

CHIPPEWA COUNTY

ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD

REGULAR MEETING

NOVEMBER 10, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:45 PM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived	Departed
Kari Ives	Chippewa County	District 21 (Chair)	Present		5:35 PM
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	Absent		

Others Present: Leslie Fijalkiewicz, ADRC Manager; Pauline Spiegel, Administrative Assistant; ADRC Staff: Carla Berscheit, Stephanie Rasmussen, Kelly Zimmerman

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: Janet Mayer, Citizen Rep
SECONDER: Patricia German, Citizen Rep (Vice-Chair)
AYES: Ives, German, Marquardt, Hauser, Mayer
ABSENT: Frasier, Howell

1. Approve the agenda

2. Approve the Minutes

ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Sep 8, 2022 4:45 PM

3. Schedule next meeting date - January 12, 2023

5. REPORTS

- ADRC Staff Presentation - Dementia Care Specialist Carla Berscheit
ADRC Dementia Care Specialist Carla Berscheit presented information about her role and dementia care program related initiatives, education, technology, events, and resources.

ADRC (Aging & Disability Resource Center) Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

November 10, 2022
4:45 PM

RESULT:	DISCUSSED
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2. ADRC Manager Report

ADRC Manager Leslie Fijalkiewicz presented the ADRC Manager Report. She highlighted several items from her report: Stephanie Rasmussen filling the Disability Benefits Specialist (DBS) position (due to Kay Hebert's retirement), the caregiver crisis, unspent Alzheimer's Family Caregiver Support Program (AFSCP) funds, advocacy training, and the fiscal report.

RESULT:	DISCUSSED
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3. ADRC Advocacy Report

Leslie Fijalkiewicz shared current advocacy information on the caregiver shortage.

RESULT:	DISCUSSED
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6. BUSINESS ITEMS

1. 85.21 Transportation Grant Application Approval 2023

ADRC Transportation Coordinator Kelly Zimmerman reviewed information about the 85.21 Transportation Grant Application presented for board approval.

RESULT:	APPROVED [4 TO 0]
MOVER:	Larry Marquardt, Citizen Rep
SECONDER:	Janet Mayer, Citizen Rep
AYES:	German, Marquardt, Hauser, Mayer
ABSENT:	Frasier, Howell
AWAY:	Ives

2. Alzheimer's Family Caregiver Support Program (AFCSP) 2023 Budget

Leslie Fijalkiewicz reviewed the Alzheimer's Family Caregiver Support Program (AFCSP) estimated 2023 budget plans presented for board approval.

RESULT:	APPROVED [4 TO 0]
MOVER:	Don Hauser, Citizen Rep
SECONDER:	Larry Marquardt, Citizen Rep
AYES:	German, Marquardt, Hauser, Mayer
ABSENT:	Frasier, Howell
AWAY:	Ives

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

8. ADJOURN

Meeting adjourned at 5:56 p.m.

ADRC (Aging & Disability Resource Center) Board

Minutes

November 10, 2022

Regular Meeting

Chippewa County Courthouse, Rm 302

4:45 PM

RESULT:	APPROVED [4 TO 0]
MOVER:	Janet Mayer, Citizen Rep
SECONDER:	Larry Marquardt, Citizen Rep
AYES:	German, Marquardt, Hauser, Mayer
ABSENT:	Frasier, Howell
AWAY:	Ives

CHIPPEWA COUNTY

ADRC (AGING & DISABILITY RESOURCE CENTER) BOARD

REGULAR MEETING

SEPTEMBER 8, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:45 PM

1. CALL TO ORDER

The ADRC Board meeting was called to order by Chair Kari Ives at 4:45 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	Present	
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: Jessica Gibson, Renee Price, Stephanie Rasmussen; All of US Research Presenter - Tammy Bieneck

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:	Don Hauser, Citizen Rep
SECONDER:	Patricia German, Citizen Rep (Vice-Chair)
AYES:	Ives, German, Marquardt, Hauser, Frasier, Mayer, Howell

1. Approve the agenda
2. Approve the Minutes

ADRC (Aging & Disability Resource Center) Board - Regular Meeting - Jul 7, 2022 4:45 PM

3. Schedule next meeting date - November 10, 2022

5. REPORTS

1. All of US Research Program Presentation - Tammy Bieneck
Tammy Bieneck from the Marshfield Clinic Research Institute presented information on the All of US Research Program, which is the first step of health related research studies (gathering information) - sponsored by National Institutes of Health in partnership with other large medical facilities. The goal is to help researchers understand more about why people get sick or stay healthy.

Minutes Acceptance: Minutes of Sep 8, 2022 4:45 PM (Consent Agenda)

ADRC (Aging & Disability Resource Center) Board

Minutes
Regular Meeting

Chippewa County Courthouse, Rm 302

September 8, 2022
4:45 PM

RESULT: DISCUSSED

2. ADRC Staff Presentation - Jessica Gibson

ADRC Options Counselor Jessica Gibson specializes in completing Long Term Care functional screens to enroll eligible residents in Family Care or IRIS services. She presented information on the process of completing functional screens and enrolling at-risk people in long term care services.

RESULT: DISCUSSED

3. ADRC Manager Report

ADRC Manager Leslie Fijalkiewicz presented the ADRC Manager Report. She highlighted several items from her report: Disability Benefits Specialist Kay Hebert's retirement, revamping of the Nutrition Advisory Council, Wisconsin Employer and Family Caregiver Survey results, and fiscal information.

RESULT: DISCUSSED

4. ADRC Advocacy Report

Fijalkiewicz reviewed information on the Chippewa Valley Advocacy Training Day to be held September 20 and the virtual event on guardianship and voting September 14. She also shared there are positive Medicare changes coming through the Inflation Reduction Act.

RESULT: DISCUSSED

5. ADRC Three Year Plan - 2022 Update

Fijalkiewicz reviewed updates and progress of the ADRC Three Year Plan.

RESULT: DISCUSSED

6. ADRC 2022-24 Strategic plan Update

Fijalkiewicz reviewed the ADRC Division progress of the Human Services 2022-24 strategic plan.

RESULT: DISCUSSED

6. **BUSINESS ITEMS**

7. **AGENDA ITEMS FOR FUTURE CONSIDERATION**

8. **ADJOURN**

Meeting adjourned at 6:10 p.m.

Minutes Acceptance: Minutes of Sep 8, 2022 4:45 PM (Consent Agenda)

ADRC (Aging & Disability Resource Center) Board

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

Minutes Acceptance: Minutes of Sep 8, 2022 4:45 PM (Consent Agenda)



STATEMENT OF EXPLANATION
ADRC STAFF PRESENTATION - DEMENTIA CARE SPECIALIST CARLA
BERSCHEIT

5.1

Dementia Care Specialist, Carla Berscheit, will share information about her role and what she is working on in Chippewa County.

DEMENTIA CARE SPECIALIST



"The Bamboo that bends is stronger than the oak that resists" – Proverb

"he's so stubborn"

"she won't listen"

"my sister doesn't get it"

"he told me he understood"

WHEN YOU KNOW BETTER YOU CAN DO BETTER

SAVVY CAREGIVER TRAINING COURSE
BOOK CLUBS (virtual & in person)
SUPPORT GROUPS (virtual & in person)
MEMORY CAFES
FAMILY VISITS/HOME VISITS
PRESENTATIONS
RESOURCES

DEMENTIA CAREGIVING REFRAMED MINDSET

- "I never thought of it that way"
- "I am not responsible for others understanding and acceptance"
- "I have come to realize this is good enough"
- "I understand the importance of taking care of myself"
- "I have reached out for help"
- "I have met others that are in my situation, it's good to have someone to talk to"
- "I haven't said "remember" once today"
- "I feel so much better talking this through"
- "It's good for her to get out and be around people"

SPECIALIZED TRAINING & EVENTS

- Dementia & Ministry
- Dementia Live
- Brain Health Initiatives (BYBAM and HOB)
- Dementia and Safety
- Dementia Friendly Wisconsin
- Fall Day on the Farm
- Dementia "Behaviors" Training to APS
- Dementia and Technology
- Dementia & The Holidays
- Lewy Body Dementia Presentation



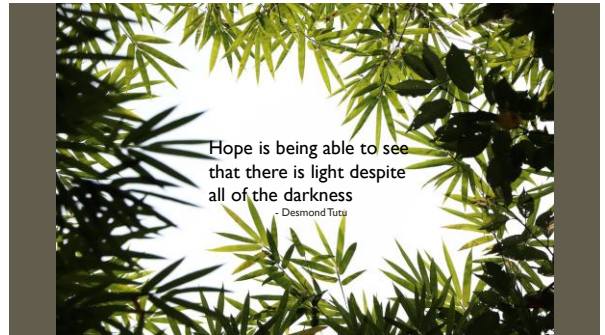
CHALLENGES

- Low attendance at Memory Cafés
- Providing a variety of book clubs and presentations
- Lack of respite options for caregivers
- Reaching caregivers



CALL TO ACTION

- Ask what your faith community can do
- Volunteer to lead BYBAM or HOB book club
- Can I present to a group you belong to
- Volunteer to assist with the Memory Cafés
- Tell a caregiver about the Memory Cafés and/or Support Groups
- Become a Dementia Friends Trainer
- Facilitate a book club at your church
- Follow my Dementia Resources Facebook Group (follow, like & share)
- Sign up for my monthly email of upcoming events (and share with others)
- Share my information with someone that needs to connect with me
- Introduce me to someone in your circle





STATEMENT OF EXPLANATION ADRC MANAGER REPORT

5.2

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



Manager's Report to the ADRC Board Leslie Fijalkiewicz



Board Meeting Date: November 10, 2022

1. **Staffing**

- Stephanie Rasmussen was hired as the Disability Benefits Specialist (DBS). She has a Bachelors Degree in Vocational Rehab and has been working for the ADRC in an administrative role prior to being hired for this position.
- With Stephanie's move to the DBS position, we now are filling the position she vacated. We will be holding interviews soon.

2. **Caregiver Crisis Coalition**

Recently joined this statewide coalition. This group is a broad-based coalition focused on the biggest obstacle currently facing people in Wisconsin's long-term care system...the lack of qualified, well-paid and/or well-supported caregivers to provide the supports and services people need. It represents both paid and unpaid family caregivers.

3. **Alzheimer's Family Caregiver Support Program**

Due to the difficulty we had filling the position that administers this program, we were going to be unable to spend all of the funds allocated to our agency. Therefore, we did de-obligate some funds so that they can be re-obligated to another county that could use them.

4. **Outreach Plan**

In the past three months, staff have been meeting with hospital discharge planners to explain ADRC services and learn more about their processes. This has proved to be very beneficial and something we would like to do annually. We are also planning to take our Aging Well In Chippewa County on the road next year. We will select 3-4 presentations and go to various places around the county to share the information instead of having it in one location, which we know does not adequately serve the whole county. We have not yet selected the topics so suggestions are always welcomed!

