AGENDA

Eau Claire County
Aging & Disability Resource Center Board
Wednesday, July 20, 2016, 4:00 pm
Rooms 1301/1302 Courthouse, Eau Claire WI 54703

1. Call to order
2. Confirm agenda
3. Introductions
4. Public comment
5. July 13, 2016 ADRC Board Minutes / Discussion–Action Handout #1
6. Care Wisconsin presentation Handout #2
7. Strategic Plan Update Handout #3
8. Community Agency funding
9. Director Report
   - Governing Board Report Handout #4
   - 5310 Grant with Veteran's Services
10. Future Meetings: August 10 (budget); August 17 (if needed)
    All meetings are scheduled at 4 pm
11. Adjourn

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters or other auxiliary aids. For additional information or to request the service, contact the County ADA Coordinator at 839-4710, (FAX) 839-1669, tty: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

Aging & Disability Resource Center Board
Wednesday, July 13, 2016, 4:00 pm
Rooms 1301/1302 Courthouse, Eau Claire WI 54703

Members Present: Lauri Maloney, Katherine Schneider, Jason Endres, Thomas Christopherson, Sandra McKinney, David Mortimer, Carl Anton, Stella Pagonis, Ruth Adix,

Others Present: Jennifer Owen, Emily Gilbertson, Marlene Rud, Becky Hinzmann, Tom Wagener, Colleen Bates, Steve Carlson, Jeremy Gragert, Jeff Smith, Eleanor Wolf, Judy Gatlin, David Huber, Nick Smiar, Myron Buchholz, Kim Wilson, Larry Heagle

Chair Pagonis called the meeting to order at 4:00 pm.

Confirmed agenda- yes

Introductions of ADRC Board, staff and others in attendance.

Public Comment: David Huber-supports Living Wage, opposes amendment. Judy Gatlin-advocates Living Wage, opposes amendment and encouraged ADRC Board to oppose. Eleanor Wolf- opposes amendment and encourages ADRC Board to oppose. Jeff Smith-supports Living Wage, opposes amendment. Jeremy Gragert-supports Living Wage, opposes amendment. Steve Carlson- supports Living Wage, opposes amendment. Tom Wagener present representing Eau Claire City Transit. Myron Buchholz- opposes Living Wage amendment.

June 22, 2016 ADRC Board meeting minutes. Katherine Schneider proposed amendment wording under Director Report to; The Living Wage ordinance would not affect ADRC contracts through 2017. ~~except for the Abby Vans contract but no finalization yet.~~ Motion by Jason Endres to approve minutes as amended. Motion carried.

Living Wage Ordinance Amendment. Stella Pagonis briefly reviewed and clarified. The ADRC Board reviewed the proposed amendment in length. Discussed potential impact of amendment on programs, services and funding resources as well as potential impact on participation at Augusta Senior & Community Center. Nutrition Program meal providers Augusta & Fall Creek Nursing Home indicated that would not be able to continue to provide meals with proposed amendment. Meal provider, Sacred Heart Hospital, predicts an increase of $1.25 per meal in contract with proposed amendment. Jason Endres moved to vote on Living Wage amendment. Second by Carl Anton. Vote 6 deny, 4 accept. Amendment denied. Motion carried.

Next meeting - July 20, 2016, 4:00 pm. Katherine Schneider would like guidance for ADRC Board members.

Meeting adjourned at 5:30 pm.

Respectfully submitted

Marlene Rud, Clerk
Aging & Disability Resource Center

_____Chairperson

Care Wisconsin
Community Partners Since 1976

Mission and Values

To promote the quality of life of our communities by empowering others and working together to creatively solve unique health and long term care needs.

To operate on a sustainable financial basis through growth and continuous improvement.

Our culture is based on integrity, accountability and treating our members, partners and each other with dignity and respect.


Celebrating 40 Years
Care Wisconsin
Community Partners Since 1976
MEMBERS
30
150
300
450
3,500
5,300
7,000
9,100
MEMBERS
3 EMPLOYEES
15 EMPLOYEES
30 EMPLOYEES
150 EMPLOYEES
NEARLY 500 EMPLOYEES
1976
Founded as region's first adult day center.
1980s
Memory loss and west adult day centers open.
1990s
Medicaid Personal Care Program begins for elderly and adults with physical disabilities.
Two programs open for adults with DD: 24-hr Supported Living and Community Bridges.
1995
Partnership Program opens for frail elderly (first Partnership Program in Wisconsin).
2003
Care Wisconsin Health Plan, Inc. formed.
2005
Receive HMO License from WI Office of Commissioner of Insurance.
2008
Open Family Care in 8 counties and Partnership in 4 additional counties.
Welcome 370 new Partnership members in Dane Co. when CLA Partnership closes.
2013
Begin offering Family Care in 11 additional counties.
2014
Began to offer SSI Managed Care.
2015
Northeast region Family Care implementation in 7 counties.
2016
Expand into 14 counties for Family Care.
Offer Partnership in 2 additional counties.
Added 11 counties to SSI

Partnership Program (1995-Present)

Service area: Columbia, Dane, Dodge, Jefferson, Ozaukee, Waukesha, and Sauk Counties

Current Enrollment:	1,479*
PD:	774
FE:	520
ID/DD:	185

Family Care Program (2008-Present)

Service area: Brown, Buffalo, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Dunn, Eau Claire, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Marinette, Marquette, Menominee, Monroe, Oconto, Ozaukee, Pepin, Pierce, Richland, St. Croix, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha and Waushara Counties.

Current Enrollment:	6,106*
PD:	1,399
FE:	1,670
ID/DD:	3,037

Medicaid SSI Program
(2014 – Present)

Current Enrollment:	1,792*

Service Area: Adams, Calumet, Clark, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Outagamie, Ozaukee, Richland, Rock, Sauk, Trempealeau, Vernon, Waupaca, Waushara, Waukesha and Winnebago Counties.

Provider Network
More than 1,800+ medical, health and long-term care service providers

Employees
More than 500

*Updated 6/20/2016

Care Wisconsin

Community Partners Since 1976

We are a nonprofit managed care organization specializing in government-funded programs that integrate health and long-term care services. For 40 years, we have been filling gaps in services and helping people in our community who are most at risk — low-income frail elders and adults with intellectual/developmental and/or physical disabilities.

With roots as a human services agency, we were founded in 1976 when we started the region's first adult day center in a church hall in Madison. Today, we offer three public programs, including Family Care, Partnership, and Medicaid SSI in 46 counties in Wisconsin.

To ensure that members have choice, flexibility and access to high-quality services, we build strong local provider networks. Also, members of Family Care and Partnership can have our care teams coordinate long-term care services or they can self-direct their services if desired.

Our care model is based on the principles of access, choice, quality and cost-effectiveness. We place members at the center of care and develop individualized care plans to ensure each member's needs are met. We also collaborate closely with our members' families and guardians, advocates, providers and government agencies.

Community-Based Local Presence

- 46 Counties
- 21 offices
- Regional Hubs:
  - La Crosse County – La Crosse
  - Dane County – Madison
  - Waukesha County – Waukesha
  - Brown County – Green Bay

Our Mission and Values

To promote the quality of life of our communities by empowering others and working together to creatively solve unique health and long term care needs.

To operate on a sustainable financial basis through growth and continuous improvement.

Our culture is based on integrity, accountability and treating members, partners and each other with dignity and respect.

