant is to delay or prevent the need for the higher cost Family Care and IRIS programs, thereby saving state funds in the form of Medicaid spending.

3. **Nutrition Program**
   - Bloomer Senior Dining will begin serving this month. We will serve two days a week to start with and hope to add more days as we recruit more volunteers.
   - Aspirus Stanley Hospital is scheduled to provide meals for home delivery again on March 6. We are very excited about this!
   - Our meal providers across the county held out for as long as possible but in the past six months, all but one provider has requested a significant increase in their price per meal. This is not unexpected. We should be okay in 2023 and 2024 with this due to ARPA funds, but we are already looking at our options for 2025 and beyond. Incidentally, this is happening across the state with all nutrition programs.

4. **Growing Connections Grant**
   Chippewa Valley Gardens provided a $250 grant to support a local project that serves people with dementia and their care partners. (See flyer – attachment 6.2c)

5. **Disability Advocacy Day**
   March 23 is fast approaching so if you are interested in learning more about this advocacy opportunity, please let me know. Still looking for transportation options so advocates can travel together.

6. **Aging Advocacy Day**
   This event also quickly approaching. Mark your calendars for May 9. I'm looking at transportation options for advocates to travel together to and from Madison. (See attachment 6.2d)

7. **History of Wisconsin's ADRCs**
   The State of Wisconsin recently added a historical document to our ADRC Operations Manual. It's a great summary of how we got to where we are, complete with a great timeline. (See attachment 6.2e)

8. **Medicare Advantage Plans**
   Persons already in an Advantage Plan have until March 31, 2023, to make a change. This has actually been keeping our Elder Benefit Specialist pretty busy for the past month. Typically, it takes a month or so for folks to realize it wasn't what they expected or that it isn't meeting their needs.

Fiscal Report to ADRC Board
Final 2022
(unaudited)

Program/Grants	Budgeted Amount	Expenses	Revenue	Remaining Grant	% Budget Expended
ADRC Grants (includes Dementia Care Specialist)	$ 989,675	$ 887,251†	$887,251	102,424	90%
Nutrition Program (grants & donations)	498,938	442,485*	442,485	0	100%
Nutrition CARES Act		23,175	23,175	0	100%
Transportation (85.21 grant, levy, donations)	226,921	226,921	226,921	0	100%
Other Non-COVID Grants	226,437	206,310**	206,310	0	91%
ARPA Grants				$136,406	0%
TOTALS	**$1,941,971**	**$1,786,142**	**$1,746,142**	**$238,830**	**92%**

† = Underspending due to unpaid FMLAs and position vacancies

* = Nutrition grants fully spent. Total spending and donations less than budget

** = Caregiver grant spending less than budget. Unused amounts released to other agencies

Fiscal Report to ADRC Board
Though February 2023
(17% of year)

Program/Grants	Budgeted Amount	Expenses	Revenue	Remaining Budget	% Budget Expended
ADRC Grants (includes Dementia Care Specialist)	$1,051,417	$144,947	$144,947	$906,470	14%
Nutrition Program (grants & donations)	538,639	35,520	35,520	503,119	7%
Transportation (85.21 grant, levy, donations)	214,844	8,717	214,844	206,127	4%
Other Grants	165,339	16,620	16,620	148,719	10%
TOTALS	**$1,970,239**	**$205,804**	**$411,931**	**$1,764,435**	**10%**

ARPA Grants Available	$136,406
ARPA Included in Nutrition Budget	55,877
ARPA Included is Other Grants**	15,500
Unbudgeted ARPA Funds	64,929

*** = Housekeeping / homemaker services $10,000 Caregiver support $5,500*

Free Gardening Classes

Growing Connections
CHIPPEWA COUNTY

This class is designed for people living with dementia and their care partners. Come and enjoy indoor and outdoor gardening projects

Fourth Thursday of the month

1:00 pm to 2:30 pm

Chippewa Falls Public Library

Space is limited, call 715-723-1146 to RSV

ADRC
Aging & Disability Resource Center

CHIPPEWA FALLS PUBLIC LIBRARY
It's All Yours

Save the Date

Tuesday, May 9, 2023, 1:00 – 3:00 p.m.

Aging Advocacy Day

Wisconsin Aging Advocacy Network

You are invited!

Join aging advocates from across the state to share your story and prepare to make issues impacting older adults and family caregivers a top priority for state legislators in 2023 and beyond.

Register at:

https://gwaar.wufoo.com/forms/z11p6eil0dbk2o8/

More details coming soon!

https://gwaar.org/aging-advocacy-day-2023

Contact: Janet Zander, 1414 MacArthur Rd., Madison, WI 53714, janet.zander@gwaar.org, (608) 228-7253

WAN Advocacy
Wisconsin Aging | Advocacy | Network

OLDER AMERICANS MONTH
AGING UNBOUND: MAY 2023

#WisAgingAdvocacy2023

History of Wisconsin's ADRCs
ADRC Operations Manual

I. Introduction: The Aging Difference

The Older Americans Act of 1965 includes among its defining objective "to assist our older people to secure equal opportunity to the full and free enjoyment of … independence and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection again abuse, neglect, and exploitation."

At the core of this objective is the notion that people for whom programs and services are designed ought to decide what those programs and services are and should have a real sense of ownership and agency regarding them. This notion stems from the essential principle of democratic social order: each individual has a stake and a say in the decisions that affect their life. The Older Americans Act grew out of the widespread social engagement and grassroots advocacy that wrought a cluster of social laws and programs during a period of legislation collectively known as the "Great Society." These included the Senior Citizens Housing Act of 1965, the Civil Rights Act of 1964, environmental laws such as the Clean Water Act of 1965, the Older Americans Act of 1965, and legislation to enact Medicare and Medicaid.

The Older Americans Act (OAA) emerged from recommendations of the first White House Conference on Aging in 1961, in which nearly 3,000 representatives from 53 states and territories gathered in Washington, D.C., to create recommendations for nationwide system change. States sent delegates and referenda chosen through local advisory councils, commissions, subcommittees, and aging organizations "representing as broadly as possible the population" and charged with envisioning the challenges posed by population-aging and proposing action to solve or prevent anticipated problems (Due, Verna E., "Report on the White House Conference on Aging," 1961). The conference's participatory, delegate-oriented approach established a solidly democratic foundation for person-centered planning as the aging network was born.

The OAA-authorized aging network has long expressed the idea that aging programs and services differ from those offered through more traditional social welfare systems. First, the process of aging affects everyone who survives youth. It knows no economic, cultural, social, or political bounds, and a lifetime of solid work ethic and personal responsibility can't stave off its fundamental challenges. Second, the network's foundation in participation and advocacy by engaged older adults

established a strong role for involvement, empowerment, and ownership in building and operating aging programs. Unlike the paternalistic "poor house," "soup kitchen," or "welfare" models of social support that view those served as incapable of surviving without charitable or governmental help, older adults ideally organize and operate their own service network and, as a result, feel it belongs to them.

To extend this notion of participation and ownership as widely as possible, all individuals aged 60 and older are eligible for OAA services, and some OAA programs serve people aged 55 and older. A few related advocacy and service organizations, like AARP (founded in 1958 as the American Association of Retired Persons), encourage membership even earlier. The motivating impetus for including younger members is to engage a wide swath of the population as active contributors and volunteers in the system, buttressing the sense of broadly shared ownership and minimizing the inter-group competitiveness and stigmatization that come with narrowly defined eligibility criteria.

Establishing and institutionalizing local aging programs

By all accounts, OAA program development and delivery in the early years clearly reflected the impact of "the aging difference," with widespread volunteer participation in the operation of senior centers, congregate nutrition and home-delivered meal programs, transportation services, exercise and activity programs, and companion or friendly visitor services.