5. **Advocacy Training**

We had almost 50 people registered for the event we held in September. Chippewa, Eau Claire, Dunn, Barron, Rusk and Trempealeau Counties had representatives in attendance. Great representation for Chippewa County!

6. **Benefit Specialists**

Understanding what the Elder Benefits and Disability Benefits Specialists do is difficult. It's a bit of a long document but attached you will find a great document that discusses what happened in 2021 with the services. In future Board meetings, we will have both of these staff members share a little about what they do and even an example or two of a situation they helped with.

7. **Dementia Coalition**

In 2022, the Chippewa County Dementia Coalition has averaged 3-4 non-ADRC attendees at each meeting. The members we do have are actually from partner agencies that are also attending similar coalitions in neighboring counties. In an effort to use everyone's time more effectively, we are looking at creating a Chippewa Valley Coalition with Eau Claire and possibly Dunn Counties.

**Fiscal Report to ADRC Board
Through October 2022
83 Percent of year**

Program/Grants	Budgeted Amount	Expenses	Revenue	Remaining Grant	% Budget Expended
ADRC Grants (includes Dementia Care Specialist)	\$ 989,675	\$ 674,207	\$674,207	315,468	68%
Nutrition Program (grants & donations)	498,938	333,189	333,189	165,749	67%
<i>Nutrition CARES Act</i>		\$35,580	\$35,580	0	100%
Transportation (85.21 grant, levy, donations)	226,921	173,198	230,423	53,723	76%
Other Non-COVID Grants	226,437	126,615	126,615	99,822	56%
ARPA Grants				\$136,406	0%
TOTALS	\$1,941,971	\$1,342,789	\$1,400,014	\$771,168	69%



2021 Program Summary

Disability and Elder Benefit Specialist Programs



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Executive Summary

This Program Summary provides an overview of the outcomes of the Disability and Elder Benefit Specialist programs in 2021. The report has five main sections:

- [Benefit Specialists Programs](#). This section provides an overview of the Disability and Elder Benefit Specialist programs and highlights challenges and programmatic changes in 2021. It took benefit specialists more time to assist customers compared to before the COVID-19 public health emergency. The state worked to improve communications with agencies that administer public benefits to help clients troubleshoot issues more efficiently.
- [Tackling a Wide Range of Complex Benefit Issues](#). Benefit specialists recorded over **114,000 calls** in 2021. An analysis of the call records and topics is included in this section.
- [Making Positive Impacts](#). Benefit specialists helped **43,385 clients** access **\$214 million** worth of services in 2021. This section includes an analysis of the monetary impact of the benefit specialist programs. It also includes analysis of client demographics.
- [Training and Technical Support](#). Benefit specialists receive extensive training and opportunities for skill building. This section highlights the training and technical support benefit specialists receive.
- [Providing Critical Advocacy Services](#). Benefit specialists are advocates. They apply expert knowledge and skills to help clients achieve their benefit goals. This section provides examples of the importance of benefit specialist work.

[Appendix A](#) provides detailed data about the DBS program and [Appendix B](#) provides detailed data about the EBS program. [Appendix C](#) provides supplemental data from the [State Health Insurance Assistance Program \(SHIP\)](#). SHIP counselors provide in-depth and objective insurance counseling and assistance to Medicare-eligible individuals. Benefit specialists comprise the majority of SHIP counselors in Wisconsin.

Benefit Specialist Programs Overview

When an older adult cannot afford their medications or an adult with a chronic illness can no longer maintain employment, they may not know that help is available. They may not understand how to apply for benefits or what their rights are if their application is denied.

For situations like these, the Disability and Elder Benefit Specialist Programs are here to help.



Division of Public Health

The benefit specialist programs support older adults and adults with disability who encounter "direct challenges to their independence, choice, and financial security."¹ Benefit specialists are available throughout Wisconsin to provide expert, confidential, and unbiased benefits counseling services at no cost to their clients. Access to benefit specialist services is ensured through [Wis. Admin. Code § DHS 10.23](#) and [Wis. Stat. § 46.81](#).

Disability benefit specialists (DBSs) serve people with disabilities who are 17 years and 6 months to 59 years old. Elder benefit specialists (EBSs) serve older adults starting at age 60. These professionals help their clients access Social Security, Medicaid, Medicare, and other public and private benefits. Benefit specialists empower their clients to obtain health insurance, food, shelter, medical care, and other critical life needs. Benefit specialists assist their clients in many ways, including:

- **Explaining** the eligibility criteria for public and private benefit programs.
- **Developing** advocacy strategies that ensure agency decision-makers have the information they need to make an informed decision regarding a client's eligibility for benefits.
- **Assisting** individuals who encounter difficulties accessing or retaining their benefits eligibility during the post-award period.
- **Referring** clients who need legal representation to the private bar or other available legal resources when the client's issue is beyond the scope of the program.

Every client's case is unique. Working with a benefit specialist does not guarantee a favorable result for any client regarding a given benefit matter. Clients who work with a benefit specialist gain more than just knowledge of benefit programs; they gain access to a network of knowledgeable, experienced advocates who have a proven track record of providing effective service across Wisconsin.

Benefit specialist services are available statewide

Benefit specialist services are located at aging and disability resource centers (ADRCs) and county and Tribal aging units, and other partner agencies across Wisconsin. The Great Lakes Inter-Tribal Council employs benefit specialists to serve Tribal members living on or near a Wisconsin reservation. The Department of Health Services' Office for the Deaf and Hard of

¹ Administration for Community Living, Legal Services for Older Americans Program, retrieved March 11, 2022, from <https://acl.gov/programs/legal-help/legal-services-elderly-program>.



Hearing employs a benefit specialist to serve people who use American Sign Language. Visit the [Wisconsin Department of Health Services' Find a Benefit Specialist webpage](#) to find a benefit specialist in your area.

Challenges encountered and changes made in 2021

Although the COVID-19 pandemic continued throughout 2021, many agencies returned to inperson services, allowing clients to choose whether to meet in-person or through a virtual platform.

Updates were made to the data tracking system in the fall of 2021. These updates allow the collection of more detailed information about a client's self-reported gender identity and their household living arrangement.

Staffing shortages, policy changes related to the COVID-19 public health emergency, and the aging of the population caused serious backlogs in offices that process benefit program applications and resolve issues with benefits. Benefit specialists and customers struggled to contact partner agencies like the Social Security Administration (SSA) to address delays and other issues.

In response to these challenges, the Bureau of Aging and Disability Resources (BADR) worked with partner agencies to strengthen relationships and enhance collaboration. Results of these efforts include continuing interagency workgroups, like the Wisconsin Medicare Task Force, and new collaboration opportunities, including "Office Hours with the Division of Medicaid Services" and an SSA-BADR workgroup.

To provide additional programmatic support to benefit specialists, BADR:

- Created an operations manual containing program policies and processes.
- Implemented a monthly newsletter with tips and tricks for using the data tracking system.
- Published updated guidelines for managing benefit specialist caseloads.
- Ensured DHS forms were available in multiple formats, including a version that collects the client's electronic signature when an in-person meeting is not possible.

Most importantly, regardless of the challenges faced in 2021, benefit specialists continued to advocate for their clients.

Tackling a Wide Range of Complex Benefit Issues

Benefit specialists record contacts with their clients in call records. The contact may be in person, over the phone, or through a virtual platform. In 2021, benefit specialists logged a total of **114,193 call records** with at least one associated topic.



A **call record** is created when the benefit specialist has a meaningful interaction with a client. The **call topic** describes the nature of the benefit program or issue for which the client is requesting help. The table below highlights the top five call topics in 2021 across the DBS and EBS programs.

Top five call topics (programs combined)	Total records	Percentage of total
Medicare options and/or enrollment counseling	37,245	32.6%
Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI)	37,234	32.6%
Medicaid for the Elderly, Blind, or Disabled	14,646	12.8%
Medicare Savings Programs	9,871	8.6%
SeniorCare	6,032	5.3%

Although most call topics fall within health care programs (Medicare and Medicaid) or income programs (Social Security disability or retirement benefits), benefit specialists must maintain a high level of in-depth programmatic knowledge of a wide array of benefits and services. More detailed data about the programs is available in the appendices. [Appendix A](#) provides detailed data about the DBS program and [Appendix B](#) provides detailed data about the EBS program.

Sometimes a benefit specialist will have a brief conversation with a client leading to the specialist giving the client general information or a referral to another service provider. These contacts are considered “general information or referral” contacts. In 2021, benefit specialists recorded **5,681 hours** spent providing general information or referral services.

The majority of a benefit specialist’s workload is helping clients with in-depth benefits counseling based on clients’ specific circumstances. These contacts are considered **cases**. Frequently, benefit specialists help clients resolve multiple, interrelated topics. When this happens, each benefit issue is considered a case. For example, a benefit specialist could help a single client resolve issues related to eligibility for Social Security, Medicare, and Medicaid. Their work addressing each of these three topics constitutes three cases.



In 2021, benefit specialists assisted **43,385 clients** with over **90,158 cases**.

86,962 hours providing benefits assistance

90,158 cases opened

86,580 cases closed

For every case that is closed, benefit specialists must record an associated **outcome**. Outcomes are based on the type of assistance the benefit specialist provides. For example, if a benefit specialist helps a client apply for a benefit and the application is approved, then the outcome is “Approved at Application or Renewal.”

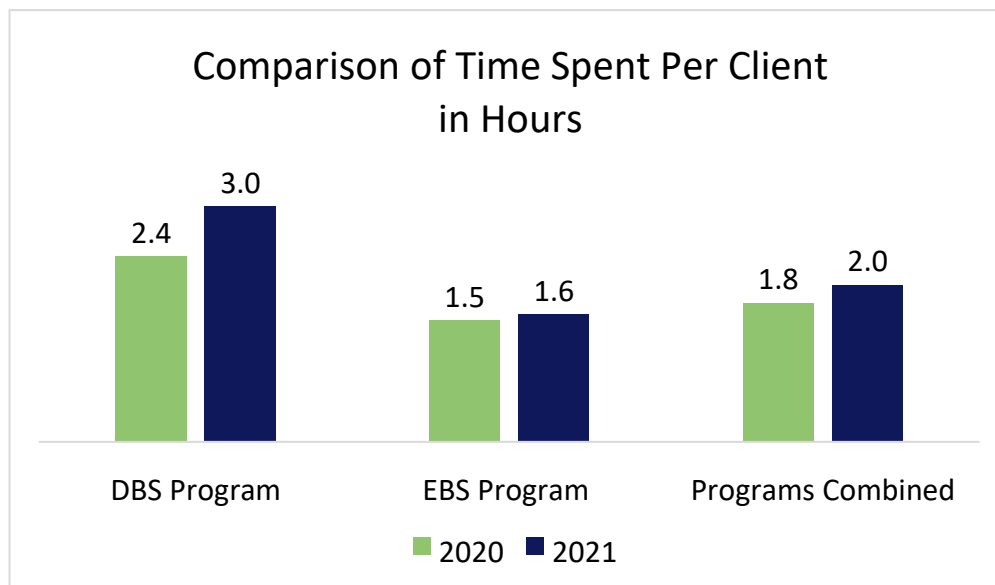
The most common outcome in 2021 was “Advice or Brief Service.” This table highlights the top five outcomes in 2021.