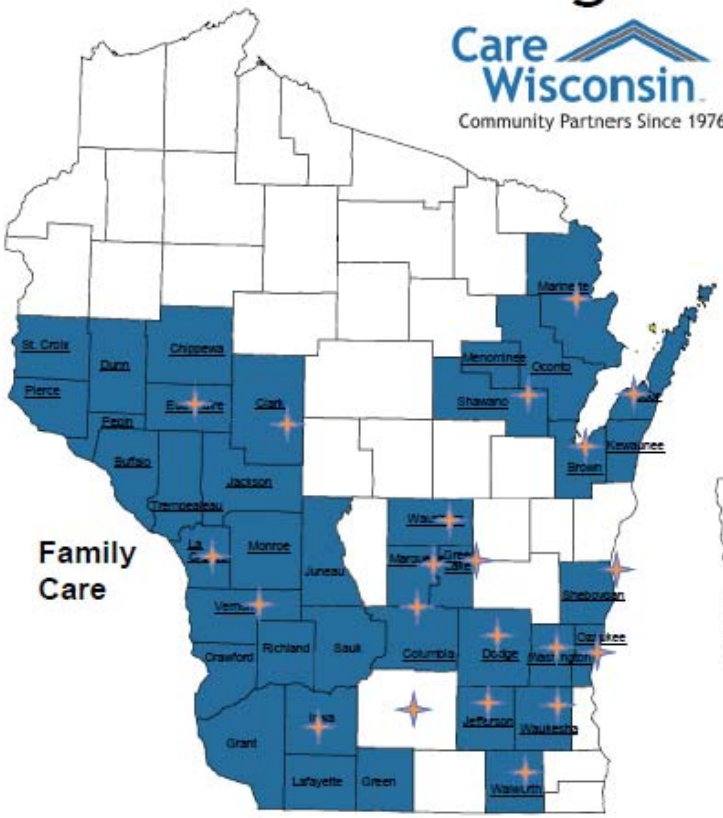
Expansion Long Term Care Contacts

Transition team leaders:

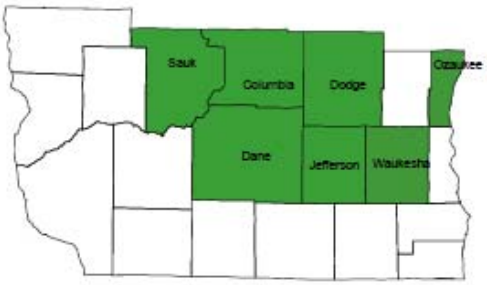
- Susan Crowley: crowleys@carewisc.org, 608-245-3522
- Ken Eimers: eimers@carewisc.org, 608-245-3023

Our Programs

Care Wisconsin
Community Partners Since 1976



Medicaid SSI



Partnership

Care Wisconsin

Care Wisconsin Programs

	PARTNERSHIP	FAMILY CARE	SSI
AUTHORITY	Contract with Wisconsin Department of Health Services (DHS) Contract with Centers for Medicare and Medicaid Services (CMS) HMO License with Office of Commissioner of Insurance (OCI)	Contract with Wisconsin Department of Health Services (DHS)	Contract with Wisconsin Department of Health Services (DHS) HMO License with Office of Commissioner of Insurance (OCI)
REGULATORY OVERSIGHT	DHS CMS OCI	DHS (DHS shares financial oversight with OCI)	DHS OCI
FUNDING	Per member per month capitation payment from DHS (Medicaid) Per member per month capitation payment from Medicare (for members who are Medicare eligible)	Per member per month capitation payment from DHS	Per member per month capitation payment from DHS
BEGAN OPERATION	1995	2008	2014
TARGET POPULATION	FE, PD – Dane County DD, FE, PD – Sauk, Columbia, Dodge, Jefferson	DD, FE, PD (All Counties)	N/A
ELIGIBILITY	Member must be financially and functionally eligible for Medicaid and live in service area	Member must be financially and functionally eligible for Medicaid and live in service area	Member must be 19 years of age or older; receive Supplemental Security Income (SSI) as determined by Federal disability determination; SSI determination results in automatic Medicaid eligibility; does not live in an institution or nursing home and does not participate in a home and community based waiver program (CIP, COP, IRIS, Brain Injury) or long-term care program (Family Care, PACE or Partnership).
SERVICE AREA	Columbia, Dane, Dodge, Jefferson, Ozaukee, Sauk, Waukesha	Brown, Buffalo, Chippewa, Clark, Columbia, Crawford, Dodge, Door, Dunn, Eau Claire, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, Kewaunee, La Crosse, Lafayette, Marinette, Marquette, Menominee, Monroe, Oconto, Ozaukee, Pepin, Pierce, Richland, St. Croix, Sauk, Shawano, Sheboygan, Trempealeau, Vernon, Walworth, Washington, Waukesha, Waushara .	Adams, Calumet, Clark, Columbia, Crawford, Dane, Dodge, Fond du Lac, Grant, Green, Green Lake, Iowa, Jackson, Jefferson, Juneau, La Crosse, Lafayette, Marquette, Monroe, Outagamie, Ozaukee, Richland, Rock, Sauk, Trempealeau, Vernon, Waukesha, Waupaca, Waushara, Winnebago

	PARTNERSHIP	FAMILY CARE	SSI
TEAM MODEL	Care Manager, Registered Nurse, Nurse Practitioner	Care Manager and Registered Nurse	Telephonic communication from RN and/or Member Care Coordinator
BENEFITS (Services)	All primary, acute, drugs, and long term care services	All long term care services plus durable medical equipment and supplies, occupational, physical and speech therapy	All primary and acute care services as well as mental health and substance abuse services
HIGHEST COST SERVICES	1. Pharmacy – 17% 2. Residential – 16% 3. Hospitalizations – 15%	1. Residential – 44% 2. Home Care – 22% 3. Day Services – 5%	1. Hospitalizations – 43% 2. Outpatient – 7%
HOW COSTS ARE MONITORED	PMPM = per member per month PMPM = divide the total cost by the monthly enrollment. Measuring on a PMPM basis minimizes total cost variances due to change in enrollment Member Months = Add each month's enrollment for the time period that is being measured (January enrollment + February enrollment + March enrollment) = Members Months for YTD March.	PMPM = per member per month (See first column)	PMPM = per member per month (See first column)
PROFILE	Member Eligible for: Medicaid = 100% Medicare = 83% Target Population DD 12% FE 35% PD 53%	Members Eligible for: Medicaid 100% Target population DD 50% FE 27% PD 23%	Medicaid = 100% Adult who is unable to work due to a disability such as mental illness or a chronic health issue Target Population: • 51% are female; 49% are male • Age distribution: ○ 24%, 18-29 years ○ 15%, 30-39 years ○ 16%, 40-49 years ○ 25%, 50-59 years ○ 15%, 60-69 years ○ 5%, 70 and over

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Community Partners Since 1976

Making Sure a Daughter Will Thrive as Parents Age

As many parents do, Maria's father and stepmother wanted to make sure their daughter with Down syndrome could continue to live safely and independently as they aged. To ensure that the pace was slow and compassionate they worked with their family and her Family Care team over the course of a few years eventually moving Maria from their home to her sister's a few counties away.

It was August 2012 when Maria's father first called her Family Care team and they set up a family meeting to discuss possible options for where she might live. Her parents were getting older, and though she had always lived at home, they wanted to plan for the future. The family wanted her to continue to live in a home as she always had, and find ways for her 10 siblings and 5 stepsiblings to be involved.