Over time, federal, state, and local support for these types of programs grew, allowing them to hire administrative and service staff and become established institutions of local communities. Many local governments brought aging services into social service or human services departments, giving them access to administrative, fiscal, and human resources support. The need for a professional aging network staff grew and eventually evolved into a set of educational and credential requirements. Insurance issues and liability concerns edged volunteers out of many core program roles. Confidentiality concerns and the need to protect the personal information of program participants further limited the options for volunteer work in aging units, but staff positions flourished, and aging network organizations grew.

By the time of the 2015 White House Conference on Aging (WHCOA) and OAA Reauthorization, the aging network had been firmly institutionalized as a successful, mission-driven bureaucracy noted for the commitment and professionalism of its administrative and service staff, a large share of whom were credentialed social workers with advanced degrees. The dream of an established and visible aging network with reach into every corner of America had been achieved.

But the 2015 WHCOA also revealed a more troubling aspect of aging network evolution. Whereas earlier WHCOAs built policy recommendations on a foundation of local, grassroots input presented by state delegates reflecting the population of

older adults, in 2015 the WHCOA was organized and orchestrated by the Administration for Community Living, with a single national coordinator creating five regional meetings of officially invited guests representing an array of professional aging organizations. A televised national event featured scripted panel presentations on key topics. The results were widely considered underwhelming and had little to no impact on public or political discourse.

Institutionalization versus public ownership

What's troubling about this episode is the gulf it reflects between the OAA's intended "aging difference" and the reality of the modern aging network. Public participation and advocacy have reached a low ebb. Public input into local, regional, and state aging plans, while required by law, has become a formality with marginal impact on most programs. A sense of public ownership has been displaced by a curious mix of disinterest and entitlement. For example, a recent discussion with one state's aging advisory council revealed that only two of twelve members had ever attended a congregate meal site, and those who hadn't could not imagine why they ever would. At the same time, the prospect of dismantling foundering meal sites (serving two to five customers weekly) regularly stimulates local conflict between activists supporting older adults' "right to a free meal" versus those protecting "taxpayer interests."

Next stage: aging and disability resource centers

As a next step in the maturing of the aging network, Wisconsin and many other states have established aging and disability resource centers (ADRCs) offering a one-stop approach to an array of services that complements, and can also encompass, traditional OAA programs. In Wisconsin, ADRCs operate as county or regional organizations that are often, but not always, integrated with county aging units. In recent years Wisconsin has moved to expand this integration geographically and deepen the organizational bonds between ADRCs and aging units—ideally resulting in a single entity with seamlessly unified aging and ADRC administration and program delivery.

In some localities these efforts have generated tension around the idea that the core principles of the aging difference are threatened by integration. Simply stated, aging unit leaders worry that their absorption into the ADRC model undermines local commitment to aging advocacy, public input, and active participation. Aging units grew directly out of the principles and culture of the Aging Difference. In Wisconsin, they are designated by county governments and have a high degree of organizational flexibility and variability. Early leaders, including some who remain active today, often began as volunteers and advanced into staff positions and eventually management and administration.

The activities and organization of ADRCs, in contrast, are more clearly delineated by the state's funding contract, held and controlled by the Department of Health Services (DHS). The contract also includes stricter statewide standards for the preparation and professional qualifications of staff than does the aging unit model. The ADRC model is "top-down," while the aging unit model evolved locally in response to broad programmatic guidelines. The resulting differences can make it hard for local entities to embrace one another. Local funding, culture, and politics can further complicate the process.

II. Development of ADRCs in Wisconsin

In the mid-1990s, Wisconsin began efforts to redesign the long-term care system. At that time, the long-term care system was fragmented and options for home and community-based long-term care were limited. There was a vision to develop a "one-stop shop" concept for individuals to obtain information and resources related to long-term care, making ADRCs a principal component of Wisconsin's long-term care redesign since its inception. The first ADRCs opened in 1998, and statewide coverage was achieved in 2013.

Individuals in need of publicly funded long-term care were only able to access Medicaid in the following ways:

- If the county they resided in had an opening for a home and community-based program participant in the Community Options or Community Integration Programs
- By entering an institutional setting, such as a nursing home

Counties had long waiting lists for home and community-based services, which forced individuals to obtain the care that they needed by entering institutions such as nursing homes. For many, continuing to reside in their own home with support was cost-effective for Medicaid and gave individuals the quality of life that they deserved. Eliminating waiting lists and creating entitlement to home and community-based care was another principal component of Wisconsin's long-term care redesign. Today these programs are known as Family Care, Family Care Partnership, PACE, and IRIS. As of 2021, access to these programs is an entitlement for those that meet the eligibility criteria, regardless of their county of residence.

The Administration for Community Living, known as ACL, is the federal agency responsible for the No Wrong Door Systems initiative nationally, with ADRCs being a vital component. ACL sees the No Wrong Door system as a way to provide information and assistance not only to individuals needing either public or private resources, but also to professionals seeks assistance on behalf of their clients and to individuals planning for their future long-term care needs. No

Wrong Door systems also serve as the entry point to publicly administered long-term supports, including those funded under Medicaid, the Older Americans Act, Veterans Health Administration, and state revenue programs. From ACL's perspective, ADRCs address the frustration many consumers and their families experience when they need to obtain information and access to supports and services. ADRCs are designed to raise visibility about the full range of public and private options available, while providing objective information and a counseling. Wisconsin has been a national leader in the development and implementation of ADRCs.

Wisconsin Stat. § 46.283 and Wis. Admin. Code ch. DHS 10 contain the requirements and regulations related to ADRCs.

III. Timeline and Milestones

A. ADRC concept design (pre-1998)

1995 Planning for the redesign of Wisconsin's long-term care system begins.

1996 Wisconsin aging resource center concept paper is distributed.

1997 Preliminary proposal for redesigning Wisconsin's long-term care system, including the development of ADRCs, is released by the Department of Health and Family Services which is known today as the Department of Health Services.

Authorization and funding for resource center pilots is included in the 1997–1999 biennial budget.

A request for proposals for ADRC pilots is released. Over 30 counties and one Tribe respond.

The Oneida Tribe is selected as one of nine ADRC pilots.

B. ADRC implementation and expansion (1998–2013)

1998 Governor Thompson proposes the Family Care initiative in his State of the State address.

ADRC pilots begin operation in nine counties: Fond du Lac, Jackson, Kenosha, La Crosse, Marathon, Milwaukee, Portage, Richland, and Trempealeau.

1999 Authorization for the Family Care benefit is included in the 1999–2001 biennial budget.

2000 Family Care managed care organizations (MCO) begin operating in five pilot counties.

2005 ADRC services begin in Barron, Brown, and Green counties.

2006 Governor Doyle signs legislation authorizing statewide expansion of Family Care, including ADRCs, on May 10, 2006.

ADRCs begin operation in 11 additional counties: Calumet, Forest, Green Lake, Manitowoc, Marquette, Outagamie, Racine, Sheboygan, Waupaca, Waushara, and Wood.

2008 ADRCs begin operation in 15 additional counties: Chippewa, Columbia, Dodge, Dunn, Eau Claire, Jefferson, Juneau, Monroe, Ozaukee, Pierce, Sauk, St. Croix, Washington, Waukesha, and Vernon.

The IRIS self-directed supports waiver begins operation in July.

Tribes are invited to apply for Tribal aging and disability resource specialists (ADRS). Funding for the Tribal ADRS is made available when the area in which the Tribe is located begins providing ADRC services.