Outcome	Percentage of total
Advice or brief service	40.1%
Advice or extended service	25.6%
Documents completed with a successful outcome	13.3%
Approved at application or renewal	7.9%
Appropriate action taken with a successful outcome	6.7%

In 2021, **90,158 cases** were opened; this represented a **5.7% decrease** from the previous year, when 95,562 were opened. However, the amount of time spent per client **increased by over 13%** between the two programs. This corroborates anecdotal reports of increased complexity in the issues clients are experiencing. The total number of cases remaining open at the end of the year **increased by 26.5%** from 2020 levels. This may be the result of slower responses from agencies such as the Social Security Administration. Similar trends are also noted in the State Health Insurance Assistance Program (SHIP) data in [Appendix C](#).



Division of Public Health



Making Positive Impacts

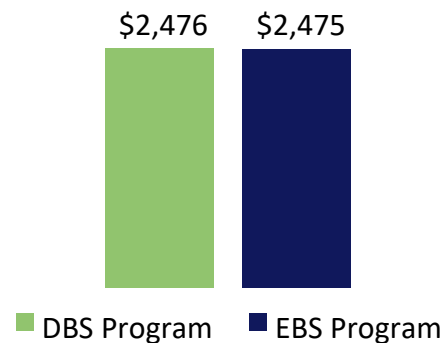
Through their advocacy efforts, benefit specialists help clients obtain or preserve benefits and save or recover money in monetary disputes. **Monetary impact** is a statistic used to capture the positive impact of benefit specialists' services. Monetary impact is just one way to measure how benefit specialists help their clients. Regardless of case outcome, clients gain peace of mind and reduced stress knowing they have a skilled advocate to help them.

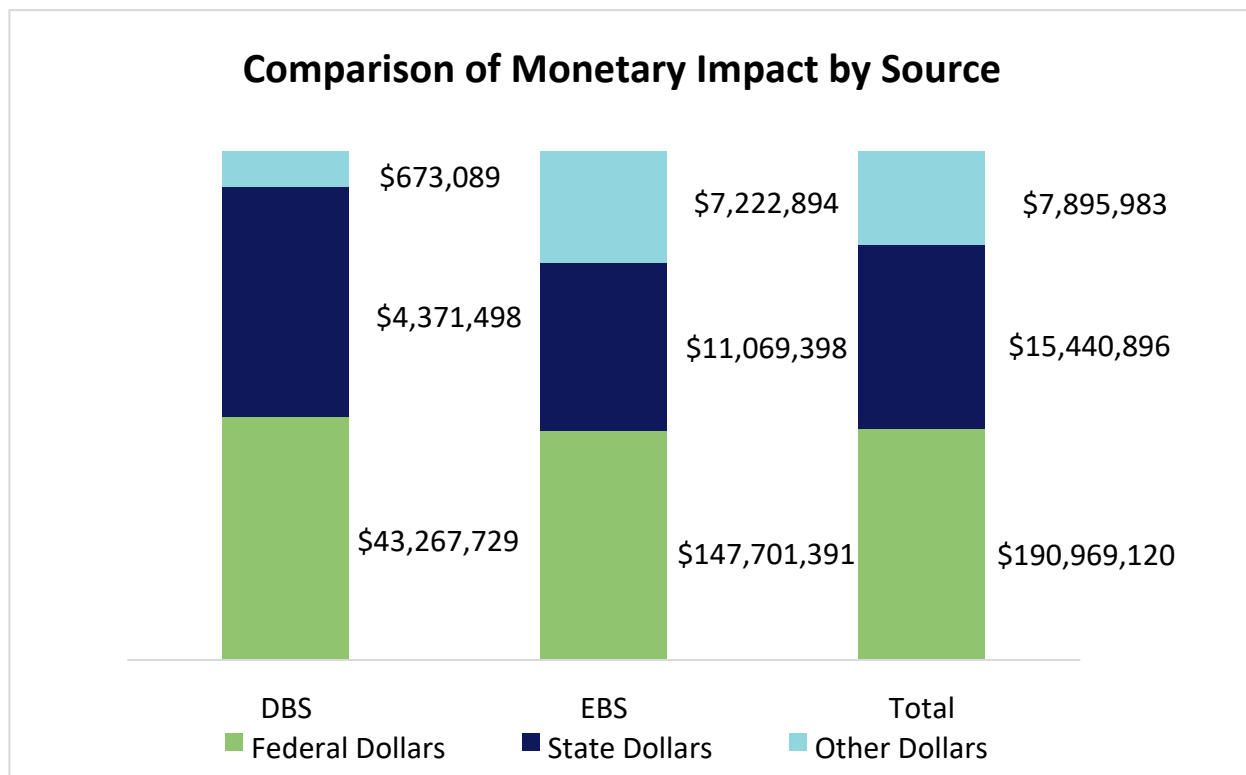
Through the advocacy work performed by benefit specialists, clients accessed over **\$214 million** worth of services in 2021, helping stabilize household budgets and lessen reliance on local crisis and emergency services.

The average monetary impact per closed case was over **\$2,475** in both the disability and elder benefit specialist programs.

Monetary impact is categorized by the funding source: federal, state, or other (for example, private or municipal). Historically, federal dollars through Social Security programs, Medicare, and Medicaid represent the largest amount of monetary impact; that continued to be true in 2021. Federally funded programs accounted for **89.1%** of monetary impact dollars.

Average Monetary Impact per Closed Case by Program





Commitment to health equity

DHS envisions everyone living their best life. As part of that vision, DHS is committed to addressing health disparities by promoting a culture of inclusion and to fostering an environment in which all Wisconsinites thrive. This vision includes residents of all racial and ethnic identities; ages; nationalities; social and economic status; sexual orientations; gender identities and expressions; geographic locations; religious, political, and ideological perspectives; and physical and mental abilities.

A primary responsibility of the department is providing strategic and programmatic leadership and coordination by advancing policies that focus on promoting health equity. It is important to reflect on who is utilizing benefit specialist services, not only to inform policy decisions, but also to inform state and local outreach efforts.

The data tracking system collects data for these specific demographic characteristics:

- Financial status
- Gender identity
- Geographic location
- Living arrangement
- Race



Clients are asked if they want to self-disclose demographic information, including gender and racial identity. Clients have the right to decline answering the questions.

Financial status

Most clients served by disability benefit specialists had an annual income less than \$12,880, or 100% of the federal poverty level for a single person in 2021. Most clients served by elder benefit specialists were above the 100% federal poverty level.

68% of DBS clients served in 2021 had incomes at or below 100% of the federal poverty level.

21% of EBS clients served in 2021 had incomes at or below 100% of the federal poverty level.

Gender identity

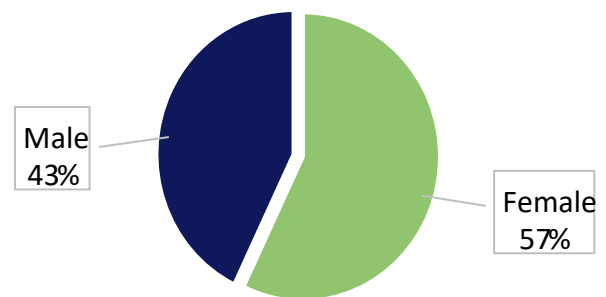
Prior to October 2021, benefit specialists were limited to recording clients' gender as "male," "female," or "unknown." Changes made to the client-tracking database allow benefit specialists to collect more detailed information about gender identity.

Effective October 2021, benefit specialists can record these gender identity options:

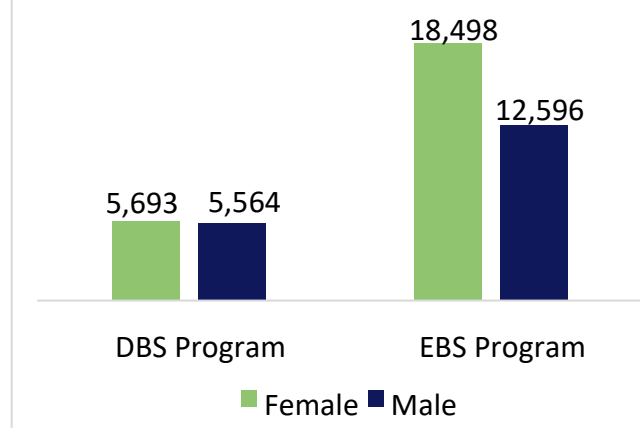
- Male
- Female
- Transgender-Male
- Transgender-Female
- Other
- Non-Disclosed

Because changes to the database were incorporated so late in the year, only 17 clients self-identified as a gender other than male or female. Thirteen clients chose not to disclose their gender. Of the clients with a known gender identity, 57% of benefit specialist clients identified as female and 43% identified as male. When looking at the individual programs, roughly 50% of the DBS program

Gender Identity, Both Programs



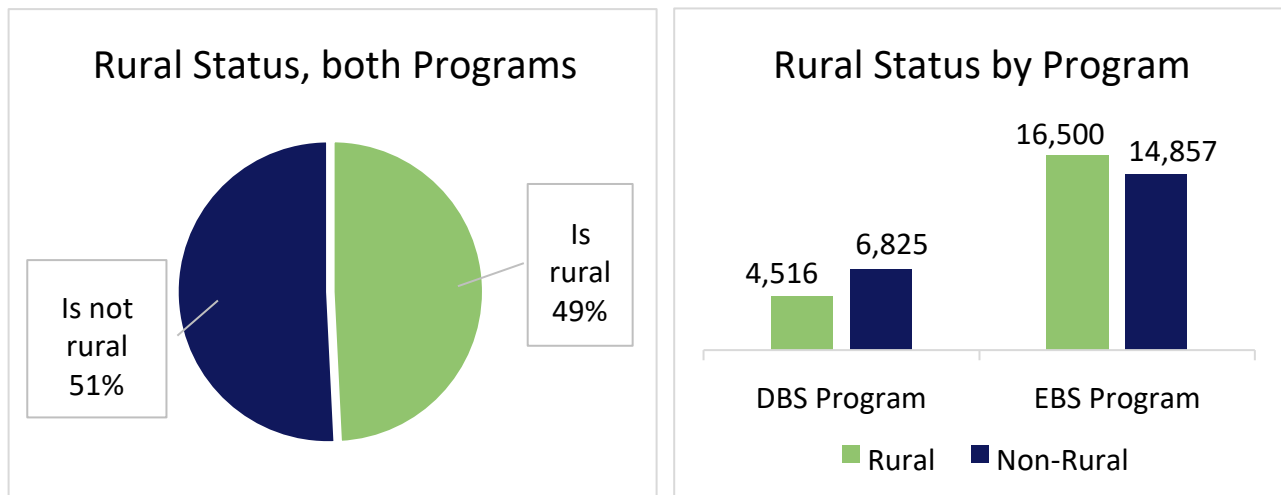
Gender Identity, by Program



clients identified as female and 50% as male. In the EBS program, however, most clients (59%) identified as female.