In the beginning the family met without Maria, knowing that moving out of her parent's home caused her anxiety. The family thought about options eventually deciding in early 2014 that Maria would move into her sister Chris' home. To make the transition, she first stayed with her sister for a weekend at a time.

The family also worked with the care team to understand what additional supports and services they would need such as assistance with personal cares, medication management, meal preparation, supervision and transportation. They worked with the care team to incorporate self directed care into her care plan. They talked about what other goals Maria had related to recreational and vocational activities and researched local resources so that Maria would not only have a new place to live, but a new home where she belonged in every way.

Maria with her sister Chris and niece Helen.

Fun But Louder

Now, more than a year and half later, it's feeling like home. She admits it's different, but she is happy and doing well. One major difference is living with many more people than she did at her parents. Her sister has six children and all the activity that comes with a family that size. When asked what that's like, she says she was, "used to being at home with three," and that "now it's a little louder."

But she says it's fun too. There's a lot of laughter in the house and it seems that one of her nephews always has a soccer or football game to watch. She also volunteers at a retirement home for nuns, holding their hands and sitting with them when they are sick. Chris

Continued on back.

says Maria sits with the nuns for hours and has been told she brings them great peace.

Maria is also active with the local ARC group, so that she can connect with others in the area. She had many friends around her parent's home and it has been a little challenging to make new friends, but being active is helping her to meet more people. She also continues to see her old friends when she participates with her old ARC group and with Special Olympics, which Maria has participated in a number of times.

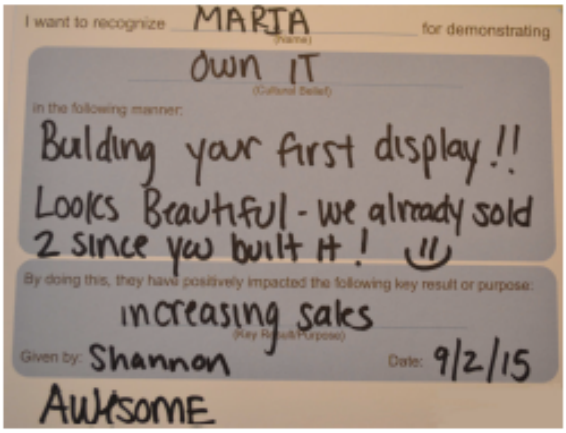
She also works at a local store two days a week stacking shelves and setting up displays. Maria's care team began to explore vocational opportunities for her in the winter of 2014 and she completed a six-week work trial and had job coaching in 2015 as part of her Family Care plan. Following the work trial, the two supervisors moved to a store close to Chris' house and offered Maria a job there. Having the store so close is a bonus, but the great part is having a job working with people who really understand Maria, Chris says.

The store has been supportive of offering Maria shifts during the weeks so her weekends are free. She now often visits her brothers, sisters, and parents then, which is something the family discussed before she moved. Seeing her siblings more often now is another advantage of the move. They often get together for family functions, wedding vacations, birthdays, and other celebrations.

Reflecting back and thinking about it for others who may be going through the same process, Chris says, "It can be successful."

With the right support, and a long-term outlook, today, Maria has been able to continue to focus on the things she loves most: her job, her family and friends, and the place she calls home.

With the right support, and a long-term outlook, today, Maria has been able to continue to focus on the things she loves most: her job, her family and friends, and the place she calls home.



Marie receives a note of praise at her job.

Care Wisconsin Mission and Values

Our mission is to promote the quality of life of our communities by empowering others and working together to creatively solve unique health and long term care needs.

To operate on a sustainable financial basis through growth and continuous improvement.

Our culture is based on integrity, accountability and treating our members, partners and each other with dignity and respect.

Care Wisconsin
Community Partners Since 1976

Introduction to Care Wisconsin

Mission and Values

To promote the quality of life of our communities by empowering others and working together to creatively solve unique health and long term care needs.

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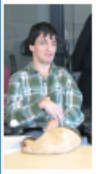
Organizational Foundation

- Non-profit managed care organization since 1976.
- Nonprofit means that any income surplus is invested back into the organization for programs.
- Specialize in government-funded programs like Family Care, Partnership and Medicaid SSI
- Focus on filling gaps in services and helping people in our community who are most at risk — low-income frail elders and adults with physical and intellectual/developmental disabilities.

Membership and Staff



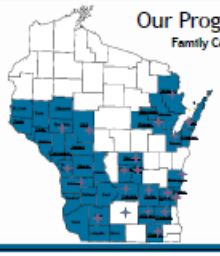
- Currently serve more than 6,100 Family Care members
- More than two-thirds of our staff are care team staff
- All care management staff are employed by Care Wisconsin

Financial Stability and Solvency

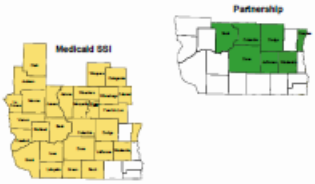
- Required to show OCI and DHS that we are managing our finances and that we will be able to care for our members long-term.
- Meet all of the financial requirements mandated by the State of Wisconsin for organizations working with our programs.
- Our administrative costs are less than 5%

Our Programs

Family Care



Our Programs



In Your Community

Office Location
3430 Oakwood Mall Dr.
Suite 400
Eau Claire WI 54701
1-888-508-5055
TTY: WI Relay 711
HOURS: By Appointment

Care Wisconsin
Community Partners Since 1976

Our Care Model

- Individualized member-centered care plans support member's outcomes
- Ensure the member is living in the least restrictive setting as possible and is living a meaningful life.
- Plans are self-directed whenever possible and include the most cost-effective community and natural supports

Care Teams - Family Care

- **Member**: Most important part of team, define goals
- **Care Manager**: Learns member's strengths and needs. Matches member to community services
- **Registered Nurse**: Coordinates health care needs with members
- The team may also include the any other person identified by the member as part of the care team, such as family members

What Makes Care Wisconsin Different?

- 97% of Family Care members would probably or definitely refer a friend to Care Wisconsin
- More than 90% of Family Care members:
  - Rate the help they get from care teams and their supports and services as Excellent or Very Good.*
- Members living in the community
  - Institutional settings is less than 2% in Family Care**
  - ~48% live at home for Family Care (own home or home with family)
- Performance Improvement Projects:
  - Use of Motivational Interviewing to improve documented rates of a hemoglobin A1C value in members with diabetes.

*2015 Family Care Member Survey Results
**Permanent Nursing Home Placement

Member Rights

- Committed to continuously improving processes to enhance outcomes for members
- Regular feedback from members via focus groups held 3-4 times per year
- Grievances and appeals managed by a Member Rights Specialist
- If you have questions: Liz Wesolek, Member Rights Specialist, 1-866-561-2682 x 4754, wesolekl@carewisc.org

Care Wisconsin
Community Partners Since 1976

Our Members Say it All

"I am very happy and satisfied about Care Wisconsin and would highly recommend Care Wisconsin to my friends."

"I didn't feel judged because of my disabilities, their concern was comforting."

"The communication is amazing and the idea that I am always informed is extremely comforting."