2009 ADRCs begin operation in 18 additional counties: Ashland, Buffalo, Burnett, Clark, Crawford, Douglas, Grant, Iowa, Iron, Lafayette, Pepin, Polk, Price, Rusk, Sawyer, Walworth, and Washburn. The St. Croix Tribe partners with the regional ADRC serving Polk and Burnett counties. The Milwaukee Disability Resource Center opens.

Continued expansion of ADRCs is included in the 2009–2011 biennial budget.

A position paper, Options for Aging and Disability Resource Center Services to Tribal Members, is issued in February.

Applications for Tribal ADRS are issued in February 2009. Funding for Tribal ADRS becomes available to a Tribe when Family Care begins enrollments in the area where the Tribe is located.

The ADRC of Northwest Wisconsin opens in April, with the St. Croix Chippewa Tribe as a full partner in the ADRC. The ADRC serves Polk and Burnett counties as well as the St. Croix Chippewa Indians of Wisconsin.

2010 ADRC services begin in Langlade, Lincoln, and Winnebago counties. Tribal ADRS positions are funded for the Red Cliff and Lac Courte Oreilles Tribes.

2011 Statewide expansion of ADRCs is included in the 2011–2013 biennial budget.

The Bad River and Lac Courte Oreilles Tribes hire Tribal ADRS positions.

2012 ADRC services begin in 10 counties: Adams, Dane, Kewaunee, Marinette, Menomonie, Oconto, Oneida, Shawano, Taylor, and Vilas. Four Tribes join regional ADRCs: the Sokaogon Chippewa Community, the Lac du Flambeau Band, and the Forest County Potawatomi Community join the ADRC of the Northwoods and the Stockbridge-Munsee Band of Mohican Indians join the ADRC of the Wolf River Region.

The Ho-Chunk Nation hires a Tribal ADRS.

2013 ADRCs open in Door, Florence, and Rock counties.

Statewide implementation is complete. Wisconsin has 41 ADRCs serving 72 counties.

C. Statewide ADRCs and new initiatives (2013–present)

2013 The Dementia Care Stakeholder Summit takes place and the Stakeholder Summit Report (P-00563) is published.

The Dementia Care Specialist (DCS) program pilot is awarded to six ADRCs: Jefferson County, Kenosha County, the Lakeshore, the North, Portage County, and Racine County.

The Oneida Tribe's application for a Tribal ADRS is approved.

2014 The DCS program expands to include 11 additional ADRCs: Barron, Rusk, and Washburn counties; Brown County; Dane County; Dodge County; Eau Claire County; Milwaukee County; Ozaukee County; Rock County; Southwestern Wisconsin; St. Croix County; and Waukesha County.

The Wisconsin Dementia Care System Redesign Plan (P-00586) is published.

2015 Tribal DCS application are approved for the Menominee, Oneida, and St. Croix Chippewa Tribes.

Of Wisconsin's 11 Tribes, five Tribes have Tribal ADRS (Red Cliff, Bad River, Lac Court Oreilles, Ho-Chunk, and Oneida) and four Tribes have partnered with counties to form regional ADRCs (St. Croix Chippewa, Lac du Flambeau, Forest County Potawatomi, and Stockbridge-Munsee).

2017 The ADRC of Western Wisconsin dissolves. As a result, the following counties establish separate ADRCs: La Crosse, Monroe, Vernon, and Jackson.

The ADRC of Buffalo, Clark, and Pepin counties dissolves. As a result, two new ADRCs are established: the ADRC of Clark County and the ADRC of Buffalo and Pepin counties.

The 2017–2019 biennial budget includes funding to continue the current DCS positions and fund an additional five.

Wisconsin has 45 ADRCs serving all 72 counties and 11 Tribes.

2018 The ADRC of Adams, Green Lake, Marquette, and Waushara counties dissolves. As a result, two new ADRCs are established: the ADRC of Marquette County and the ADRC of Adams, Green Lake, and Waushara counties.

An additional five DCS positions are awarded to the following ADRCs: Winnebago County, Pierce County, Marinette County, La Crosse County, and Eagle Country.

Wisconsin has 46 ADRCs serving all 72 counties and 11 Tribes.

2019 The ADRC of the Northwoods, serving Vernon, Oneida, Forest, and Taylor counties, as well as the Forest County Potawatomi Tribe, dissolves. As a result, three new ADRCs are established: the ADRC of Oneida County, the ADRC of Vernon County, and the ADRC of the Northwoods serving Forest and Taylor counties as well as the Forest County Potawatomi Tribe.

Great Lakes Inter-Tribal Council's (GLITC) application for a Tribal ADRS to serve the Lac du Flambeau Band of Lake Superior Chippewa Tribe and the Sokaogon Tribe is approved.

The DCS program expands to include an additional nine positions, serving a total of 14 ADRCs and two Tribes: Douglas County; Northwest Wisconsin; Marinette County; the Wolf River Region; Jackson County; Monroe County; Buffalo and Pepin counties; Trempealeau County; Chippewa County; Dunn County;

Central Wisconsin; Calumet, Outagamie, and Waupaca Counties; Racine County; Walworth County; the Lac du Flambeau Tribe; and the Sokaogon Tribe.

Wisconsin has 48 ADRCs serving all 72 counties and 11 Tribes.

2021 The 2021–2023 biennial budget expands the DCS program statewide.

Waiting lists for publicly funded long-term care programs are eliminated as Wisconsin reaches program entitlement statewide.

2022 Expansion of the DCS program is statewide, covering all 72 counties.

Planning for expansion of the DCS program to all 11 Tribes begins.

The ADRC of Milwaukee County is established, combining the Aging Resource Center and Disability Resource Center into a single organization.

Wisconsin has 47 ADRCs serving all 72 counties and 11 Tribes.

2023 Expansion of the DCS program to all 11 Tribes is complete.

The ADRC of Barron, Rusk, and Washburn counties becomes two separate ADRCs: the ADRC of Washburn County and the ADRC of Barron and Rusk counties.

Sauk County leaves the ADRC of Eagle Country, becoming the ADRC of Sauk County.

Wisconsin has 49 ADRCs serving all 72 counites and 11 Tribes.

STATEMENT OF EXPLANATION
ADRC ADVOCACY REPORT - LESLIE FIJALKIEWICZ

The ADRC is required to advocate on behalf of and empower our consumers to be their own advocates. Per the state contract for ADRCs, the governing board role includes: “Be an advocate for older adults and adults with physical or intellectual/developmental disabilities in the ADRC service area.” This report identifies issues that relate to our consumers. The report is not all inclusive but will address federal, state, and local concerns.

The ADRC Advocacy Report for March is Governor Evers’ 2023-2025 State Budget Summary of issues that directly impact older people and people with disabilities.

Greater Wisconsin Agency on Aging Resources, Inc.

Wisconsin Aging | Advocacy | Network

2023-25 Governor's Executive Budget Summary

Governor Evers released his 2023-2025 State Executive Budget proposal on Feb. 15, 2023. The Governor's Executive Budget (723 pgs.) can be viewed here and the complete budget bill (SB 70) can be found here (1815 pgs.).

The Governor's Executive Budget proposal was submitted to the Wisconsin State Legislature and referred to the Legislature's Joint Finance Committee (JFC). The JFC can remove, add, or modify any of the items in the proposed budget. In fact, the legislature has already signaled its intent to discard the Governor's budget and build its own. This means any items in the Governor's budget and/or any priorities of the Wisconsin Aging Advocacy Network (WAAN) we want to see in the final budget will need to be added into the legislature's budget.