Geographic location

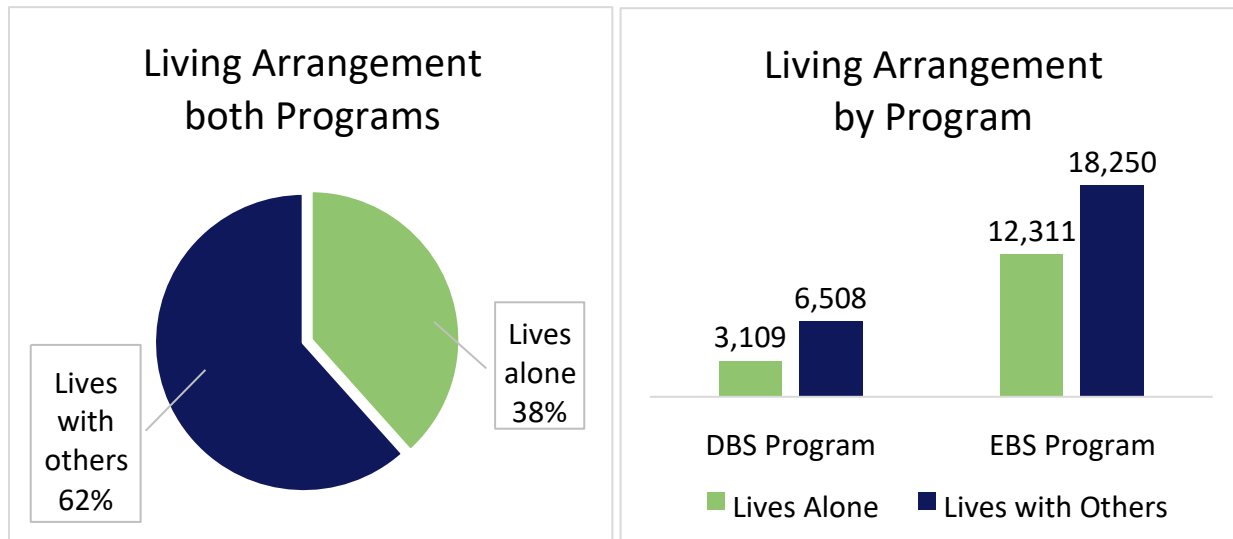
Benefit specialist services are available statewide to residents in rural and non-rural areas. In the DBS program, more clients were from non-rural communities, and in the EBS program more clients were from rural communities.



Living arrangement

Prior to October 2021, benefit specialists were limited to categorizing clients' living arrangements as "lives alone," "lives with others," or "unknown." Due to changes made to the client-tracking database, benefit specialists can now also indicate if a client is "living in a longterm care facility" or "experiencing homelessness or unstable housing."

Though these changes were incorporated late in the year, 49 DBS clients reported they were experiencing homelessness or unstable housing and 30 EBS clients reported they were living in a long-term care facility. Most benefit specialist clients live with others: 62% of benefit specialist clients reported living with others, and 38% reported living alone.

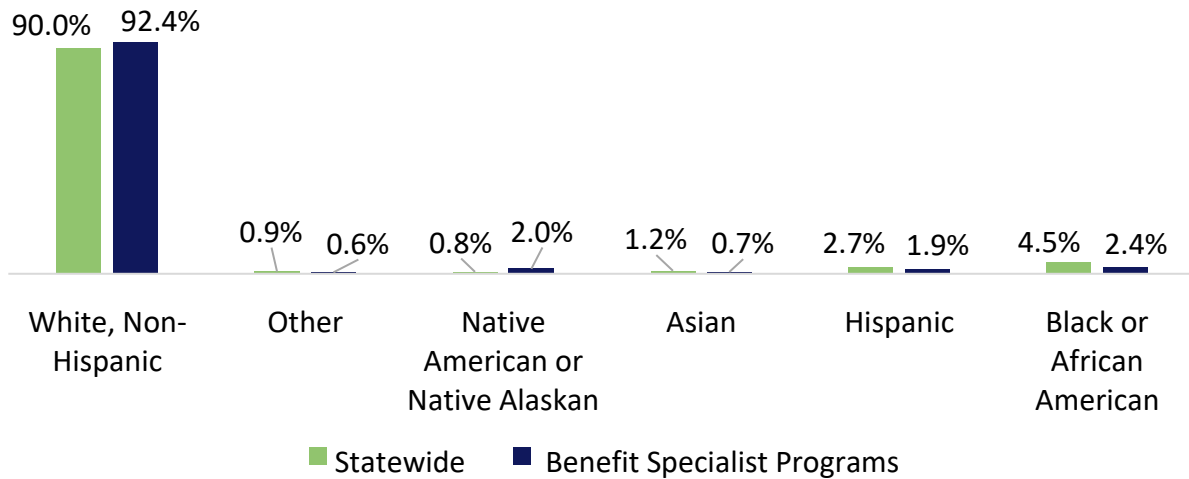


Race and ethnicity

Comparing U.S. Census Bureau data to benefit specialist program data,² there is a disparity between the percentage of clients with a known racial status who identify as white and nonHispanic in comparison to those of other races. The sole exception is those who identified as Native American or Native Alaskan.

² US Census, 2015-19 ACS, PUMS File Analysis. Data is estimated and is provided for general planning purposes. Statewide population data includes adults aged 18 -59 reporting disability and adults aged 60 and older (regardless of disability status). Disability status was self-reported. Program data includes only clients for which race was identified. The data tracking system allows entry of only one racial identifier. Hispanic ethnicity can be combined with any racial identifier but is not delineated in statistical reports. Other includes individuals reporting Native Hawaiian and Other Pacific Islander alone, some other race alone, or two or more races.

Comparison of Benefit Specialist Client Population to State Population by Race and Ethnicity



In reviewing this data, it's important to consider how social determinants of health may result in a higher level of poverty and chronic illness and may also prevent underrepresented populations from accessing benefit specialist programs. Examples of social determinants of health include:³

- Availability of resources to meet daily needs.
- Access to health care services.
- Transportation options.
- Public safety and exposure to crime and violence.
- Structural racism and distrust of government.
- Residential segregation.
- Language or literacy barriers.
- Access to mass media and emerging technologies (for example, cell phones, the internet, and social media).
- Culture.

Through benefit specialist program policy development and outreach activities, DHS and its partners are committed to reaching underrepresented populations in a higher level of need for

³ Social Determinants of Health. Healthy People (2020). Retrieved July 8, 2022, from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

benefits and benefit specialist services and addressing barriers to access for underrepresented populations.

Training and Technical Support

Benefit specialists receive extensive training and opportunities for skill building. All newly hired benefit specialists are required to complete initial training. The initial training includes a combination of online training and live trainings. In the online courses new benefit specialists learn the fundamentals of state and federal benefits programs (for example, eligibility criteria, financial determination, and application and appeal procedures).

The live group training (in person or virtual) builds on the fundamental courses. These interactive classes offer new DBSs the opportunity to complete a series of hands-on exercises that simulate common issues experienced by clients. Finally, the initial training includes a chance to job shadow with an experienced benefit specialist.

All benefit specialists are required to attend regularly scheduled ongoing training. The ongoing training sessions are designed to maintain the benefit specialists' knowledge of eligibility rules for public and private benefits and help them hone their advocacy skills.

A network of agencies provides benefit specialists with training and expert technical assistance.

Disability Rights Wisconsin (DRW) provides ongoing training, technical assistance, and case oversight to all DBSs. A staff of eight program attorneys, one training coordinator, and one managing attorney are employed under contract with DHS. Examples of training topics offered in 2021 include:

- Interpreting medical records.
- Financial eligibility for farmers.
- Winning overpayment cases.
- Long-duration COVID disability.

Greater Wisconsin Agency on Aging Resources (GWAAR) provides ongoing training, technical assistance, and case oversight to EBSs in 64 of Wisconsin's 72 counties. In addition to providing initial training to all the state's new EBSs, GWAAR provided five training days in 2021. Topics included:

- Identity theft.
- Hmong culture and history.
- Powers of Attorney and guardianship.
- Non-emergency medical transportation.

Legal Action of Wisconsin (SeniorLAW) provides ongoing training, technical assistance, and case oversight to Milwaukee County and the six surrounding counties. SeniorLAW provided trainings on topics such as FoodShare and COVID-19 public health emergency financial aid in 2021.



Division of Public Health

Judicare Legal Aid (formerly Wisconsin Judicare, Inc.) provides program attorney services to benefit specialists who are employed by the Great Lakes Inter-Tribal Council and to all Tribal EBSs. Program support includes training on benefit issues unique to Tribal members, technical assistance, and case oversight. Judicare provided five trainings in 2021. Topics included:

- Medicaid divestment.
- Emergency rental assistance.
- Social Security overpayments.
- CARES Act Tribal payment exclusions.

Providing Critical Advocacy Services

A core component of the benefit specialist programs is client advocacy. Navigating the appeal of a disability determination, Medicare coverage denial, or an overpayment can be stressful. Rules can be confusing and allow limited time for action. Failure to take timely action can result in termination of benefits, leaving a client without an income source or health care benefits to manage chronic conditions. The advocacy provided by benefit specialists is often critical to a client's ability to maintain housing, health care, and other life necessities. Some benefit specialist program highlights from 2021 are described below.

Through the initial disability review process, the Social Security Administration decided that a client was not disabled and, therefore, ineligible for cash benefits. The client sought help from a benefit specialist to appeal that decision. With assistance from a program attorney, the benefit specialist wrote an advocacy letter describing why the client met the criteria to be determined disabled. Social Security reversed its decision, approved the client's application, and awarded benefits.

A client needed Medicare Part B to receive healthcare coverage of medical expenses. The client was enrolled in Medicare Part A but due to their limited income was unable to afford out-of-pocket expenses related to Medicare Part B. The client applied for the Qualified Medicare Beneficiary (QMB) program, which would enroll them in Medicare Part B and pay for the out-of-pocket costs. The client was denied eligibility. A DBS reviewed the client's finances and agreed that they should be eligible for the program. The client appealed the decision. Through the program attorney's technical support and the DBS's advocacy, the client was successfully enrolled in the QMB program and Medicare Part B.

A client received help appealing a Social Security overpayment bill. An individual who received disability benefits as an "adult disabled child" under her parent's Social Security record got married and reported the marriage to Social Security. Rather than terminating her disability benefits like they should have, Social Security continued sending the benefits using her new married name. They realized their error after twenty-three years and sent



the individual an overpayment bill for over \$200,000. The benefit specialist helped her apply for a waiver. When it was denied, the benefit specialist helped the individual appeal. An administrative law judge granted the waiver, and the individual did not have to pay the bill.