Compiled From Care Wisconsin Member Service Surveys

Provider Network

- Strong, local network ensures members have choice, flexibility and access to high-quality services
- Network Developers working in the area to develop provider relationships and create a network that innovatively and strongly supports Care Wisconsin members.
- Questions about the status of a provider contract:
  - Contact: Christi Pulliam, pulliamc@carewisc.org, 1-800-963-0035 x 3079

Care Wisconsin Contact Information

- Family Care Contact for ADRC:
  - Jay Hein
    - 1-855-408-3687 x 4610, heinj@carewisc.org
  - Jennifer Schemenauer
    - 1-888-508-5055 x 5376 schemenauerj@carewisc.org
- Questions about who is in network
  - 1-844-503-5072

Resources at www.carewisc.org

Care Wisconsin
Community Partners Since 1976

2015-2018 Strategic Plan

Mission:

To help people age 60+ and adults with disabilities secure needed services or benefits, live with dignity and security and achieve maximum independence and quality of life.

Core Assumptions About the Future

- ADRC services will exist in some form.
- Our focus on customer service will remain strong.
- The need for services will grow.

Core Strengths of the ADRC of Eau Claire County

- We provide high levels of customer service. (99% sat)
- Staff demonstrate different types of expertise and a strong work ethic.
- We work as a team.

Priority: Study Options For A New Organizational Structure

Owner: Jennifer

GOAL: To educate the board prior to a decision about organizational structure, will devote time at 4 future board meetings to explore the advantages and disadvantages of forming a regional ADRC prior to December 31, 2016.

GOAL: To further educate the board prior to a decision about organizational structure, will devote time at 4 different future board meetings to explore the advantages and disadvantages of forming a non-profit or cooperative organizational structure prior to June 30, 2017.

GOAL: To ensure a strong future for the ADRC, will make a decision about the best organizational structure to serve the most customers at the current high level of consumer satisfaction with the most efficient use of dollars available by January 1, 2018.

Objective 1: To better understand how to operate as an independent entity, prepare a report by December 31, 2016 outlining the services Eau Claire County could provide to the ADRC in the event the agency is no longer a part of county government.

Objective 2: Conduct exploratory meetings with a no fewer than 6 counties about regional services, and make a preliminary recommendation to the ADRC about prospective partners and responsibilities of being a lead agency by June 30, 2016.

Objective 3: To better understand how other ADRC agencies operate, an ad-hoc committee (3 board members and 3 staff) will visit the ADRC of Brown County and ADRC of Central Wisconsin by March 1, 2016.

Objective 4: Based upon conversations with prospective partners, will develop an implementation time-line for Eau Claire to be the lead agency in a regional partnership for board review and approval by December 31, 2017.

Objective 5: To ensure a smooth transition to a new organizational structure, will request a letter from BADR outlining any specific requirements or conditions for moving to a regional or non-profit structure prior to June 30, 2016.

Objective 6: Prepare a report for presentation to the board by December 31, 2016 on the likely impact on staff compensation and benefits should the agency decide to transition to a new organizational structure.

GOAL: To help ensure staff has a voice in any change related to organizational structure, conduct 3 meetings with staff by June 30, 2017 to solicit their input about the structural options under consideration.

Objective 1: Collect feedback at each session from staff about their preferences and concerns with process and include it as part of decision making.

Objective 2: Provide monthly informational updates to staff on key learning and activities related to a change in organizational structure.

PRIORITY: Integrate Technology into ADRC Services

Owners: Lisa & Kaylynn

GOAL: To increase awareness of current technology that promotes safety and independence for ADRC consumers, ADRC staff will make 5 community presentations about the types of technology available and how to use them by December 2016. At the end of the session, all attendees will score 90% or better on short quiz about technology.

GOAL: In order to help consumers better understand the value of technology, the ADRC staff will conduct 25 one-on-one, in-home sessions, to demonstrate how to utilize and obtain technology such as Skype, Face Time, chat rooms, Tele-health and apps. by June 30, 2018.

GOAL: In order to offer another venue of education for consumers, ADRC staff will create minimum of 5 YouTube videos about technology to address frequently asked questions received from consumers by December 31, 2018.

Priority: Revitalize Nutrition Services

Owner: Becky

GOAL: In order to provide consumers more choice, the ADRC will increase participation in The Community Table Mobile Meal Program to 100 participants daily by January 1, 2017. This will be done by recruiting and organizing volunteer delivery drivers, developing and scheduling routes, and purchasing supplies.

GOAL: Increase congregate dining participation in Eau Claire County by opening a restaurant based meal site 2 days a week that serves 25 consumers monthly, with possible flexible meal time and menu options by April 1, 2016.

GOAL: To provide more options for congregate dining in Eau Claire County, the ADRC will partner with The Community Table to open an intergenerational meal site that serves 25 consumers monthly by June 1, 2018.

Priority: Concentrate on High Levels of Customer Service

Owner: Emily

Goal: To increase community awareness of ADRC services, ADRC staff will devote 75 hours of time to plan and execute a "boots on the ground" campaign that educates Eau Clare County citizens about ADRC services, by January 1, 2017.

Goal: In order to increase awareness of ADRC services with professionals in the community, the ADRC will hold six breakfast or lunch and learn sessions that reaches a minimum of 75 professionals by December 31, 2017. At the end of the session, all attendees will score 90% or better on short quiz about ADRC services.

Goal: In order to expand our excellent customer service, ADRC staff will conduct a pilot project involving additional follow-up contact with 100 consumers by December 31, 2017. 90% of the consumers involved will rate their experience at met expectations or exceeded expectations on our current ADRC Customer Satisfaction Survey.

State of Wisconsin
Department of Health Services
Scott Walker, Governor
Kitty Rhoades, Secretary

July 1, 2016

Honorable Alberta Darling
Co-Chair
Joint Committee on Finance
Room 317 East
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Honorable John Nygren
Co-Chair
Joint Committee on Finance
Room 309 East
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Senator Darling and Representative Nygren:

Section 9118(9q)(b) of 2015 Act 55, the 2015-17 biennial budget, directed the Department to submit a report on the responsibilities of Aging and Disability Resource Centers governing boards. Please find the report enclosed.

Please contact me if you have any questions about the report.

Sincerely,

Thomas J. Engels
Interim Secretary

1 West Wilson Street • Post Office Box 7850 • Madison, WI 53707-7850 • Telephone 608-266-9622 • dhs.wisconsin.gov
Protecting and promoting the health and safety of the people of Wisconsin

Recommendations Regarding Duplication of Functions between Aging and Disability Resource Center (ADRC) Governing Boards and the Department of Health Services (DHS)

A Report to the Joint Committee on Finance by the
Wisconsin Department of Health Services
Division of Long Term Care
P-01241A (07/2016)

Table of Contents

Executive Summary

2015 Wisconsin Act 55 requires the Department of Health Services (DHS) to report to the Joint Committee on Finance no later than July 1, 2016, what responsibilities, if any, of Aging and Disability Resource Center (ADRC) governing boards described under Wis. Stat. § 46.283(6) are duplicative of functions performed by DHS. If duplicative functions are identified, DHS must report the changes needed to the statutory requirements for the resource center governing boards to remove that duplication.

This report is the second of three papers that DHS will be submitting to the Legislature by January 1, 2017, that evaluates the role of ADRCs in Wisconsin's Medicaid long-term care programs.

The report recommends the following:

DHS recommends no changes to the statutory requirements for the composition of resource center governing boards under § 46.283(6)(a).