The non-partisan Legislative Fiscal Bureau (LFB) will compile a plain-language summary of the Governor's budget recommendations within the next few weeks. The JFC will then begin holding briefings with state agencies and then public hearings (usually in April) to hear from state residents. The next step in the process is for the Committee to hold briefings with state agency secretaries and then public hearings throughout the state (likely in April).

The goal is to pass the 2023-2025 budget by the end of the current state budget year which ends on June 30, 2023. Sometimes this goal is met and sometimes not. Unlike the federal government, not passing the new biennial budget will not result in a shutdown of governmental services. If the 2023-2025 budget is not passed by June 30, the state will continue operating at the prior biennium's funding levels.

Key:

- **GPR** – General Purpose revenue (money raised by the state mainly through taxes.
- **PR** - Program Revenues
- **SEG -** Segregated transportation fund that pays for infrastructure such as highways and bridges using revenues from gas taxes, fees for vehicle registration and driver's licenses, federal aid, and bonds.

Items in the Governor's budget that impact older adults and caregivers:

Adult Protective Services (APS)/Elder Abuse/Guardian Support and Training (Health Services Budget)

- **Increase funding for APS training, needs assessments for tribal APS, guardian support and elder justice training grants, and other APS enhancements** - $4,138,300 GPR/yr. 1 and $9,499,200 GPR/yr. 2.
- **Maintain ongoing funding to manage training modules for guardians** - $63,500 GPR in each year of the budget.
- **Create a program to promote the protection of elders and support the statewide elder abuse hotline** - $250,000 GPR/yr. 2. (Justice Budget)

Aging and Disability Resource Centers (ADRCs) - $16.9 million over the biennium (Health Services Budget)

- **Increase base funding** by $2.5 million GPR/year 1 and $5 million GPR/year 2 to increase base allocations to ADRCs.
- **Provide a 0.5 FTE position to provide caregiver support services in every county** - $3.1 million GPR/yr. 1 and $6.3 million GPR/yr. 2.
- **Support the ongoing costs of the tribal Aging and Disability Resource Specialists (ADRS**) - $1.7 million GPR in yr. 2 (see Home and Community Based [HCBS] section below).
- **Build a centralized ADRC website and database** providing Wisconsinites access to information about long-term care supports and services from the comfort of their home – $1.1 million GPR in yr. 2 (see HCBS section below).

Alzheimer's/Dementia Supports (Health Services Budget)

- **Increase the Alzheimer's Family and Caregiver Support Program (AFCSP) funding** by $1 million GPR over the biennium ($500,000/$500,000) and increase the income eligibility threshold from $48,000 to $60,000 annually.
- **Increase funding for the Alzheimer's disease grant** - $100,000 GPR in each year of the budget.

BadgerCare Expansion/Medicaid/Dental (Health Services Budget)

- **Accept the federal ACA provision for Medicaid expansion** to provide coverage to 89,700 state residents - covering all low- income Wisconsin residents, of which 30,300 are uninsured and reduce health care costs by over $1.6 billion GPR.
- **Expand Medicaid benefits to include services provided by Community Health Workers** who serve as a liaison between health and social services and the community to facilitate access to services improve the quality and cultural competence of service delivery.
- **Create a new license for dental therapists** to increase the number of dental providers and dental services provided across the state.
- **Funding for a grant to support community dental health coordinators across the state** - $300,000 GPR/yr. 1 and $600,000 GPR/yr. 2.

- **Funding for a Medicaid Community Health Benefit** to provide nonmedical services (housing referrals, nutritional monitoring, stress management and other services) to Medicaid recipients - $500,000 GPR yr. 1 and $8,679,300 GPR yr. 2.

Behavioral Health/Mental Health (Health Services Budget)
Note: The Governor declared 2023 as the year of mental health

- **Funding and position authority to support the Development of up to two crisis urgent care and observation centers** - $64,700 GPR/yr. 1 and $10,038,500 GPR/yr. 2.
- **Funding to create a suicide prevention program** - $500,000 GPR in each year of the budget.
- **Funding to support the in-state 988 Suicide and Crisis Lifeline Call Centers** - $898,700 GPR/yr. 1 and $2,105,700 GPR/yr. 2.
- **Funding to establish a behavioral health treatment program for individuals who are deaf, hard of hearing, or deaf-blind** $1,936,000 GPR/year 2.
- **Funding to cover the nonfederal share of the Medicaid Community Support Program which is currently funded by counties** - $19,239,100 GPR yr. 1 and $21,516,500 GPR yr. 2.

Board on Aging and Long-Term Care (Board on Aging & LTC Budget)

- **3.0 FTE positions to enhance administrative support and program capacity** to meet increasing demand for services. This proposal eliminates the shared executive director/state ombudsman position and **authorizes a separate full-time State Long-term Care Ombudsman position, putting Wisconsin in compliance with federal regulations** - $89,000 GPR/yr. 1 and $113,600 GPR/yr. 2.

Broadband (High-Speed Internet) (Public Service Commission Budget)

- **Broadband Expansion Funding** - one-time investment of funding $750 million GPR in yr. 1 for the broadband expansion grant program with the requirement that the commission spend at least $75 million annually.
- **Broadband Line Extension Grant Program funding** to provide grants or financial assistance to eligible households to subsidize the cost of a line extension from existing broadband infrastructure to a residence.
- **Digital Equity Expansion -** modifies current law to provide the commission with additional flexibility to reallocate state universal service funds for digital equity expansion initiatives.
- **Funding and position authority and modifying current law to protect broadband** customers by requiring broadband service providers to meet certain service requirements, including prohibiting a broadband service provider from denying service to residential customers on the basis of race or income – $72,300 PR/yr. 1 and $93,000 PR/yr. 2. (Agriculture, Trade, and Consumer Protections [DATCP] Budget)

Family Caregiver Support (Health Services Budget)

- **Create a Caregiver Tax Credit** - an individual non-refundable income tax caregiver credit. The credit is equal to 50% of qualified expenses in the taxable year and is limited to $500 for most filers. The credit is subject to income limits that phase out the credit between $75,000 and $85,000 in income for single/head of household filers and $150,000 and $170,000 in income for married-joint filers – est. decrease in tax revenue of $96.7 million/yr. 1 and $98.3 million/yr. 2. (Revenue Budget)

- **Increase AFCSP funding and increase the income eligibility threshold** (see Alzheimer's/Dementia Supports above).
- **Provide additional funding for the existing Respite Care grant** - $200,000 GPR in each year of the budget.
- **Create a state Paid Family and Medical Leave program** that provides 12 weeks of benefits for qualified employed and self-employed individuals and **provide position and expenditure authority to implement and administer the program and pay benefits to qualified individuals** - $65,767,800/yr. 1 and $177,645,600/yr. 2. $65,767,800/yr. 1 and $177,645,600/yr. 2. (Workforce Development Budget)
- **Expand the current state Family and Medical Leave laws** to extend leave to care for a grandparent, grandchild, or sibling (and others included in the current law) with a serious health condition and expands the definition of "serious health condition" to include medical quarantine (for the individual or a caregiver). Additionally, the expansion extends leave to include deployment of a spouse or child and unforeseen or unexpected closure of a school or child care facility and lowers the threshold of hours an employee has to work to qualify for leave from 1,000 hours to 680 hours. (Workforce Development Budget)
- **Funding to support Kinship Care:** This includes cost-to-continue funding as well as increased funding for age-based rates, consistent with the proposed increase for foster care rates. Also included is a funding increase related to the expansion of the definition of relative for program eligibility purposes, as well as an increase for the clothing exceptional rate and sibling exceptional rates - $43,574,100 GPR/yr. 1 and $53,719,500 GPR/yr. 2. (Children and Families Budget)

Healthy Aging Grants (Health Services Budget)

- **Creation of a grant for entities providing healthy aging programs** - $600,000 GPR in each year of the budget.