A client receiving rehab was discharged from a skilled nursing facility prematurely. Her Medicare Advantage plan stated it would no longer cover needed services after two weeks—before COVID protocols would even allow her to return to her home! The individual stayed at the facility for another month and vastly improved from the therapy provided. The benefit specialist helped appeal the termination of coverage. The appeal was successful, and the Medicare Advantage plan covered the entire stay.

Find More Information

For more information about benefit specialist services, including local agency contact information, visit the [Wisconsin Department of Health Services Benefit Specialist webpages](#) or contact the Bureau of Aging and Disability Resources at 608-266-2536.



Appendix A: Disability Benefit Specialist Program Data

Top 10 call topics in 2021

There were 45,718 total calls recorded by disability benefit specialists in 2021. Disability benefit specialists recorded 38,819 hours spent on these calls. That is an average of 539 calls and 458 hours per DBS.⁴

The total number of topics is greater than the total number of calls. Call records document conversations with clients, and each call record must include at least one topic. Often conversations with clients involve two or more topics.

Top 10 call topics in 2021	Calls	Percentage of total	Hours	Percentage of total
Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI)	33,285	72.8%	27,182	70%
Medicaid for the Elderly, Blind, or Disabled	5,094	11.1%	2,590	6.7%
Medicare options and/or enrollment counseling	4,346	9.5%	2,724	7.0%
Medicare Savings Programs	2,178	4.8%	1,120	2.9%
Other, inside program scope	1,711	3.7%	745	1.9%
FoodShare (Supplemental Nutrition Assistance Program)	1,514	3.3%	600	1.5%
BadgerCare Plus	1,429	3.1%	606	1.6%

⁴ Averages per benefit specialist are calculated using the full-time equivalency (FTE). There are 90 DBSs with an FTE of 84.8.



Medicare coverage of items and/or services	833	1.8%	496	1.3%
Benefit check up	755	1.7%	326	0.8%
Subsidized housing	684	1.5%	284	0.7%

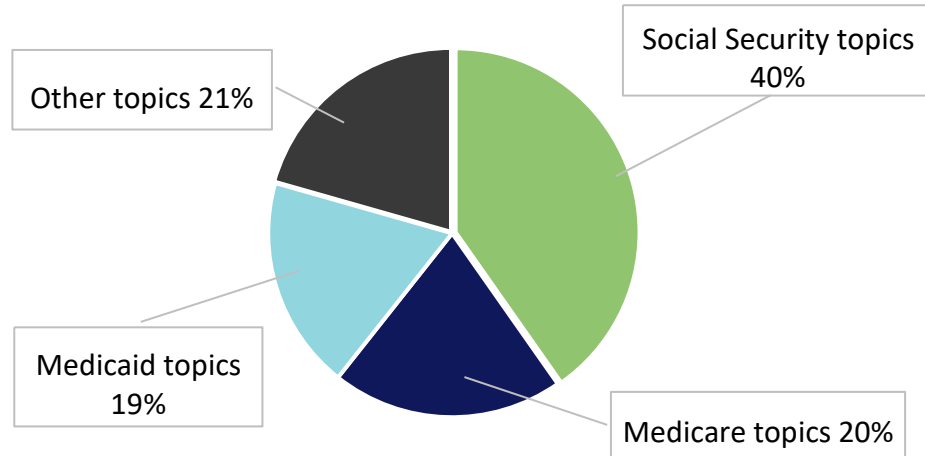
Closed cases

In 2021, DBSs closed 19,514 cases. The most common closure reason was “advice or brief service.” Over 5,000 cases were closed with a successful outcome, such as an approved application, an approved appeal, or an enrollment in a prescription drug plan.

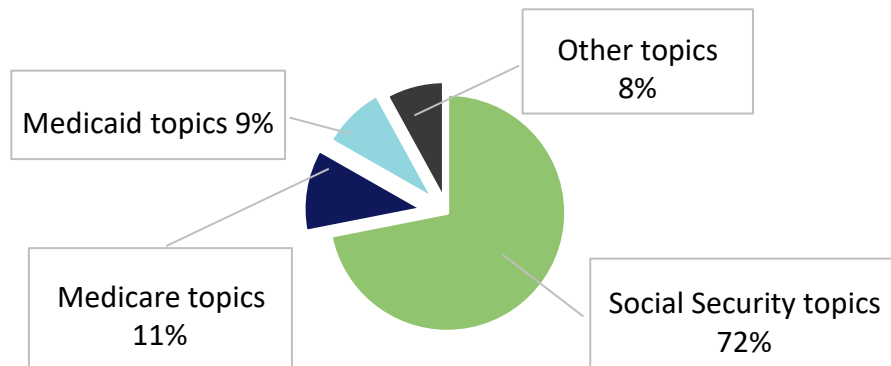
Most closed cases involved Social Security applications and appeals, followed by issues with Medicare, Medicaid, and other benefit programs. Most time spent on cases was related to Social Security topics.



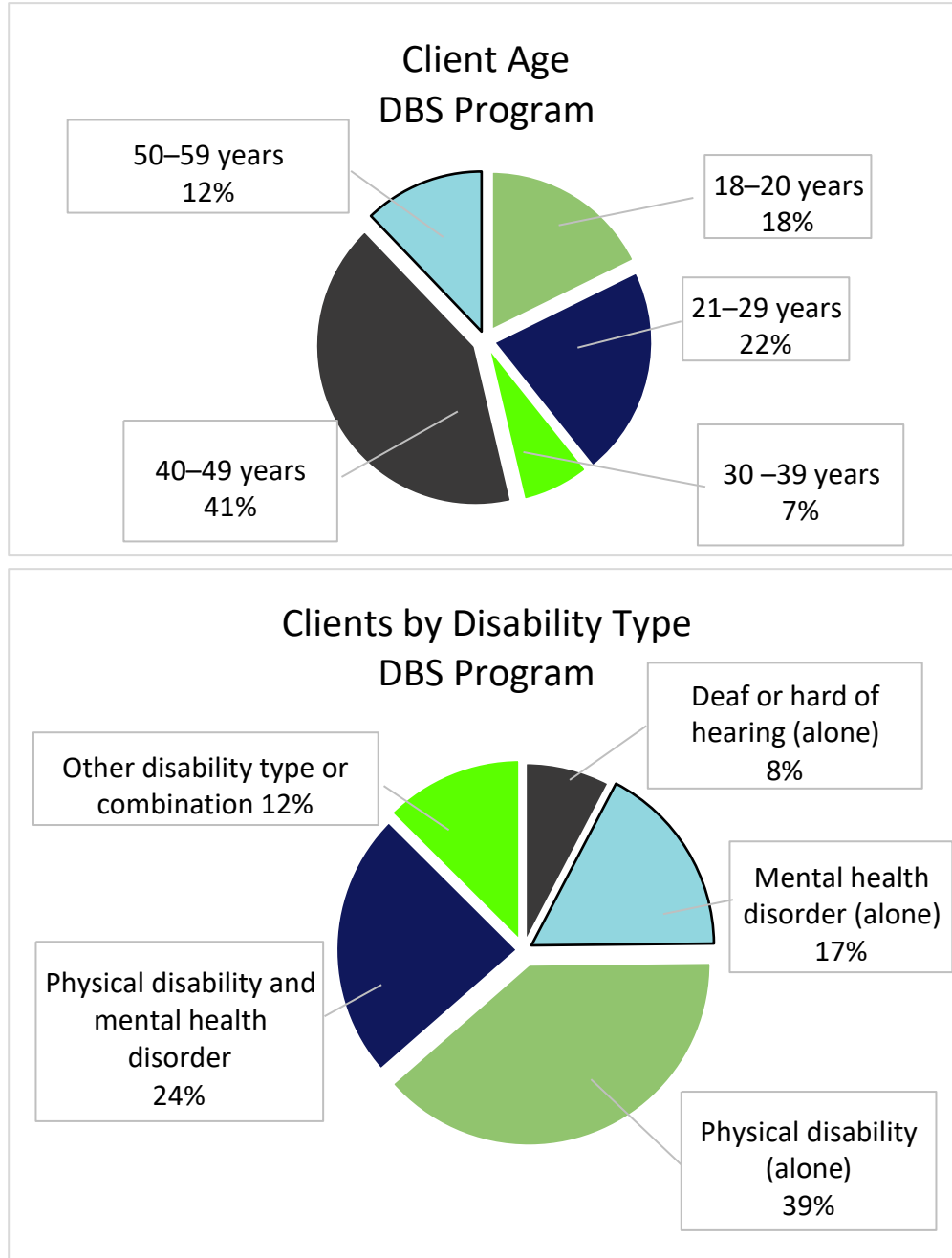
Closed Cases by Topic DBS Program



Time Spent by Topic DBS Program



Additional client demographics



Race and ethnicity	DBS Program	Statewide
Native American or Native Alaskan	4.2%	1.7%
Asian	1.3%	1.9%
Black or African American	6.9%	10.2%
White, Non-Hispanic	82.7%	77.7%
Hispanic	3.9%	6.0%
Other	0.9%	2.4%

Approval Rate Comparisons

Disability benefit specialists help people access needed disability benefits, including Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI). Wisconsin's program data indicate that people who obtain disability benefit specialist assistance may be more likely to receive a favorable decision.

This comparative advantage is the result of working with seasoned professionals who are highly trained on many different types of disability benefits and have experience with the complex processes used by state and federal agencies to determine eligibility for these programs. Of course, not every disability benefit specialist client's application or appeal will be successful; the facts for each client are different, and results will vary accordingly. However, the statistics clearly illustrate the impact that benefit specialist services can make for disability benefit applicants in Wisconsin.