DHS recommends eliminating the requirement that ADRCs review MCO-related grievances and appeals. Removing this requirement not only removes duplication, but also addresses concerns raised by external stakeholders and clarifies the role of the governing board.

DHS recommends no changes to statute to reduce the authority of the governing board to that of an advisory committee.

DHS recommends deleting obsolete duties of ADRC governing boards regarding the county long-term planning committee.

DHS recommends eliminating regional long-term care advisory committees.

Introduction and Background

2015 Wisconsin Act 55 requires the Department of Health Services (DHS), by no later than July 1, 2016, to assess which responsibilities of Aging and Disability Resource Center (ADRC) governing boards, described in Wis. Stat. § 46.283(6), are duplicative of functions performed by DHS, and shall propose changes to the statutory requirements for the resource center governing boards to remove any duplication of functions.

In developing this report, DHS staff reviewed statutory and contractual requirements relating to ADRCs and ADRC governing boards. DHS examined organizational structures of governing boards and the corresponding authority within each organizational structure, reviewed methods of oversight of the long-term care system, and solicited stakeholder input through an invitation to provide written comments and to participate in a series of meetings and conference calls. DHS solicited input from ADRC directors, managed care organization (MCO) leadership, county human service and social service department directors, aging directors, tribes fully partnered with ADRCs, consumer advocates, and ADRC governing board members. In addition, DHS reviewed methods available for consumers to provide meaningful input to DHS on the long-term care system in Wisconsin. ADRC governing boards are a mechanism for consumer input under current regulations.

Overview of Aging and Disability Resource Centers (ADRCs)

ADRCs are designed as the first place to go for accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone—individuals, concerned family or friends, or professionals working with issues related to aging or disabilities—can go for information tailored to their situation. ADRCs provide information on a broad range of programs and services, help people understand the various long-term care options available to them, help people apply for programs and benefits, and serve as the access point for publicly funded long-term care. ADRC services are available to older people and adults with disabilities regardless of income and regardless of whether the person is eligible for publicly funded long-term care or other government benefits. ADRC services are also available to families, friends, caregivers, physicians, hospital discharge planners, and others who work with or care about older people or people with disabilities.

ADRCs are governed by § 46.283, and provide several required functions: information and assistance services, the initial long-term care functional screen, prevention and intervention services, benefit counseling, options counseling, enrollment counseling, and youth in transition services.

There are currently 41 ADRCs that serve the entire state of Wisconsin, including Wisconsin's 11 federally recognized tribes. The Appendix includes detailed information.

Of Wisconsin's 41 ADRCs, 28 are composed of a single-county and 13 serve multi-county regions. Milwaukee County has a separate Aging Resource Center and Disability Resource Center. The majority of ADRCs (28 of 41, accounting for 68%) are fully integrated with aging units in order to provide more robust and coordinated services to older adults and adults with disabilities.

All ADRCs are county or multi-county public entities, with the exception of the ADRC of Brown County, which is a nonprofit organization. Five of Wisconsin's 11 tribes partner with the ADRC serving their region and six have a tribal aging and disability resource specialist to provide information and assistance, options counseling, and certain other ADRC functions.

Composition and Responsibilities of ADRC Governing Boards Under Current Law

The requirements and duties of the ADRC governing boards are described in Wis. Stat. § 46.283(6), Wis. Admin. Code § DHS 10.22, and the ADRC's contract with DHS.

Board Membership—§ 46.283(6)(a) establishes requirements for the composition of governing boards. The statute does not mandate the number of members the board must have, but does require the following:

- The board must reflect the ethnic and economic diversity of the geographic area served by the resource center.
- At least one-fourth of the members shall be individuals who belong to the client groups served by the resource center or their family members, guardians, or advocates, with the mix of client group members reflecting the mix of groups served by Family Care statewide. These groups are frail elders, people with developmental disabilities, and people with physical disabilities.
- An individual with a financial interest in a Family Care MCO or Medicaid SSI managed care organization operating in the resource center's service area, or the individual's family member, may not serve on the board.

Board Responsibilities—§ 46.283(6)(a) enumerates specific duties for the governing boards:

1. Determine the structure, policies, and procedures of, and oversee the operations of, the resource center. The operations of a resource center that is operated by a county are subject to the county's ordinances and budget.
2. Annually gather information from consumers and providers of long-term care services and other interested persons concerning the adequacy of long-term care services offered in the area served by the resource center. The board shall provide well-advertised opportunities for persons to participate in the board's information gathering activities conducted under this subdivision.

3. Identify any gaps in services, living arrangements, and community resources needed by individuals belonging to the client groups served by the resource center, especially those with long-term care needs.
4. Report findings made under subds. 2. and 3. to the applicable regional long-term care advisory committee.
5. Recommend strategies for building local capacity to serve older persons and persons with physical or developmental disabilities, as appropriate, to local elected officials, the regional long-term care advisory committee, or DHS.
6. Identify potential new sources of community resources and funding for needed services for individuals belonging to the client groups served by the resource center.
7. Appoint members to the regional long-term care advisory committee, as provided under § 46.2825 (1).
8. Annually review interagency agreements between the resource center and care management organizations that provide services in the area served by the resource center and make recommendations, as appropriate, on the interaction between the resource center and the care management organizations to assure coordination between or among them and to assure access to and timeliness in provision of services by the resource center and the care management organizations.
9. Review the number and types of grievances and appeals concerning the long-term care system in the area served by the resource center, to determine if a need exists for system changes, and recommend system or other changes if appropriate.
10. If directed to do so by the county board, assume the duties of the county long-term community support planning committee as specified under § 46.27 (4) for a county served by the resource center.

Variations in ADRC Organizations and Governing Board Authority

The 41 ADRCs in Wisconsin include a variety of organizational structures and governing board arrangements. This flexibility in organizational structure is purposeful and necessary, so that the ADRC may adapt to meet the needs of its local community and county government.

Forty of the 41 ADRCs are county agencies, while one is a non-profit organization. Under § 46.283(6)(b)1, an ADRC board within a county is subject to the county's ordinances and budget. These counties are governed by their own county boards, and many report to a county human services board overseeing their human services agency. Consequently, governing boards for county-agency ADRCs serve as advisory councils or committees to the county board or county human services board, rather than as independent governing bodies.

ADRC Organizational Structure and Governing Board Authority

	Single-County Agency	Multi-County Agency	Nonprofit	Total
Governing Role	0	2	1	3
Advisory Role	27	11	0	38
Total	**27**	**13**	**1**	**41**

In addition, the majority of ADRCs are integrated with county aging units. When ADRCs and aging units are integrated, DHS expects the ADRC governing board to be combined with the commission on aging to form a single, integrated governing body meeting all of the requirements for ADRC governing boards described in statute and contract, as well as the requirements for county commissions on aging described in § 46.82(4). Integration between the two entities promotes coordination of services for older adults and people with disabilities.

Regional Long-Term Care Advisory Committee

Wisconsin Stat. § 46.2825 establishes regional long-term care advisory committees that were intended to have a monitoring, review, and evaluation role with regard to ADRCs, MCOs, and the long-term care system in general. ADRC governing board responsibilities under § 46.283(6) include several duties related to regional committees, including: reporting the board's findings on community needs and adequacy of services within their local area, recommending strategies for building local capacity, and appointment of the committees' membership.

External Stakeholder Input

To inform this report, DHS held a series of in-person meetings and conference calls, and provided an opportunity for stakeholders to provide written input. DHS solicited input from ADRC directors, MCO leadership, county human and social service department directors, aging directors, tribes fully partnered with ADRCs, consumer advocates, and ADRC governing board members.