Home and Community-Based Services (HCBS) – Direct Care Workforce Support (Health Services Budget)

- **Funding to continue the 5% rate increase provided to HCBS under the American Rescue Plan Act** - $15,405,600 GPR/yr. 1 and $65,570,900 GPR/yr. 2.
- **Funding to increase the direct care and services portion of the Family Care capitation rates** in recognition of the direct care workforce challenges facing the state - $15 million GPR in each year of the budget.
- **Funding to increase support for direct care staff providing personal care services** - $15 million GPR in each year of the budget.
- **Enhance HCBS in long-term care** ($24,845,500 GPR in yr. 2) to**:**
    - fund the development of a minimum fee schedule for HCBS,
    - sustain the Wisconsin Personal Caregiver Workforce Careers Program,
    - provide ongoing funding for the WisCaregiver Career IT platform,
    - provide grants to the 11 federally recognized Native American Tribes to make improvements to tribal community facilities and tribal member housing,
    - support the ongoing costs of the tribal Aging and Disability Resource Specialists (ADRS),
    - build a centralized ADRC website and database providing Wisconsinites access to information about long-term care supports and services from the comfort of their home,

  - support continued licensure and maintenance of a system to coordinate certification status work between the department and managed care organizations (MCOs), and
  - support licensure and maintenance of a system devised as a technical solution to allow streamlined data enter, review and report generation to comply with a federal rule requiring states to define the quality of settings eligible for Medicaid home- and community-based services.
- **Create a state Paid Family and Medical Leave program** that provides 12 weeks of benefits for qualified employed and self-employed individuals and **provide position and expenditure authority to implement and administer the program and pay benefits to qualified individuals** - $65,767,800 GPR/yr. 1 and $177,645,600 GPR/yr. 2. (Workforce Development Budget). Note: There is also a recommendation to establish a paid family and medical leave program for state employees (Administration Budget).
- **Expand the current state Family and Medical Leave laws** to extend leave to care for a grandparent, grandchild, or sibling (and others included in the current law) with a serious health condition and expands the definition of "serious health condition" to include medical quarantine (for the individual or a caregiver). Additionally, the expansion extends leave to include deployment of a spouse or child and unforeseen or unexpected closure of a school or child care facility and lowers the threshold of hours an employee has to work to qualify for leave from 1,000 hours to 680 hours. (Workforce Development Budget)
- **Direct Child Care Services funding to support the Wisconsin Shares child care subsidy program.** This includes an increase of funding for the conversion to part-time/full-time authorizations when calculating a family's subsidy instead of a calculation that is based on hours, to align with federal requirements and continued funding to support quality and affordable child care in economically disadvantaged areas within the city of Milwaukee. **Also included is additional funding for an income disregard of $10,000 for direct care workers when applying for and calculating Shares benefits** and increased funding to support recruitment and retention of child care providers in tribal areas - $385,628,800 GPR/yr. 1 and $403,573,700 GPR/yr. 2. (Children and Families Budget)

Housing (Administration Budget)

- **Funding a Municipal Home Rehabilitation Grant Program** for municipalities to rehabilitate and restore blighted residential properties to increase affordable housing options within the municipality - $100,000 GPR in each year of the budget.
- **Create a Whole-Home Upgrades Pilot Grant Program** to provide funding for whole-home upgrades within a Milwaukee neighborhood to reduce energy burdens and create a healthier living environment for households with low income - $7,250,000 GPR/yr. 1.
- **Create a Housing Safety Grant Pilot Program** to award grant funding to the city of Milwaukee for activities supporting the improvement of rental housing safety - $5 million GPR/yr. 1.
- **Expand renter protections by modifying current law related to preemption of a local unit of government's ability to enact ordinances regarding landlord-tenant responsibilities, inspections, and eviction processes and procedures.**
- **Increase funding for Homelessness Prevention programs and positions to staff the new programs** - $11,429,900 GPR/yr. 1 and $11,473,200 GPR/yr. 2.
- **Beginning in tax year 2023, increase the maximum income threshold for the Homestead Tax Credit to $35,000 and index the parameters of the homestead tax credit for inflation** – est.

decrease in tax revenue of approximately $100 million over the biennium. (Revenue Budget and Shared Revenue and Tax Relief Budget)

- **Increase the State Housing Tax Credit from $42 million to $100 million** to help address the need for affordable housing **and increase the credit period from six taxable years to ten** - $100 million GPR yr. 1. (Housing and Economic Development Authority [WHEDA] Budget)

Insurance/Prescription Drug (Office of the Commissioner of Insurance [OCI])

- **Establish a state-based health insurance marketplace** under the federal Affordable Care Act by first moving to a state-based marketplace on the federal platform by plan year 2025, while transitioning to a fully state-based marketplace by plan year 2026 and provide funding and position authority to implement this initiative - $982,400 GPR/yr. 1 and $1,264,900 GPR/yr. 2.
- **Establish a Prescription Drug Affordability Review Board** to observe practices in the pharmaceutical industry, analyze other state and national prescription drug practices and policies, establish public sector entity spending limits, and set price ceilings on certain prescription drugs, when necessary, in order to track and limit unnecessary and predatory increases in prescription drug costs.
- **Establish an Office of Prescription Drug Affordability** to administer prescription drug regulatory provisions included in the executive budget and to further analyze and develop policy initiatives aimed at reducing prescription drug costs and increasing affordability and provide funding and position authority to support these activities - $1,968,300 PR/yr. 1 and $1,885,800 PR/yr. 2.
- **Implement an Insulin Copayment Cap limiting out-of-pocket costs for a one-month supply of insulin to $35** under all health insurance plans offered in Wisconsin.
- **Establish an insulin safety net program to ensure those with an urgent need for insulin as well as those with lower incomes and limited to no insurance coverage have access to affordable insulin**. Under this provision, the office would be directed to contract directly with insulin manufacturers to ensure the availability of insulin at a reduced cost to eligible individuals.
- **Establish a Prescription Drug Importation Program for importing generic, off-brand drugs from Canada into Wisconsin** to reduce rising prices of prescription drugs and create a more competitive prescription drug market. Imported drugs must generate significant savings, have no more than three domestic competitors and maintain federal safety requirements.
- **Establish Telehealth parity provisions** to ensure patients utilizing telehealth services are not charged or have their services limited any more than if they utilized an equivalent in-person service to increase the availability and affordability of telehealth services.
- **Require OCI to establish network adequacy standards for insurer networks for all health insurance plans** offered in the state to ensure a covered service is available within a minimum time and distance of the plan holder, improving access to services. The office may also establish further standards that are found to improve access to services, such as maximum wait times for scheduling appointments.
- **Adjust expenditure authority to reflect a reestimate of the costs of the Board on Aging and Long-Term Care's Medigap Helpline** that provides seniors with information on health insurance options - $71,800 PR/yr. 1 and $76,900 PR/yr. 2.
- **Adjust funding to reflect a reestimate of the caseload and the costs and utilization of prescription drugs for SeniorCare - $**375,200 GPR/yr. 1 and $1,935,000 GPR/yr. 2.