These charts compare approval rates for SSDI only, SSI only, and concurrent SSDI and SSI cases combined. (An approval occurs when a person is granted Social Security benefits.)^{5,6,7}

⁵ SSA State Agency Monthly Workload Data report, retrieved on July 7, 2022, from

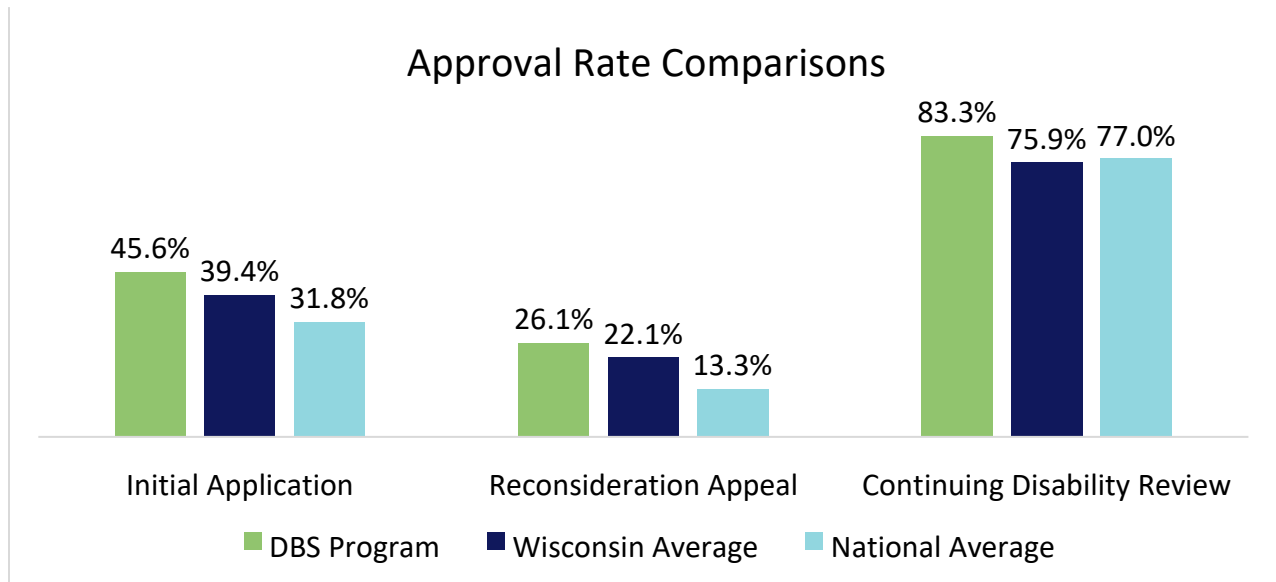
<https://www.ssa.gov/disability/data/ssa-sa-mowl.htm>

⁶ Citizens Disability State-by-State report, retrieved on July 7, 2022, from

<https://www.citizensdisability.com/stateby-state-information/wisconsin-and-social-security-disability-benefits/>

⁷ SSA Open Data website, retrieved July 7, 2022, from <https://www.ssa.gov/open/data/Periodic-ContinuingDisability-Reviews.html>





Appendix B: Elder Benefit Specialist Program Data

Top 10 call topics in 2021

There were 68,475 total calls recorded by elder benefit specialists in 2021. Elder benefit specialists recorded 53,843 hours spent on these calls. That is an average of 774 calls and 609 hours per EBS.⁸

The total topics is greater than the number of calls. Call records document conversations with clients, and each call record must include at least one topic. Often conversations with clients involve two or more topics.

Top 10 call topics in 2021	Calls	Percentage of total	Hours	Percentage of total
Medicare options and/or enrollment counseling	32,899	48.0%	21,880	40.6%
Medicaid for the Elderly, Blind, or Disabled	9,552	13.9%	806	1.5%
Medicare Savings Programs	7,693	11.2%	3,725	6.9%
SeniorCare	6,027	8.8%	2,359	4.4%
Social Security Retirement	4,467	6.5%	2,669	5.0%
FoodShare (Supplemental Nutrition Assistance Program)	4,171	6.1%	1,617	3.0%
Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI)	3,949	5.8%	2,809	5.2%

⁸ Averages per benefit specialist are calculated using the full-time equivalency (FTE). There are 99 EBSs with an FTE of 88.4.



Medicare coverage of items and/or services	3,444	5.0%	2,366	4.4%
Benefit check up	2,984	4.4%	1,170	2.2%
Health Insurance, Private or Marketplace	1,986	2.9%	806	1.5%

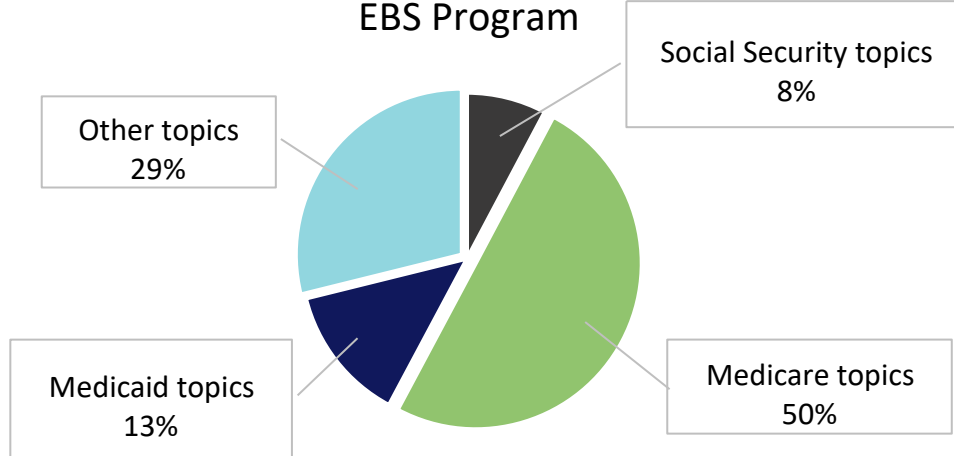
Closed cases

In 2021, EBSs closed 67,066 cases. The most common closure reason was “advice or brief service.” Over 20,000 cases were closed due to a successful outcome, such as an approved application, an approved appeal, or an enrollment in a prescription drug plan.

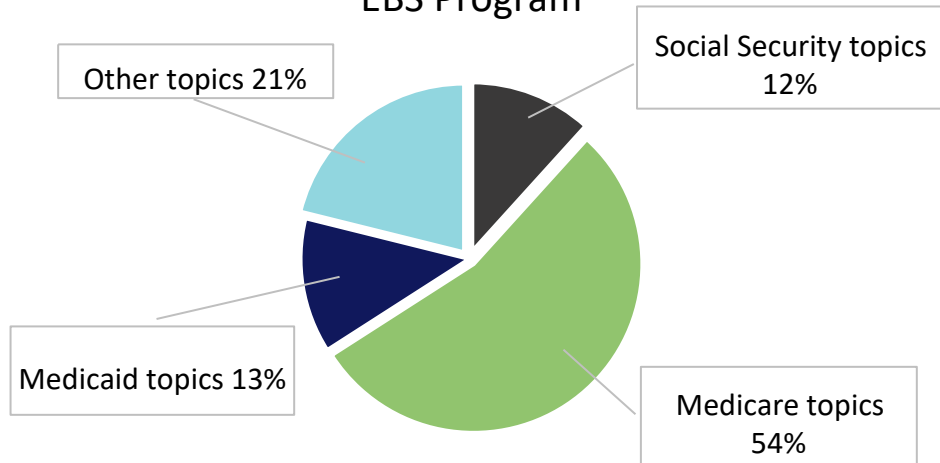
Most closed cases involved health insurance benefits, primarily related to Medicare and Medicaid, followed by Social Security-related topics and other benefit programs.



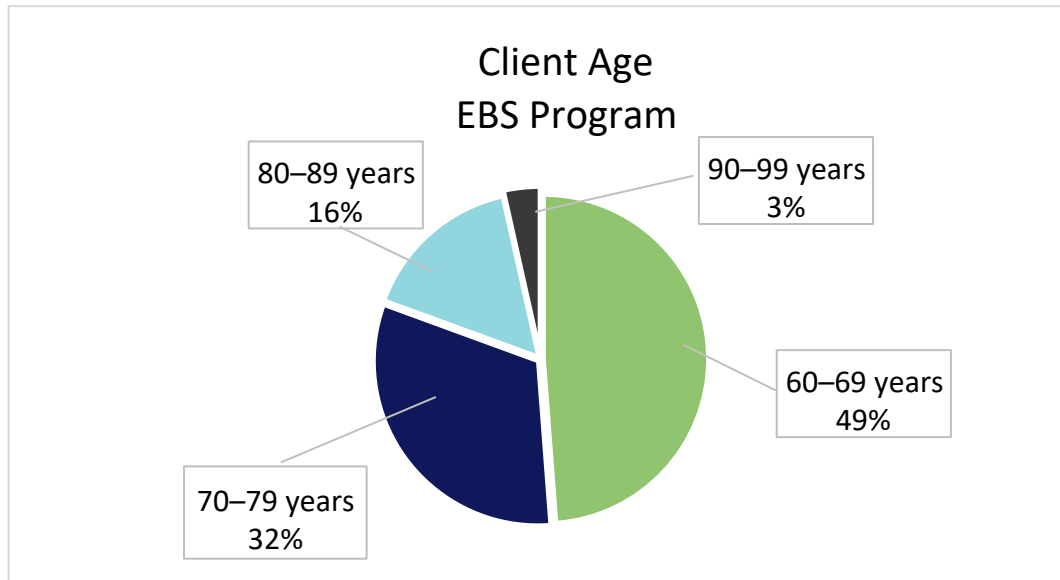
Closed Cases by Topic
EBS Program



Time Spent by Topic
EBS Program



Additional client demographics



Note: There were 33 EBS clients aged 100 years or older; they are not represented on the chart.

Race and ethnicity	EBS Program	Statewide
Native American/Native Alaskan	1.2%	0.6%
Asian	0.5%	1.0%
Black or African American	0.9%	3.3%
White, Non-Hispanic	95.7%	92.5%
Hispanic	1.2%	2.0%
Other	0.4%	0.5%

Appendix C: State Health Insurance Assistance Program (SHIP) Data

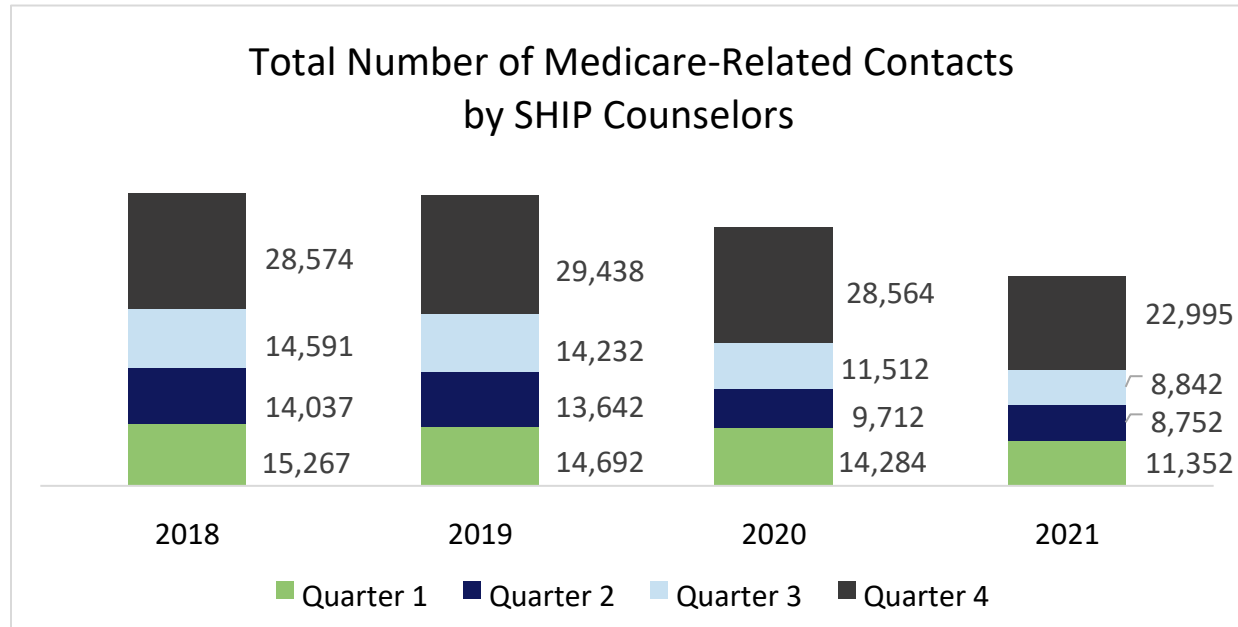
Medicare counseling for Wisconsin residents is provided through the [State Health Insurance Assistance Program \(SHIP\)](#). SHIP counselors help with Medicare eligibility, enrollment, costs, plan options, programs that can lower costs, and more. All Wisconsin elder benefit specialists and most disability benefit specialists are SHIP counselors. Toll-free helpline services, other community-based organizations, and volunteers are also essential to the program.