Stakeholder input served as an important opportunity for DHS to identify potential areas of duplication and to recommend statutory changes to the duties of governing boards. Common themes are listed below:

- **Duplication with DHS duties**: Many stakeholders felt that the duties regarding oversight of the long-term care system, specifically review of grievances and appeals, was an area of duplication with DHS.
- **Importance of the board as a consumer voice**: Stakeholders voiced that boards play a critical role in identifying gaps in service, identifying unmet needs, and advocating for the needs of the community. Many felt the need to preserve the board's role as advocate for

ADRC target populations, and the programs, services, and policies that impact their quality of life.

- **Appropriateness of roles**: The appropriateness of the ADRC governing board as policing the long-term care system was questioned by many stakeholder groups. At the same time, some stakeholders asked what other entity would effectively serve that role
- **Administrative functions**: Some stakeholders discussed that board requirements (such as oversight of ADRC operations and policies, identification of funding sources, and review of interagency agreements) were more administrative functions of the ADRCs, and should be completed by ADRC management. Others disagreed and felt that the functions should remain requirements of the board.
  Review of agency agreements: Many stakeholders felt that boards needed to review interagency agreements with MCOs when they are first developed and when material changes are made, but there was no need for annual review. Some questioned why ADRCs governing boards had duties specific to managed care organizations, when their role is broader within long-term care and populations served.
- **Removal of obsolete duties**: Many recommended removing duties that were irrelevant or placed the board in a position where they could not fulfill duties, such as those related to the regional long-term care advisory committees and COP planning committees.

Conclusions and Recommendations

The recommendations in this report focus on areas of duplication between DHS and ADRC governing boards.

Composition and Core Functions of the ADRC Governing Boards

- Governing boards are an integral component of ADRCs that define and uphold the mission of the ADRC. ADRC governing boards provide guidance and direction on the structure, operations, and performance of the ADRC. Boards, with membership representing consumer voices, not only ensure that the ADRC has awareness of community needs, but also advocate for and support changes to meet those needs for their local community.
- Requiring a consumer-driven ADRC governing board ensures that the populations served by the ADRC—older adults and people with disabilities—have a voice in the creation, development, direction, and implementation of their local ADRC's policies and services. Stakeholders articulated ADRC governing board's core function as the ability to act and advocate for ADRC target populations by being knowledgeable about and working to improve the programs, services, and policies that affect their way of life. DHS agrees that ADRC board members have an awareness of and connection to the pulse of those served by the ADRC in the local community, and the ADRC board is, therefore, an appropriate entity to advocate for their needs. Boards also have a role in shaping the ADRC's local policies and operations to ensure a successful fit with the area and population served by the ADRC.

- These core functions of the board are not duplicative of the functions of DHS. While DHS is responsible for oversight of statewide ADRC functions through the Office for Resource Center Development, the ADRC and their local board have latitude to develop and implement local policies and procedures in addition to those required statewide.
- Wisconsin Stat. § 46.283(6)(a) addresses the requirements for member composition of the ADRC governing board. This section of the statutes requires and ensures that a representative voice of ADRC populations and of consumers of long-term care is embodied in ADRC governing board membership. DHS is committed to safeguarding requirements that ensure inclusion of input from people who represent the target groups served. Because there are not duplications in functions, DHS recommends no changes to the statutory requirements for the composition of resource center governing boards.

Oversight of the Long-Term Care System and MCOs

- The ADRC governing board is currently charged under § 46.283(6)(b)9 to review the number and types of grievances and appeals concerning the long-term care system in the area served by the resource center, to determine if a need exists for system changes, and recommend system or other changes if appropriate.
- DHS is responsible for oversight of MCOs and all long-term care programs. DHS performs that oversight through monitoring of contracts, use of an external quality review organization (EQRO) to help implement a multi-level quality management system for managed long-term care on a statewide level, and through annual financial reviews. Quality oversight activities include: onsite annual quality reviews, annual care management reviews that include review of a sample of member individualized service plans, review of quarterly narrative reports, ongoing review of grievances and appeals, review of critical incidents and other adverse events for members, and ongoing review of utilization data. In particular, under the direction of DHS, the EQRO undertakes discovery activities in accordance with DHS quality strategies, while DHS executes remediation and quality improvement efforts.
- Since 2002, DHS has contracted with MetaStar to conduct EQRO activities for the Family Care program. On an ongoing basis, EQRO activities evaluate the quality of the services that are arranged for or provided to Family Care enrollees or potential enrollees under the contract DHS has with MCOs. In reviewing MCOs, MetaStar performs quality compliance reviews, validates performance improvement projects, implements performance measures, as well as other oversight methods. DHS annually publishes a report of MetaStar findings, which is available for public review on the DHS website.
- Groups of external stakeholders questioned the appropriateness of the ADRC governing board's role in oversight of the long-term care system, specifically MCOs. Without authority to enforce changes or require data from MCOs, concerns were also raised that ADRC boards could only rely on anecdotal evidence rather than actual data.

- DHS recommends eliminating the requirement that ADRCs review MCO-related grievances and appeals. Removing this requirement not only removes duplication, but also addresses concerns raised by external stakeholders, and clarifies the role of the governing board.

Governing Board Authority

- As discussed above, pursuant to county ordinances, county-agency ADRC governing boards typically have an advisory role only.
- DHS recommends that county boards give ADRC governing boards the authority to independently make decisions and act on those decisions, consistent with the scope of the boards' duties under § 46.283(6). This recommendation would not mandate a single prescriptive organizational structure for ADRCs because boards are able to act independently and successfully in various organizational designs.

  Single-County ADRCs
  - In single-county ADRCs, the ADRC is either a public entity with a board that acts in an advisory capacity to the county, or a nonprofit organization with a board independent of the county. When acting in an advisory function to the county, the ADRC governing board may take different forms, including a subcommittee within the county board, ADRC governing board membership appointed by the county executive, or as an advisory council to the human services or county board.
  - Although a governing board may be a public entity that is "advisory" in title, it is possible that the board may be effective in implementing the core functions of the ADRC board. If the ADRC board is able to provide meaningful input to the county entity to which the governing board reports, regardless of the title "advisory" or "governing," the board may have the authority to independently make decisions and act on those decisions within the scope of their duties under § 46.283(6). In order to provide meaningful input, the county entity to which the ADRC governing board reports would need to include ADRC board members' input in decision-making, and provide deference to the ADRC board as appropriate.

  Regional ADRCs
  - Regional ADRCs that operate under Wis. Stat. § 66.0301 Intergovernmental cooperation, or as long-term care districts, have governing boards with the authority to act as true governing bodies, including the authority to act independently and make local decisions. These arrangements allow the ADRC to continue as public entities while ensuring that core functions of the board are carried out.
  - DHS recommends that regional ADRCs organize structurally under § 66.0301 for efficiency in operations. Regional ADRCs that are structured under § 66.0301 are streamlined with a single autonomous governing board. This design allows for

effectiveness and efficiency in operations for the ADRC. When regional ADRCs are not organized under § 66.0301, the ADRC board will act in an advisory capacity to multiple counties, often through different entities. It is possible that requiring the ADRC governing board to report to multiple counties in a disjointed structure will result in inefficiency. Reporting to multiple counties with disparate priorities could also pose challenges to the functioning of the ADRC and their governing board's core functions.