Long-Term Care Settings (Dept. of Health Services Budget)

- **Funding to create a Complex Patient Pilot program** aimed at identifying innovative approaches to complex patient care transitions from acute care providers to long-term care settings - $15 million GPR in yr.1.
- **Increase funding and positions in the Office of Caregiver Quality** to support misconduct investigations and the background check program - $266,000 GPR/yr. 1 and $326700 GPR/yr. 2.
- **Increase funding and positions in the Bureau of Assisted Living** to manage the survey workload and backlog, and the increasing number of complaints being investigated - $1,114,500 GPR/yr. 1 and $1,420,5000 GPR/yr. 2
- **Increase funding and positions to the Nursing Home Grant Program Administration** to administer the civil money penalty reinvestment program, which returns a portion of the penalty revenue to states to be reinvested in support activities benefitting nursing home residents - $70,000 GPR/yr. 1 and $86,900 GPR/yr. 2.
- **Increase funding for the WisCaregiver Careers program** which addresses the shortage of certified nursing assistants (CNAs) by supporting recruitment, training, and retention of individuals to care for nursing home residents across the state - $8 million GPR/yr. 2.
- **Provide supplemental funding to support assisted living facilities (ALFs) for outpatient mental health facilities** in lieu of increasing rates for these providers - $750,000 GPR in each year of the budget.

Office for the Promotion of Independent Living Programs (Health Services Budget)

- **Funding and position authority to support the Office for the Blind and Visually Impair, the Telecommunications Assistance Program, interpretation services and grants to independent living centers** - $833,000 GPR/yr. 1 and $850,600 GPR/yr. 2.

Transportation (Transportation Budget)

- **Increase general Mass Transit Aids by 4% in each year of the budget** - $1,129,600 SEG funds/yr. 1 and $5,693,00 SEG/yr. 2.
- **Increase Paratransit Aids by 4% in each year of the budget** - $127,200 SEG/yr. 1 and $259,500 SEG/yr. 2.
- **Create a Transit Capital Assistance Grant Program** - $10 million SEG funding in each year of the biennium.
- **Allow local government to collaborate to create and fund cross-jurisdiction transit corridors** (Regional Transit Authorities).
- **Increase funding for Specialized Transit Assistance Program (s. 85.22)** by $143,900 SEG funds/yr. 1 and $309,300 SEG/yr. 2.
- **Increase funding in each year of the budget to fund coordination of services for non-drivers** - $543,900 SEG/yr. 1 and $309,300 SEG/yr. 2.
- **Restore roadway design considerations in state law that support non-motorist infrastructure (Complete Streets) to help local communities safely integrate all modes of transportation.**
- **Increase Division of Motor Vehicles Access with Expanded Hours of Operation** to allow expanded hours of operation at the Division of Motor Vehicles' physical locations - $1.2 million SEG in each year of the budget.

Voting/Elections (Elections Commission)

- **Create an Office of Election Transparency and Compliance** to provide research and assistance to the Commission, including responding to inquiries from the public and legislators and audits of election systems and equipment, including with respect to accessibility requirements for individuals with disabilities - $902,000 GPR/yr. 1 and $1,036,000 GPR/yr. 2.
- **Funding to implement Automatic Voter Registration** – $349,000 SEG and $156,100 GPR/yr. 1 and $16,600 GPR/year 2. Recommends the Wis. Elections Commission to work with the Department of Transportation to begin automatic voter registration and that the Commission facilitate the initial registration of all eligible electors as soon as practicable. (Transportation Budget/Elections Commission Budget)
- **Expand voting access by eliminating the restriction on how soon a person may complete an absentee ballot in person**.
- **Require polling places to post a Voter Bill of Rights** which informs voters of voting rights guaranteed under current law.

Other Proposals of Interest

- **Allocate funds to the Wisconsin Trust Account Foundation, Inc. to provide grants for Civil Legal Services to Indigent Persons.** Civil legal services may address eviction, unemployment compensation, consumer law, domestic violence, and health insurance matters - $30 million GPR in each year of the budget. (Administration Budget)
- **Increase the amount of retirement income that may be claimed under the current tax law exemption to $5,500** and increase the income thresholds to $30,000 for single filers and $60,000 for married-joint filers. Currently, individuals aged 65 and older who receive income from a qualified retirement plan or an individual retirement account (IRA) may subtract up to $5,000 of such retirement benefits when computing their Wisconsin income tax and income thresholds are $15,000 and $30,000 respectively) - est. decrease in tax revenue of $8.1 million annually beginning in yr. 1. (Revenue Budget)
- **Increase the amount of disability income subtraction to $5,500 for a single filer and $11,000 for a married** couple (if both spouses are eligible) and increase the income thresholds to $30,000 for single filers and $60,000 for married-joint filers – est. decrease in tax revenue of $260,000 annually beginning in yr. 1. (Revenue Budget)

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STATEMENT OF EXPLANATION
ADRC PROGRAM PRIORITIZATION EDUCATION - LESLIE FIJALKIEWICZ

Background: Each year the ADRC Board receives information about the various programs and services offered by the ADRC. With that information, each Board member is asked to rank these in terms of priority. While the agency has never had to use this information for the purposes of resource allocation, that potential always exists. The ADRC Board has also requested that ADRC staff provide their perspective on program prioritization to provide them with greater insight about what our customers are needing or asking for information about.

Action: Board members submit individual program prioritization by March 24, 2023. The results will be compiled and then reviewed and approved at the May meeting.

ADRC Grants and Programs/Services Descriptions – Update for 2023

Our Grants

Older Americans Act Grants (federal)

- Within the Older Americans Act there are five separate grants. Each grant has its own parameters of allowable expenses. Some grants do overlap in what expenses they cover. For example, more than one grant will allow funds to be used for health promotion, caregiver respite, personal care, chores, transportation, etc.
- Core services include nutrition programs, caregiver support, in-home support, advocacy, health promotion, public education.
- All require a county match for which Chippewa County uses the value of in-kind contributions in the form of indirect expenses and volunteer contributions of time.
- Require that participants be given the opportunity to contribute toward the cost of the service provided.

ADRC Grant (state)

- Required /Core Services for the ADRC grant include: Information & Assistance, Options Counseling, Youth Transitions, Advocacy, Disability Benefits Specialist, Elder Benefits Specialist, Dementia Care Specialist, Public Education/Marketing/Outreach, Administering Long Term Care Functional Screen, Enrollment Counseling for Family Care & IRIS, and Access to publicly funded programs and benefits, emergency services, and adult protective services.
- ADRC grant requires specific staff to track their time in 15-minute intervals. This tracking allows the State of Wisconsin to access Federal funds so the grant we receive doesn't get used up as quickly.
- Other allowable but not required services include: health promotion and case management
- This also includes four smaller grants (MIPPA, OCI, SHIP and Elder Benefit Specialist grants) that are used to support the Elder Benefit Specialist Program

Transportation (state)

- Services provided to persons who are not living in a group setting for which other services are provided or can be purchased as needed.
- Contract with several transportation providers for services provided to people with disabilities and those age 60+.
- Each county can choose whether to provide services on a donation basis or implement a co-pay. We have a co-pay.
- Previous years of unspent transportation grants (85.21) are in a trust. The trust is used to assist individuals needing vehicle modification to help them stay or become more self-reliant with their personal transportation needs.

Alzheimer's Family Caregiver Support Program (state)

- This is the only grant and program we administer for which income eligibility is required.
- Program will reimburse for certain expenses related to care of person with dementia that is living in the community and not a facility of some type.
- Reimbursement can be for respite care, personal emergency response systems, incontinences supplies, caregiver education, or other goods and services.