Division of Public Health

Contacts and outreach by quarter

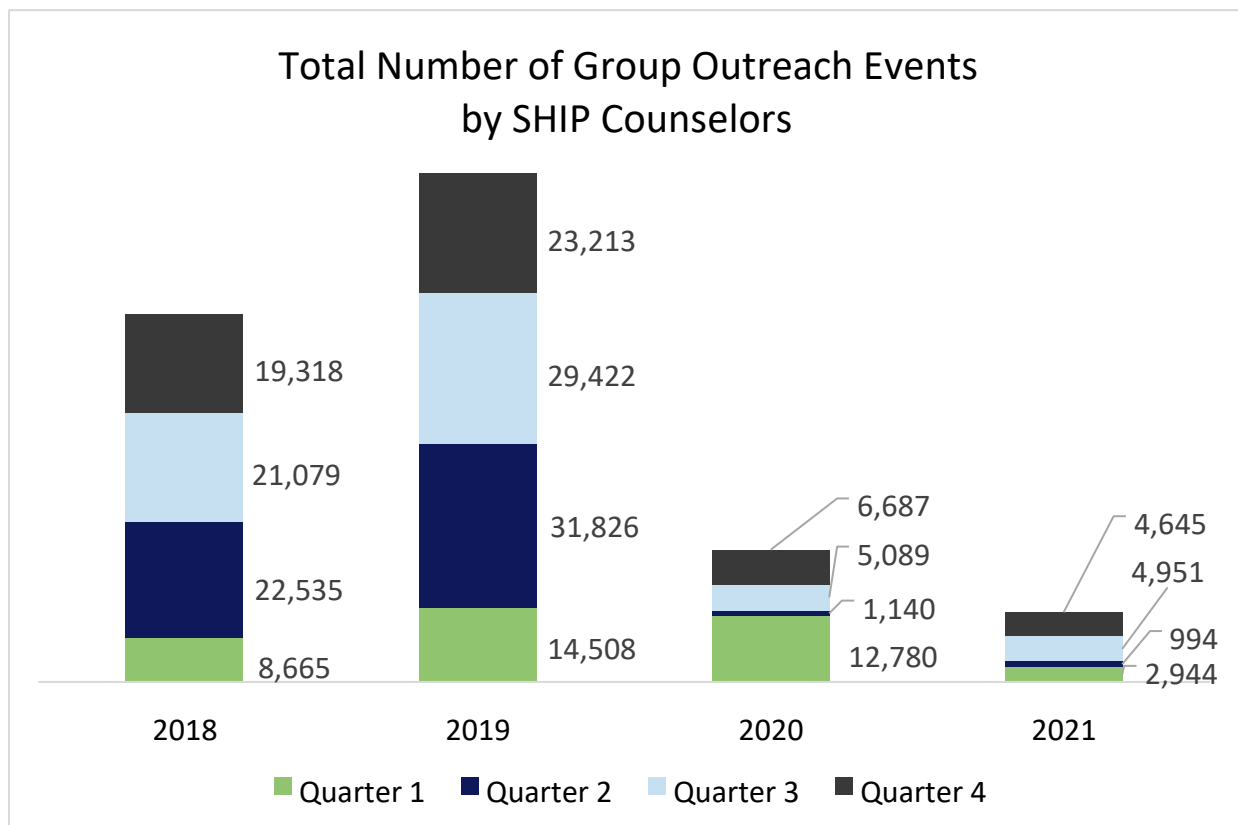
The below graph illustrates the total number of Medicare-related contacts over time. Each bar of the bar graph is color-coded to represent how many contacts occurred in each quarter of the year. The annual Medicare Open Enrollment Period is in the fourth quarter of the year, and it is the busiest time for elder benefit specialists. Most Medicare-related contacts occur during the Open Enrollment Period.



The below graph shows the number of group outreach events conducted by SHIP counselors over time, broken down by quarter. Group outreach events include in-person and virtual presentations, informational booths, and enrollment events.



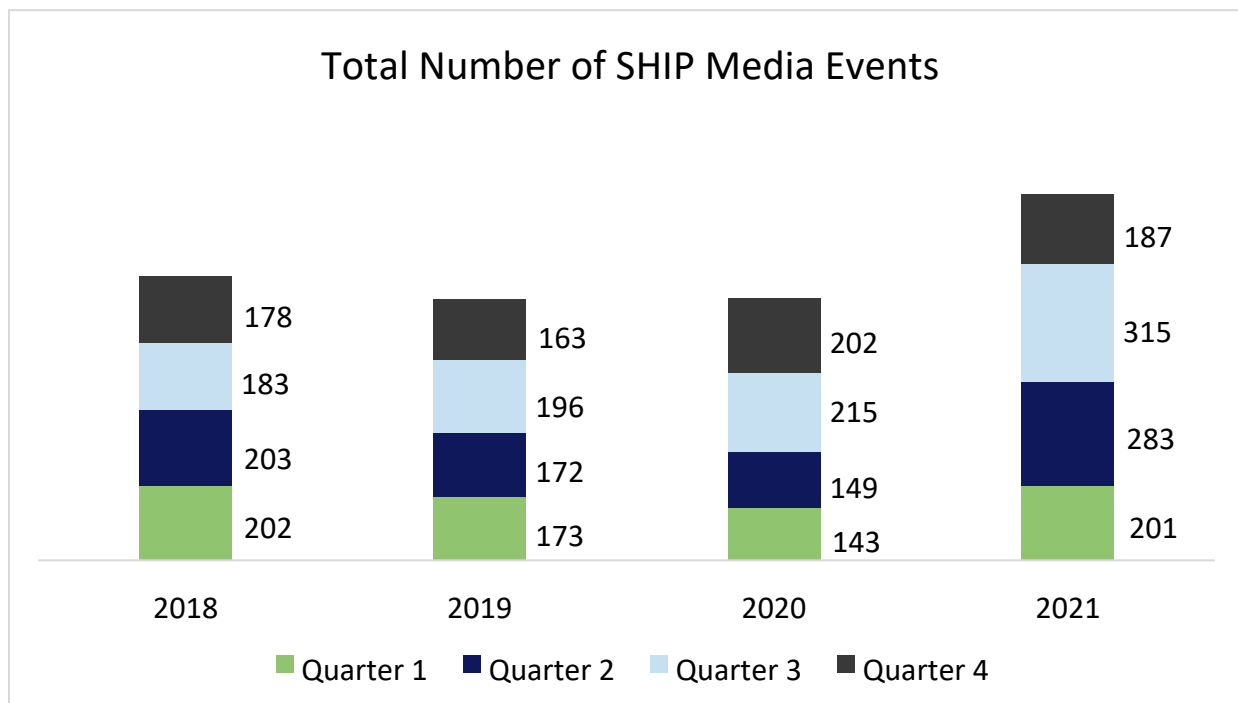
Division of Public Health



These graphs also show how the total number of Medicare-related contacts and outreach events has declined since the start of the COVID-19 public health emergency in March of 2020. Stay-at-home orders made contacting clients more difficult—particularly people who lacked access to technology. Counselors’ ability to hold in-person events were severely curtailed by quarantine mandates. Even when lockdowns were lifted, many Medicare beneficiaries hesitated to resume in-person contacts out of fear for their health.

To compensate for the reduced number of individual contacts and group outreach events, SHIP counselors increased their media outreach. Media outreach includes information shared via billboards, radio, email, social media, magazines, television, newsletters, newspapers, websites, and other media. As shown in the below graph, the number of media outreach events increased significantly after the start of the COVID-19 public health emergency in March of 2020. Most outreach is conducted in the third quarter of the year to inform the public of the upcoming Open Enrollment Period.



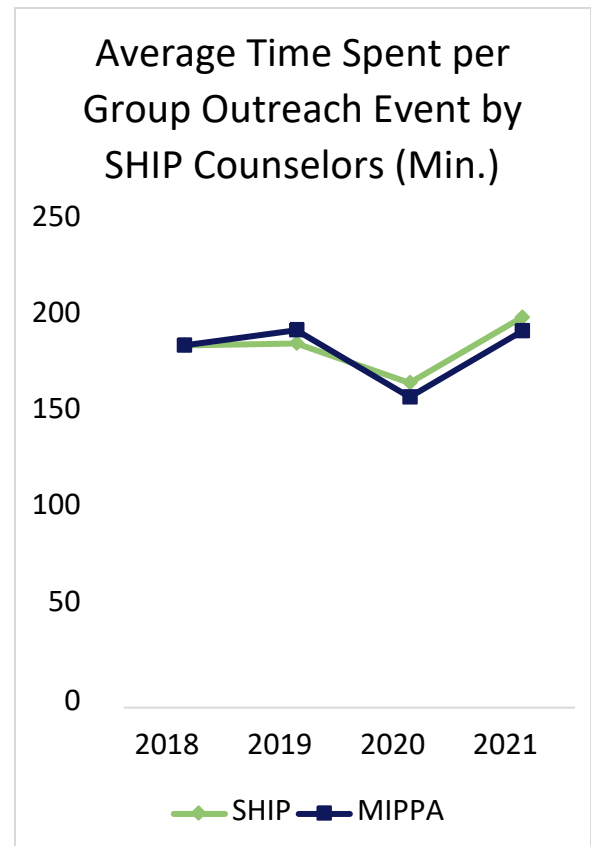
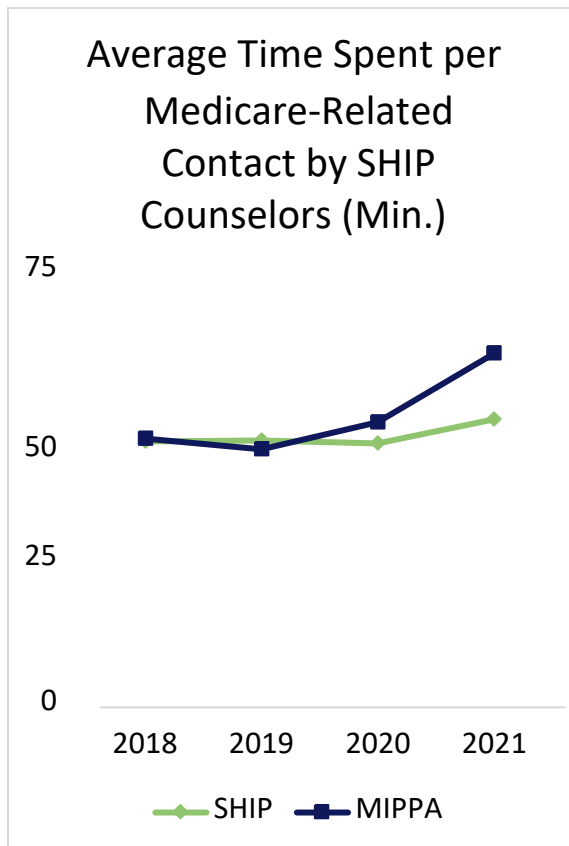


Average time per activity

The below line graphs show how the average time spent per Medicare-related contact and outreach event has increased since the start of the COVID-19 public health emergency in March of 2020. So, though there are fewer contacts and events, each is taking longer to accomplish.