Regional Long-Term Care Advisory Committee

- Regional long-term care advisory committees were convened once in 2012, and are currently inactive due to several challenges DHS has encountered. First and primarily, the statutory duties of the committees are significant in number and depth. The commitment needed by committee members to adequately perform the duties is unreasonable to expect of a citizen advisory committee. Secondly, neither DHS nor ADRCs are funded or staffed to provide technical assistance or training to the committees. Furthermore, in meetings with stakeholders, the appropriateness of the ADRC governing boards and regional long-term care advisory committees in policing the long-term care system has been called into question.
- Therefore, DHS recommends deleting the regional long-term care advisory committee statute and relieving the ADRC governing boards of those duties rather than requiring duties that boards are unable to fulfill due to DHS challenges in convening the committees. Stakeholders also mirror the recommendation to strike the duties related to the committees, as long as an alternate mechanism for reporting board findings to DHS and addressing unmet service needs at a regional or state level is maintained.
- Stakeholder groups also recommended that rather than convening the advisory committees as defined in current statutes and charging the governing boards with duties related to these committees, DHS actively solicit stakeholder involvement and input on the long-term care system through the Wisconsin Long-Term Care Advisory Council. DHS agrees with this additional recommendation.

County Long-Term Support Planning Committee

- DHS recommends removing the duty of the ADRC governing board related to the county long-term support planning committee under § 46.283(6)(b)10. This section of the statute charges the resource center governing board to assume the duties of the county long-term support planning committee, if so directed by the county.
- The county long-term support planning committee is responsible for overseeing the Community Options Program (COP) in that county. When Family Care is implemented in a county, COP funding support services to frail elders and adults with physical and developmental disabilities transfer to the Family Care and IRIS programs. Historically, the COP program has also served children with disabilities and adults with mental illness and

substance abuse. The 2015-17 biennial budget reallocated COP funding for these target to the new Children's Community Options Program and the new Community Aids Community Mental Health Allocation in Family Care counties. Once Family Care is implemented in all counties, all COP funds will have been transitioned to other programs. At that point, the county long-term support planning committee will no longer have a role, and there will no longer be a need for the ADRC governing board to assume its duties.

Proposed Changes to Clarify Statutory Language

In summary, DHS recommends the following changes to clarify the duties of the ADRC governing boards:

- Preserve the board's role in assessing and making recommendations regarding long-term care service delivery, but broaden the focus to include review of service quality and capacity and making system recommendations. Allow boards to gather all relevant information as part of this assessment. Under Wis. Stat. § 46.283(6)(b)2, clarify that the boards' scope regarding annual information gathering from stakeholders should include both public and private long-term care systems.
- Remove board responsibility for reviewing MCO-related grievances and appeals; retain responsibility for reviewing ADRC-related grievances and appeals.
- Eliminate the Regional Long-Term Care Advisory Council statute and ADRC governing board duties with respect to those councils.
- Eliminate provisions regarding the board assuming the duties of the county long-term support planning committee.
- Combine the administrative and operational functions of governing boards currently listed under §§ 46.283(6)(b)1 and 8, so that the two are grouped in one subsection.
- Renumber subsections consistently with recommendations to remove §§ 46.283(6)(b)4,7,8, and 10.

Proposed Statutory Changes

DHS proposes the following statutory changes to reflect the recommendations enumerated in the discussion above:

s. 46.283(6) GOVERNING BOARD.

(a)

1. A resource center shall have a governing board that reflects the ethnic and economic diversity of the geographic area served by the resource center.

2. At least one-fourth of the members of the governing board shall be individuals who belong to a client group served by the resource center or their family members, guardians, or other advocates. The proportion of these board members who belong to each client group, or their family members, guardians, or advocates, shall be the same, respectively, as the proportion of individuals in this state who receive services under s. 46.2805 to 46.2895 and belong to each client group.

3. An individual who has a financial interest in, or serves on the governing board of, a care management organization or an organization that administers a program described under s. 46.2805 (1) (a) or (b) or a managed care program under s. 49.45 for individuals who are eligible to receive supplemental security income under 42 USC 1381 to 1383c, which serves any geographic area also served by a resource center, and the individual's family members, may not serve as members of the governing board of the resource center.

(b) The governing board of a resource center shall do all of the following:

1. ~~Determine~~ With input from consumers, service providers, and other local constituents, review and make recommendations regarding the structure, policies~~,~~ and procedures of, and oversee the operations of, the resource center, to ensure consistency with applicable statutory, rule and Department requirements. ~~The operations of a~~ A resource center that is operated by a county ~~are~~ is subject to the county's ordinances and budget.

2. Annually gather information from consumers and providers of public and private long-term care services and other ~~interested persons~~ relevant sources of information concerning the ~~adequacy~~ quality and capacity of long-term care services offered in the area served by the resource center. The board shall provide well-advertised opportunities for persons to participate in the board's information gathering activities conducted under this subdivision.

3. Identify ~~any~~ gaps in services, living arrangements, and community resources needed by individuals belonging to the client groups served by the resource center, especially those with long-term care needs, and determine if a need exists for system changes.

~~4. Report findings made under subds. 2., and 3., to the applicable regional long-term care advisory committee.~~

~~5.~~ 4. ~~R~~ As appropriate and based on an analysis of the information gathered, recommend strategies for building local capacity, and making system changes, to better serve older persons and persons with physical or developmental disabilities, ~~as appropriate,~~ to ~~local~~ elected officials, ~~the regional long-term care advisory committee~~ other community leaders, and the Department.

~~6.~~ 5. Identify potential new sources of community resources and funding for needed services for individuals belonging to the client groups served by the resource center.

~~7. Appoint members to the regional long-term care advisory committee, as provided under s. 46.2825 (1).~~

~~8. Annually review interagency agreements between the resource center and care management organizations that provide services in the area served by the resource center and make recommendations, as appropriate, on the interaction between the resource center and the care management organizations to assure coordination between or among them and to assure access to and timeliness in provision of services by the resource center and the care management organizations.~~

~~9.~~ 6. Review the number and types of grievances and appeals concerning the ~~long-term care system in the area served by the~~ resource center, to determine if a need exists for system changes, and recommend system or other changes ~~if~~ as appropriate to elected officials, other community leaders, and the Department.

~~10. If directed to do so by the county board, assume the duties of the county long-term community support planning committee as specified under s. 46.27 (4) for a county served by the resource center.~~

S. 46.2825

~~46.2825 Regional long-term care advisory committees.~~

~~(1)~~ ~~CREATION. The governing board of each resource center operating in a region established by the department under s. 46.281 (1n) (d) 1. shall appoint the number of its members that is specified by the department under s. 46.281 (1n) (d) 2. to a regional long-term care advisory committee. At least 50 percent of the persons a resource center board appoints to a regional long-term care advisory committee shall be older persons or persons with a physical or developmental disability or their family members, guardians, or other advocates.~~

~~(2)~~ ~~DUTIES. A regional long-term care advisory committee shall do all of the following:~~

~~(a)~~ ~~Evaluate the performance of care management organizations and entities that operate a program described under s. 46.2805 (1) (a) or (b) in the committee's region with respect to responsiveness to recipients of their services, fostering choices for recipients, and other issues~~

affecting recipients; and make recommendations based on the evaluation to the department and to the care management organizations and entities, as appropriate.