Our Programs/Services

Program/ Service	Funding & Staffing	Description
Bridging Chippewa County	All grants can be used to cover costs associated with this service. Staff time to prepare articles comes from all funding sources. 11 staff provide copy 9 involved in distribution	The ADRC is required to provide advocacy, outreach and public education. An agency monthly newsletter is recognized throughout the state as a valued method of providing the public with important information and a best practice. All ADRC staff are involved in preparing copy, proofing and/or distribution of the paper. Newsletter features sections on: Brain Health, Healthy Living, Nutrition & SCAMS Partnering agencies include: Emergency Management, Public Health, UW Extension, Center For Independent Living. Local businesses can also submit articles as long as article does not advertise their service.
Caregiver Support *Alzheimer's Family Caregiver Support Program* *National Family Caregiver Support Program*	1 staff involved in administration of these two programs State grant (no match required) Federal Older Americans Act III-E (required match is AFCSP)	Chippewa County limits enrollment in each program to 2 years. Funding made available in each county to assist individuals to purchase goods and services related to the care of someone with Alzheimer's disease or a related dementia. County can establish a household maximum up to $4,000. Funds can be used to expand or develop new services related to dementia, such as respite care, adult day care or support groups. Funding made available in each county to assist individuals to purchase goods and services related to supporting caregivers. County can establish funds available per caregiver depending on person's need for services and county priorities with total respite per caregiver not to exceed 112 hours. Funds can be used to support persons age 55+ providing "custodial" care for a relative's child (e.g. grandparent raising grandchild). Donation requested.

Program/ Service	Funding & Staffing	Description
Dementia Care Programs and Counseling (DCS)	DCS Grant 1 FTE to cover Chippewa and Dunn Counties	Encompasses the following activities: • Educating ADRC and other county staff about Dementia • Building partnerships to create dementia friendly communities • Developing or implementing programs and services that meet the local needs including evidence-based programs like Savvy Caregiver, Memory Cafes, Boost Your Brain & Memory, Support Groups, Book Clubs, etc. • Coordinating local Dementia Coalitions • Coordinating local memory screening activities/events
Disability Benefits Counseling (DBS)	State ADRC grant 1 FT DBS .5 LTE Admin Assistant (shared with EBS)	Provides benefits counseling services to persons age 18-59 regarding Medicare (Part A, B, C and D), Medicaid, FoodShare, SSI, private health insurance, housing and utilities, debt collection, community-based services, Social Security, consumer advocacy, etc. Information and assistance with public and private benefits including application and appeals. Training and consultation is provided by Disability Rights Wisconsin attorneys.
Elder Benefits Counseling (EBS)	State ADRC and OCI grants; Federal MIPPA, SHIP 1 FT EBS .5 LTE Admin Assistant (shared with DBS)	Provides benefits counseling services to persons age 60+ regarding Medicare (Part A, B, C & D), Medicaid, FoodShare, SSI, private health insurance, SeniorCare, housing and utilities, debt collection, community-based services, Social Security, consumer advocacy, etc. Information and assistance with public and private benefits including application and appeals. Training and consultation is provided by Greater Wisconsin Agency on Aging Resources Legal Services Team.
Health and Wellness programs	Federal Older Americans Act 3-D; State ADRC grant	Funds are used to provide health and wellness programs that have researched benefits. Chippewa County provides programs and also contracts with neighboring counties to provide health and wellness programming to our residents. Programs offered include: Stepping On, Strong Bodies, Healthy Living With Diabetes, Living Well with Chronic Conditions, Living Well with Chronic Pain, Aging Mastery, Mind over Matter: Healthy Bowel & Healthy Bladder, Powerful Tools For Caregivers
In-home Support Services	Federal Older Americans Act 3-B (ages 60+); County levy (ages 18-59); 1 staff involved in administration of these funds	Provides in-home support on a limited term basis to assist individuals with housekeeping, laundry and basic inside chores. The intent is to help people during recovery or to help others determine if “a little help” is a worthwhile investment in their overall health, wellbeing, and independence. Will provide for snow plowing under some circumstances. Donation requested

Program/ Service	Funding & Staffing	Description
Meals on Wheels (also called Home Delivered Meals)	Federal Older Americans Act 3-C2; State GPR; Participant and community donations; contracts with Long Term Care programs 1 FT Nutrition & Transportation Coordinator 2- Program Assists (1 FTE) 9-Site Aides (2.7 FTEs) Contracted Dietitian	Meals delivered to persons who are homebound, age 60+ and having difficulty consistently preparing nutritious meals. Meals provided without regard to income. Program also includes nutrition education, outreach, and nutrition counseling by a Registered Dietitian National research demonstrates that this service reduces hospitalizations and nursing home placements. Donation requested
Memory Screening	ADRC Grant 6 staff trained to provide this service	Staff are certified to provide a basic Memory Screen which involves a series of questions and/or tasks that takes approximately 10 minutes to complete. The screen can indicate if someone might benefit from a comprehensive medical evaluation. It is not used to diagnose any particular illness and does not replace consultation with a physician or other clinician.
Options Counseling	ADRC grant 4.7 FTE Options Counselors	Encompasses the following activities • Information & Assistance • Options Counseling (certification required) • Long Term Care Functional Screen for Family Care & IRIS (certification required) • Enrollment Counseling into Family Care & IRIS • Provide assistance with Powers of Attorney documents • Consumer advocacy • Youth Transitions services (assists youth with disabilities access adult programs as disenrollment from children's services becomes necessary) • Public education & outreach

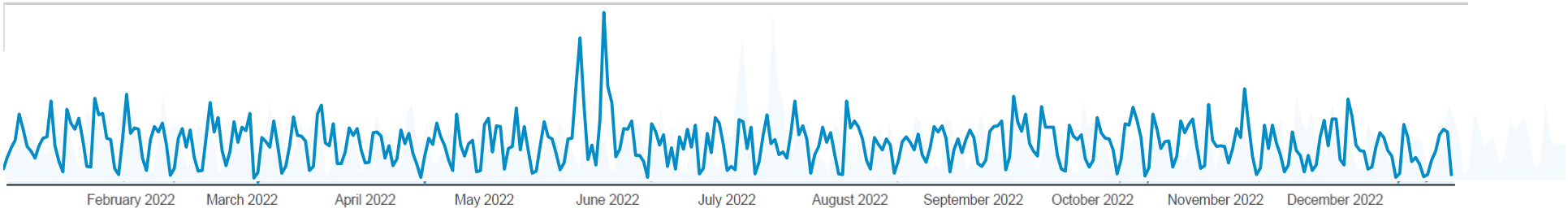
Program/ Service	Funding & Staffing	Description
Senior Dining	Federal Older Americans Act 3-C1; State GPR (Indian Gaming); Participant and community donations 1 FT Nutrition & Transportation Coordinator 2-Program Assist (1 FTE) 9 Site Aides (2.7 FTE) Contracted Dietitian	Meals served in a group dining center to persons age 60+ without regard to income. Program also includes nutrition education, outreach, and nutrition counseling by a Registered Dietitian. National research demonstrates that the social component of the program is at least as beneficial as the nutritional component in preventing hospitalizations and nursing home placements. It is believed that participation in Senior Dining delays or prevents the need for Meals on Wheels because of the social component.
Transportation Program	State DOT 85.21 grant plus required 20% county levy match; participant copays 1 FT Nutrition & Transportation Coordinator	Each county receives transportation funds specifically to serve persons age 60+ and those with a disability. Counties can choose to contract for the provision of transportation services or can use the funds for administration of county operated vehicles to serve the targeted population. Chippewa County contracts with various entities to provide rides for medical, nutrition, social and to a limited degree employment purposes. Co-pay for services

Aging & Disability Resource Center – Update for 2023

Program or Service	2023 ADRC Staff Ranking 1 - 12	2023 ADRC Board Ranking 1 - 12
Bridging Chippewa County	**10**	
Caregiver Support (AFCSP and NFCSP)	**8**	
Dementia Care Specialist	**4**	
Disability Benefits Counseling	**6**	
Elder Benefits Counseling	**2**	
Health & Wellness Programs	**11**	
In-Home Support Services	**7**	
Meals on Wheels	**3**	
Memory Screening	**12**	
Options Counseling	**1**	
Senior Dining	**9**	
Transportation	**5**	

STATEMENT OF EXPLANATION
ADRC WEBSITE ANALYTICS - LESLIE FIJALKIEWICZ

Following our conversation in January, we were able to gather data regarding the way in which people are using our website. The report includes data from 2022 with comments from Leslie about how the numbers differ from 2021.



