

AGENDA
Eau Claire County
Aging & Disability Resource Center Board
Wednesday, September 21, 2016, 4:00 pm
Rooms 1301/1302 Courthouse, Eau Claire WI 54703

1. Call to order
2. Introductions
3. Public comment
4. August 10, 2016 ADRC Board Minutes / Discussion–Action Handout #1
5. Dementia Care Specialist update - Lisa Wells Handout #2
6. Adaptive Equipment Loan Program changes / Discussion–Action Handout #3
7. Director Report
 - Business Plan Template & Timeline Handout #4
 - Statewide Survey Results
 - Money Follows the Person funding Handout #5
8. 85.21 public hearings & upcoming ADRC Board Meetings
 - October 19, 2016, 1:00 pm in Augusta with board meeting to follow
 - November 16, 2016, 3:00 pm in Eau Claire with board meeting to follow
9. 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.

Eau Claire County
Aging & Disability Resource Center Board
Wednesday, August 10, 2016, 3:00 pm
Rooms 1301/1302 Courthouse, Eau Claire WI 54703

Members Present: Tom Christopherson, Sandra McKinney, Mary Pierce, Stella Pagonis, Ruth Adix, Carl Anton, Lauri Malnory, Katherine Schneider

Excused: Jason Endres, David Mortimer

Others Present: Mark Peterson, Jennifer Owen, Emily Gilbertson, Marlene Rud

Chair Pagonis called the meeting to order at 3:09 pm.

Confirm agenda – yes

Introduction of ADRC Board, staff & others in attendance.

Public Comment. Katherine Schneider attended new Senior Dining meal site, Lynn's Chatterbox Café for breakfast, and reported a good experience. Katherine proposed a moment of silence for the Japan 19 adults with cognitive disabilities in a facility that were killed by a former worker. Mary Pierce thanked Katherine for supporting Senior Dining and encouraged her to let the Nutrition Program know if any suggestions for meal sites.

July 20, 2016 ADRC Minutes. Katherine Schneider moved approval. Motion carried.

Appointment of Carl Anton to ADRC Sub Comm. Motion by Mary Pierce to appoint Carl Anton to ADRC Sub Committee. Motion carried.

2017 Proposed Budget. Stella Pagonis explained the proposed budget process for approval. Jennifer Owen reviewed state funding allocations received and few proposed budget reductions and program descriptions. Stella strongly encouraged board members to take online budget survey; <http://www.co.eau-claire.wi.us/Home/Components/News/News/323/16?backlist=%2f>. Board members discussed nutrition program participation statistics and requested report of short term users, long term users and average time of participant on the program. Mary Pierce will bring report request to the ADRC Sub Committee. Katherine Schneider moved approval of 2017 Proposed Budget as presented. The Board discussed add backs to the budget that were deleted (fund requests for county funds) of \$10,000 to support respite services and \$4,000.00 for senior centers. Lauri Malnory moved approval of 2017 Proposed Budget with amendment to request add back of 2 line items: \$10,000 to support respite services and \$4,000.00 for senior centers. Motion carried. 2017 Proposed Budget approved as amended.

Meeting adjourned at 4:40 pm

Respectfully submitted,

Marlene Rud, Clerk
Aging & Disability Resource Center Board

_____ Chairperson

What is dementia?

Dementia is a set of symptoms resulting from disease, such as Alzheimer's, or other conditions such as stroke, that damage the brain and interfere with a person's ability to carry out daily activities.

Who is a family caregiver?

Anyone providing physical, emotional, financial or other types of assistance to a family member or friend, who has a chronic disease or other condition, requiring ongoing care and attention.

When should I have a cognitive screen?

- A cognitive screen is a brief test used to evaluate memory, judgment and the ability to understand visual information.
- When mental tasks that used to be easy to perform, become difficult.
- If you are concerned about your memory.
- If you are over 65 and want to track your cognitive ability over time.

What is an Aging and Disability Resource Center?

An Aging and Disability Resource Center (ADRC) offers the general public a single source for information and assistance related to issues affecting older people and people with disabilities regardless of their income.

An ADRC provides information, assistance, and referral to a wide variety of services.