(b) Evaluate the performance of resource centers operating in the committee's region and, as appropriate, make recommendations, concerning their performance to the department and the resource centers.

(c) Monitor grievances and appeals made to care management organizations or entities that operate a program described under s. 46.2805 (1) (a) or (b) within the committee's region.

(d) Review utilization of long-term care services in the committee's region.

(e) Monitor enrollments and disenrollments in care management organizations that provide services in the committee's region.

(f) Using information gathered under s. 46.283 (6) (b) 2. by governing boards of resources centers operating in the committee's region and other available information, identify any gaps in the availability of services, living arrangements, and community resources needed by older persons and persons with physical or developmental disabilities, and develop strategies to build capacity to provide those services, living arrangements, and community resources in the committee's region.

(g) Perform long-range planning on long-term care policy for individuals belonging to the client groups served by the resource center.

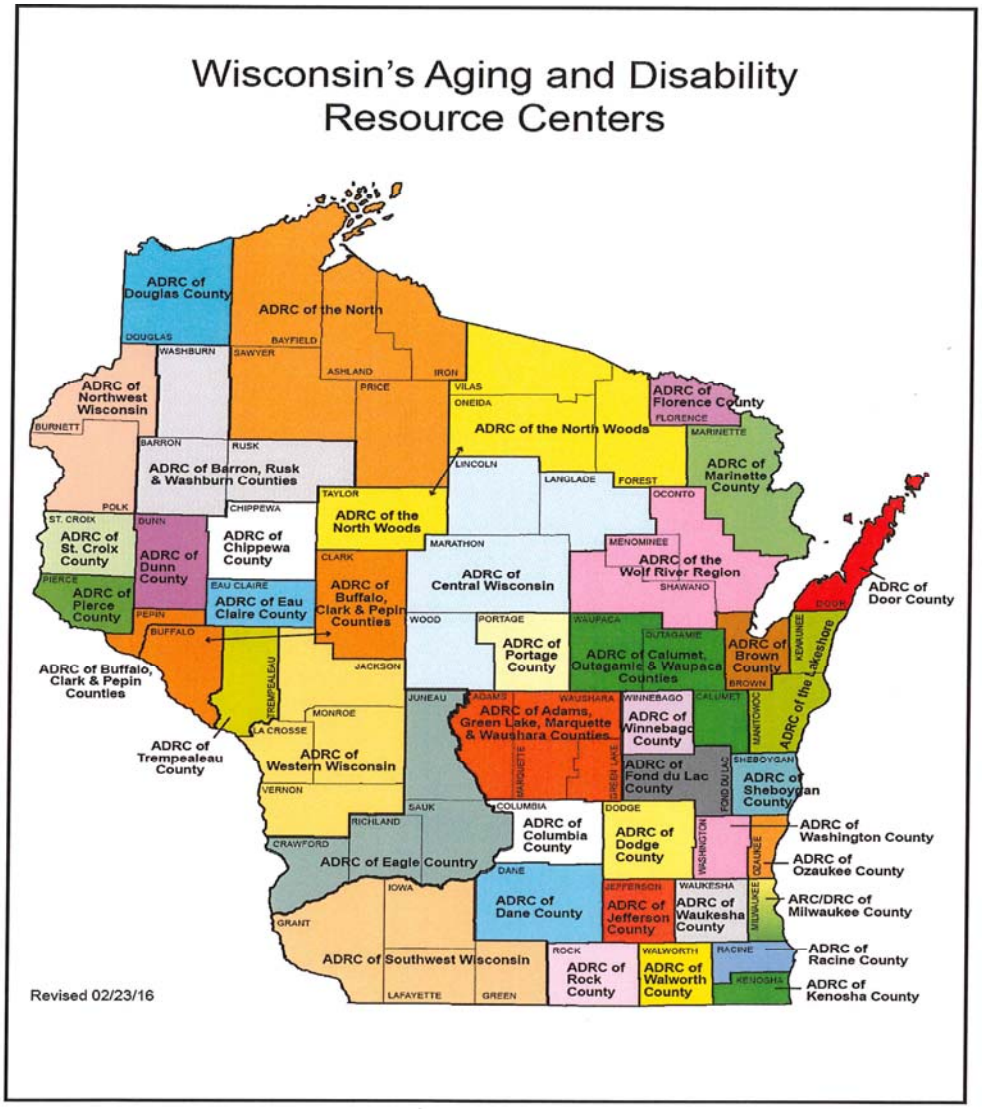
(h) Annually report to the department regarding significant achievements and problems relating to the provision of long-term care services in the committee's region.

46.2825(2)(i) **(i)** Review and assess the self-directed services option, as defined in s. 46.2899 (1).

APPENDIX

ADRCs in Wisconsin and the **Counties and Tribes Served**

1. ADRC of Adams, Green Lake, Marquette, and Waushara Counties
2. ADRC of Barron, Rusk, and Washburn Counties
3. ADRC of Brown County
4. ADRC of Buffalo, Clark, and Pepin Counties
5. ADRC of Central Wisconsin (Marathon, Wood, Lincoln, and Langlade Counties)
6. ADRC of Chippewa County
7. ADRC of Columbia County
8. ADRC of Calumet, Outagamie, and Waupaca Counties
9. ADRC of Dane County
10. ADRC of Dodge County
11. ADRC of Door County
12. ADRC of Douglas County
13. ADRC of Dunn County
14. ADRC of Eagle Country (Crawford, Juneau, Richland, and Sauk Counties)
15. ADRC of Eau Claire County
16. ADRC of Florence County
17. ADRC of Fond du Lac County
18. ADRC of Jefferson County
19. ADRC of Kenosha County
20. ADRC of the Lakeshore (Manitowoc and Kewaunee Counties)
21. ADRC of Marinette County
22. Aging Resource Center of Milwaukee County
23. Disability Resource Center of Milwaukee County
24. ADRC of the North (Ashland, Bayfield, Iron, Price, and Sawyer Counties)
25. ADRC of Northwest Wisconsin (Polk and Burnett Counties and the St. Croix Chippewa Indians of Wisconsin)
26. ADRC of the North Woods (Forest, Vilas, and Oneida Counties and the Sokaogon Chippewa Community, Lac du Flambeau Band of Lake Superior Chippewa Indians, and Forest County Potawatomi Community)
27. ADRC of Ozaukee County
28. ADRC of Pierce County
29. ADRC of Portage County
30. ADRC of Racine County
31. ADRC of Rock County
32. ADRC of Sheboygan County
33. ADRC of St. Croix County
34. ADRC of Southwest Wisconsin (Grant, Green, Iowa, and Lafayette Counties)
35. ADRC of Trempealeau County
36. ADRC of Walworth County
37. ADRC of Washington County
38. ADRC of Waukesha County
39. ADRC of Western Wisconsin (La Crosse, Jackson, Monroe, and Vernon Counties)
40. ADRC of Winnebago County
41. ADRC of the Wolf River Region (Menominee, Oconto, and Shawano Counties and the Stockbridge-Munsee Community)


Wisconsin's Aging and Disability Resource Centers
ADRC of Douglas County
ADRC of the North
ADRC of Northwest Wisconsin
ADRC of Florence County
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ADRC of Eagle Country
ADRC of Dane County
ADRC of Jefferson County
ADRC of Waukesha County
ARC/DRC of Milwaukee County
ADRC of Racine County
ADRC of Southwest Wisconsin
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