Page	Pageviews Includes visiting this page more than once in a single browsing session	Unique Pageviews Doesn't duplicate counting pageviews when re-visiting the page in same session	Avg. Time on Page	Entrances Started on this page	Bounce Rate Started & ended on this page	% Exit Ended session on this page
	20,591	17,084	1:38:00	8,682	50.91%	42.90%
ADRC Home	4,810	3,871	1:02	2,688	32.44%	29.44%
Resource Guide, Benefit Check Up, Newsletter	3,458	2,947	3:34	938	66.58%	62.18%
Contact ADRC	2,169	1,804	1:15	1,403	36.64%	35.18%
senior-nutrition-program/meals-on-wheels	1,034	813	2:01	565	60.00%	52.32%
transportation-services	712	582	2:09	335	76.72%	56.46%
senior-nutrition-program/senior-dining-meals	684	562	1:36	371	49.06%	44.59%
elder-benefits	676	566	1:23	133	56.39%	29.14%
caregiver-resources	630	519	1:20	113	61.06%	28.89%
senior-farmers-market-vouchers	575	504	2:55	233	79.20%	64.22%
medicare	564	475	2:02	277	49.80%	36.84%
vulnerable-adults-and-elders-at-risk	539	457	2:01	351	72.36%	63.08%
disability-benefits	525	424	1:54	124	73.39%	37.90%
long-term-care-options-counseling	494	413	2:26	71	81.69%	41.70%
volunteer-opportunities	492	395	1:39	202	73.76%	55.08%
senior-nutrition-program	449	376	0:49	94	43.62%	21.16%
dementia-care-specialist	433	360	2:14	130	66.92%	39.72%
senior-nutrition-program/menus	427	353	1:30	140	82.86%	70.26%
adrc-events	345	268	0:29	32	40.62%	12.46%
medicare/compare-plans/open-enrollment	282	229	3:38	62	73.33%	62.02%
young-adults-transition-services	113	101	1:52	22	68.18%	33.63%

STATEMENT OF EXPLANATION
ADRC BOARD 2022 PERFORMANCE EVALUATION RESULTS - LESLIE FIJALKIEWICZ

Every year a board evaluation is given to all Aging & Disability Resource Center (ADRC) Board members to complete. This provides feedback to the Board, Board Chair, and ADRC Directors on what is working well and areas that may require further development. The results for 2022 will be presented.

Chippewa County Aging & Disability Resource Center Board Evaluation Survey

Statements	2016 Mean	2017 Mean	2018 Mean	2019 Mean	2020 Mean	2021 Mean	2022 Mean
ADRC Board Meetings							
1. Board meetings begin on time.	5.00	5.00	4.43	5.00	5.00	5.00	5.00
2. Board meetings are completed in a reasonable amount of time.	4.75	4.60	4.00	4.86	5.00	5.00	4.67
3. Board meetings are focused and stick to the agenda.	4.50	4.80	4.14	4.86	5.00	4.83	5.00
4. Board meetings have a positive tone.	4.25	4.80	4.14	4.86	5.00	4.83	5.00
5. Board meetings encourage participation by all members.	4.75	5.00	4.14	5.00	5.00	4.67	4.83
6. Board meetings focus on policy and outcomes rather than management issues.	4.25	4.80	4.14	5.00	5.00	4.83	5.00
7. Board meeting discussion/participation indicate members come prepared to take action on policies/programs.	4.25	5.00	4.14	5.00	5.00	5.00	4.83
8 Board meetings are held in adequate facilities.	4.50	5.00	4.29	4.86	4.71	5.00	5.00
9. Board meetings are cordian and personal attacks avoided.	4.75	5.00	4.43	5.00	5.00	5.00	5.00
Average Mean	**4.56**	**4.89**	**4.21**	**4.94**	**4.97**	**4.91**	**4.93**

10. Suggestions on how to further develop meetings that will assist you the most:

*Doing well right now. Great meetings and information.

*I find the Board meetings informative and enjoyable. I can't say that we've encountered anything controversial or substantive from a policy perspective. That's okay.

*More funding education plus bill process learning leading to better advocating approaches.

*Wish Board meetings were earlier or got done by 6 p.m.

ADRC Board Members							
12. Board members understand and support ADRC's mission and strategic plan.	4.75	5.00	4.29	5.00	4.86	4.67	4.83
13. Board members understand ADRC statutory responsibilities.	4.00	4.80	4.00	5.00	4.86	4.83	4.50
14. Board members understand that communication with staff goes through the Human Services Director and ADRC Manager.	4.75	5.00	4.14	4.86	4.86	4.67	4.83
15. Board members works with the Human Services Director and ADRC Manager to secure and maintain sufficient staff.	4.75	5.00	4.00	5.00	5.00	4.50	4.50
16. Board members take advantage of ADRC related learning oppotrunities such as conferences, summits, and other activities.	3.75	4.00	3.71	4.57	4.43	4.33	4.50
17. Board members communicate community needs to the Human Services Director and ADRC Manager.	4.00	4.20	4.14	4.86	4.71	4.50	4.67
18. Board members support improving efficiency and effectiveness of ADRC through staff training and quality improvement initiatives.	4.50	4.40	4.29	5.00	4.86	4.50	4.33
Average Mean	**4.36**	**4.63**	**4.08**	**4.90**	**4.80**	**4.57**	**4.59**

19.Additional Comments:

I know Board meets bi-monthly - maybe a monthly email would be in addition.

ADRC Board							
20. The Board reviews important dcouments (e.g. policies, programs, strategic plans, etc.)	4.50	4.80	4.14	5.00	5.00	4.83	4.67
21. The Board review the annual budget.	4.75	5.00	4.29	5.00	5.00	5.00	5.00
22. The Board supports improving ADRC efficiency/effectiveness through staff training and quality improvement initiatives.	4.75	5.00	4.29	5.00	5.00	4.67	4.33
23. The Board works with allied interests to achieve ADRC goals	4.25	4.60	4.29	5.00	4.86	4.67	4.67
24. The Board is provided adequate information and data to make informed decisions.	4.25	5.00	4.29	5.00	5.00	4.83	5.00
Average Mean	**4.50**	**4.88**	**4.26**	**5.00**	**4.97**	**4.80**	**4.73**

25.Additional Comments:

I am relatively new to ADRC so not sure about all the programs.

COVID created workflow challenges for the ADRC staff who adapted by forming allies. If possible, I desire to contribute more of my time, care, and skill to this dedicated team.

26. Orientation as a new board member provided an adequate overview of board member role and reponsibilities	**3.50**	4.60	4.40	N/A	4.40	4.17	4.40

27. Suggestions that you think would be helpful to include in new board member orientation:

*COVID has put a stop on some things. Maybe a tour of office would be great.

*If there really are deicsions/choices to make, I'd like to know what they are.

Average Overall Mean	**4.31**	**4.72**	**4.27**	**4.95**	**4.91**	**4.76**	**4.75**

For 2022 and 2021: 6 Responses; For 2018 - 2020: 7 Responses; For 2017 - 5 Responses; For 2016 - 4 Responses