The Medicare Improvement for Patients and Providers Act (MIPPA) grant supports SHIP counselors' work to help people understand and access Medicare financial assistance programs or preventive benefits. It has been taking significantly longer for SHIP counselors to help people access financial assistance programs and preventive benefits since the start of the COVID-19 public health emergency.







STATEMENT OF EXPLANATION ADRC ADVOCACY REPORT

5.3

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.

Family Caregivers Breaking Under Pressure

Families provide **80%** of care for children and adults with disabilities and older adults



1 of **3** expect to continue caregiving next **30 years**.



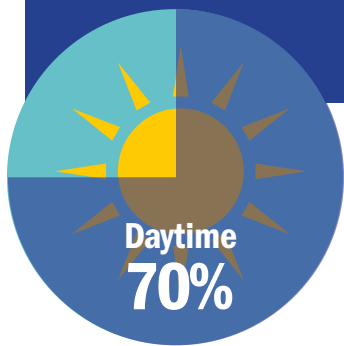
4 of **5** have been caregiving at least **10 years**.

10 YEARS

20 YEARS

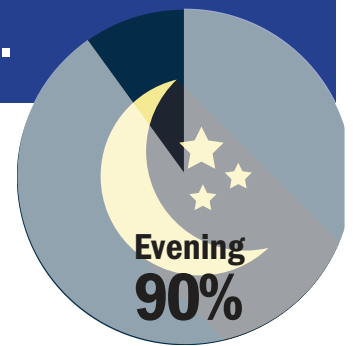
30 YEARS

Friend and family caregivers fill in the gaps for **decades**.



Families are caregiving all the time.

In 24 hours,
1 of 2 are providing more than
12 hours of caregiving per day.



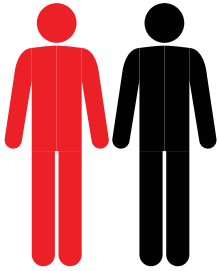
84% are weekend caregivers.

When there is no worker, families' lives are thrown into **crisis**.



In a week, **3 of 5** spend more than **40 hours** – the equivalent of a full-time job—on caregiving duties.

Families are the back-up for paid help.



1 of 2 caregivers can't find anyone to hire and are providing all the care.

1 of 2 family caregivers said if family could no longer provide care, their loved one would be unable to remain at home.

If family members aren't doing the work, people end up in expensive Medicaid-funded institutions.

2/3 of caregivers have left the workforce or decreased their hours

40% left jobs completely

58% Need employer to understand caregiver role, responsibilities and have flexibility

47% Job must be close to home, not involve travel

46% Job must have virtual option or flexible hours

44% can only work certain hours

30% can only work part time

20% of families are interrupted during day at least once a week to provide care.

Another **12%** are interrupted more than 5 times per week.





STATEMENT OF EXPLANATION
85.21 TRANSPORTATION GRANT APPLICATION APPROVAL 2023

6.1

The ADRC of Chippewa County receives the State 85.21 Specialized Transportation Grant to provide transportation services for persons with disabilities and older adults. A Public Hearing and Board approval must accompany the grant application. 2023 allocation for Chippewa County is \$166,537 with a required county cash match of \$33,307. Anticipated passenger revenue \$15,000. Total available revenue for coordination and service delivery \$214,844 (see 85.21 Specialized Transportation Assistance Program for 2023 handout).



6.1.a

85.21 Specialized Transportation Assistance Program for 2023

Chippewa County Aging & Disability Resource Center provides funding assistance to meet transportation needs for older adults 60+ and individuals with disabilities. We contract with transportation agencies to provide the service.

Program Overview

Rides are provided for individuals who may or may not need wheelchair-accessible vehicle transport. A referral process determines if an individual is eligible for 85.21 transportation. Recommendations are suggested based on the consumer's needs and provider availability. All trips require a copay per one-way which is determined annually. Rides include: medical, nutrition, personal business, and social.

Contracted transportation agencies Include:

- Center for Independent Living
 - Patient’s Express
 - Abby Vans
 - North Central Caravans (formerly Tender Care Transport)
- Ready Ride
 - Rusk County Transit

Ridership Recap for 2022

Transportation services have maintained average numbers between for 2022. We continue to work diligently with our transportation partners to meet transportation needs. The following are ridership statistics based on January thru September data along with the projection for the remainder of the calendar year.

Estimated Non-wheelchair accessible rides.....Over 4,000 one-way trips

Estimated Wheelchair-accessible rides..... Over 600 one-way trips

Estimated Number of miles driven.....Over 250,000 miles

Transportation for medical purposes made up 80% of the total number of rides.

Budget for 2023

Below is information about program funding.

Definition	Dollar Amount
Department of Transportation Grant	\$166,537.00
Required County Match	\$ 33,307.00
Rider Copay (\$5.00)	\$ 15,000.00
Total Program Revenue	\$214,844.00
Amount for subsidizing rides. This is 78% of revenue	\$168,876.00
Transportation Trust (funds that are not used each and are carried over and can be used for other transportation purposes-not used for direct services)	\$ 89,148.00



STATEMENT OF EXPLANATION
ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP) 2023
BUDGET

6.2

Background: The ADRC of Chippewa County receives funding to support caregivers who are providing care to someone with memory loss. AFCSP can provide help in the form of in-home respite/companionship, overnight respite in a facility, adult day care, caregiver counseling, help with personal care, medication monitoring, chores and any other goods and services necessary to maintain the person with memory loss at home.

Action: Approve 2023 Alzheimer's & Family Caregiver Support Program budget

2023 AFCSP Budget Report F-21343 (10/2022)

1. (untitled)

Division of Public Health

Alzheimer's Family Caregiver Support Program (AFCSP) 2023 Budget

Please respond to each question, using the previous year's budget as a guide for completing this report. Completion of this form satisfies the requirements under Wis. Admin. Code § DHS 68.05 for a distinct program budget for the AFCSP.

You will not be able to start, stop, and then resume data entry into this report. You may want to print this report so that you can gather the necessary information before beginning the data entry.

*** denotes a required field**

1. County, counties, or tribe included in budget:*

Chippewa

2. Name of designated AFCSP lead agency:*

ADRC

3. Your name:*

Leslie Fijalkiewicz

4. Your email address:*

Ifijalkiewicz@co.chippewa.wi.us

5. Your phone number (include area code):*

7157267779

6. 2023 allocation in dollars:*

\$33,723.00

7. Number of households anticipated to be enrolled and served in the coming year:*

7

Planned distribution of funds by purpose, in dollars (\$) and percents (%) (Wis. Admin. Code § 68.06)

Please check your math before you submit.

County programs are required to spend a minimum of 40% of the agency's AFCSP allocation to provide respite to caregivers of people diagnosed with dementia. Tribes are exempt from the 40% respite requirement.

No more than 10% can be claimed for program administration.

Estimates are allowed for the categories in question 9, but be aware that actual expenses for each type of respite will be required as part of the AFCSP Fiscal Report.

8. DOLLARS planned for respite services:*

\$26,700.00

9. AMOUNT planned for each type of respite:*

Adult day services : \$0.00
 Caregiver self-care : \$700.00
 Homemaker/chores : \$500.00
 In-home general respite : \$25,000.00
 In-home personal care : \$0.00
 Overnight facility respite : \$500.00
 Other respite service(s) : \$0.00

10. PERCENT planned for all respite services:*

79%

11. DOLLARS planned for purchasing other goods and services:*

\$1,650.00

12. DOLLARS planned for the development of new or expanded services:*
(Note: If any expenditures are planned, please complete item 23.)

\$0.00

13. DOLLARS planned for outreach activities and public awareness:*

\$1,500.00

14. DOLLARS planned for support group development or assistance:*

\$500.00

15. DOLLARS planned for staff training:*

\$0.00

16. DOLLARS planned for program administration:*

\$3,372.00

17. PERCENT planned for program administration (maximum 10%):*

10%

Methods for fund distribution**18. Do you plan to make payments to service providers for direct care as a method of distributing these funds?**
(Wis. Admin. Code § DHS 68.09)*

Yes

19. Do you plan to make payments to households of persons with Alzheimer's Disease (i.e., cash grant for agreed-upon service/goods)? (Wis. Admin. Code § DHS 68.09)*

Yes

20. Indicate the county's or tribe's maximum amount payable in the calendar year to or on behalf of any participating person.*

\$4,000

21. If maximum amount payable in Question 20 is less than \$4,000, indicate amount of maximum:***22. Briefly describe any limitations being placed on goods and services that are to be provided, purchased, or contracted. See Wis. Admin. Code § DHS 68.06(2)(b) for list of possible services. Generally speaking, all services should be made available to AFCSP enrollees and approved based on the family's needs and preferences. If no limitations, indicate none.***

If person is able to receive home delivered meals or transportation services then the funding would not be available for that.

23. Briefly describe any new programs or expanded services planned for the coming year, see definitions under Wis. Admin. Code §§ DHS 68.02(8) and (13). Indicate if this is year one, two, or three of the program development or expansion.*

no new service planned but community needs and changing availability of resources may dictate otherwise

24. Explain your program's waiting list policy, including how many families have been told they must wait for services.*

Sadly, our waiting list in the past two years was dictated more by not having staff available to enroll people. We do not anticipate this in 2023 and hope to have a shorter waiting list. We will implement a first on, first off procedure for the waiting list with flexibility to advance those who are at imminent risk of APS involvement.

25. Explain how your program, aging unit, and/or Aging and Disability Resource Center (ADRC) will provide outreach to families living with or newly diagnosed with Alzheimer's or dementia. Include specific plans for marketing and providing education to families and community partners about the benefits of enrolling in AFCSP.

This is done through our monthly newsletter, presentations in the community, coordination with partner agencies, health fairs, and advertising in publications that are geared toward a younger senior population to promote memory screening and early diagnosis.

2. Thank You!

Thank you for taking our survey. Your response is very important to us.