Department of Health Services
 Division of Long Term Care
 1 W. Wilson Street, Room 551
 Madison, WI 53703
<http://www.dhs.wisconsin.gov/adrc/index.htm>
 P-00659 (04/2016)



Dementia Care Specialists

Serving Individuals, Families and the Community



Dementia Care Specialists

Support for Individuals with Dementia

Cognitive Screening

Worried about your memory? Screening to detect cognitive changes is available at the Aging and Disability Resource Center (ADRC).

Language Enriched Exercise Plus Socialization (LEEPS)

LEEPS is a program for people in the early to mid stages of Alzheimer's disease or other dementia. This volunteer led program engages people in regular exercise and social activities.

Independence

Dementia Care Specialists can help connect you with all of the opportunities available in your community to keep you active and involved.

Research Opportunities

You can be connected to research studies that attempt to further understand the causes and possible treatments for Alzheimer's and other dementias.



Support for Family Caregivers

Memory Care Connections

This evidence-based family caregiver support program will assist family caregivers in providing care for their loved one at home while maintaining their own health and well-being.

Assistance with Care Planning

Dementia Care Specialists can help to address your current situation and plan for the future, including advance care plans and connections to legal and financial planning experts.

Connections to Support Groups and Other Programs

Dementia Care Specialists are knowledgeable about all of the opportunities and resources available in your community and can help you find information and make connections.

Community Support

Dementia Friendly Communities

Dementia Care Specialists assist in the development of dementia friendly communities. These communities typically include:

- Memory Cafes;
- Dementia Friendly Businesses;
- Increased Civic Awareness of Dementia Related Issues; and
- Dementia Capable Emergency Response.





Request

The ADRC would like to change the donation/fee collection method for the Adaptive Equipment Loan Program.

Brief Background

In the fall of 2013, the ADRC started an adaptive equipment loan program. We loan items such as wheelchairs, walkers, shower chairs, etc. to individuals for up to 90 days. Items fall into different categories of amounts for refundable deposits on the equipment items. Refundable deposits range from \$5-\$30 per item. When the equipment is returned, customers have the option of donating their deposit to the adaptive equipment loan program or receiving their deposit back.

Issue with Current Deposit Practice

As part of the County's internal control audit conducted by Clifton Larsen Allen, a control gap was identified with the refundable deposit practice. When we received a refundable deposit, the cash or check is filed with the deposit form until the item is returned. Upon return, we either return the cash/check to the customer or we deposit the funds into our donation account. Cash and checks sit for up to 90 days in a locked drawer in the office leaving a high risk area for potential theft. We are unable to deposit the cash/checks immediately as the process to issue a refund is cumbersome and time consuming for staff in the ADRC and Finance Departments as well as the customer.

The ADRC Director has spoken with two other counties (Barron, Manitowoc) operating adaptive equipment loan programs. Both of these counties require a non-refundable deposit for items loaned.

Proposed Solution

The ADRC would like to ask for a nonrefundable deposit, or suggested donation, of \$10 per piece of equipment loaned. This is the same method used for other ADRC programs and services. The goal is to receive \$10 per piece of equipment loaned but since it is a suggested donation, people will be allowed to pay whatever it is that they feel they can afford with some donating more than the \$10 and other donating less. Estimated revenue per year is \$2,000-\$2,500 with this method. These funds will then be used to replace worn equipment, for repair expenses as well as sanitation expenses creating a "self-funded" program. Because of the internal control risk, the ADRC would like to implement this new deposit structure effective Tuesday, November 1, 2016.

Respectfully submitted,

Jennifer Owen, ADRC Director



Aging and Disability Resource Center (ADRC) Business Plan

Current Status and Opportunities for Enhancing ADRC Services and Expanding the Customer Base

Revised 8-12-2016

ADRC Name: _____

Counties Served: _____

Director Name: _____ **Phone:** _____ **E-mail:** _____

This Business Plan is intended to guide the ADRC's efforts to enhance its services, expand its customer base, and operate efficiently. By pulling together key data on who the ADRC currently serves, how the ADRC presents itself to the public, which services it emphasizes, how its customers perceive the ADRC, and how the ADRC uses its staff and financial resources, this Business Plan format provides a structure for presenting key factors for each ADRC to consider in developing business strategies appropriate to its individual situation.

Customer Base

TABLE 1
Number of ADRC Customers Served

Unduplicated ADRC Customers	Number of Customers	Number of Contacts	Contacts/ Customer
Actual Count, May-July, 2016			
Estimated Annual Number			

Source: ADRC Encounter Data. Does not include elder benefit specialist (EBS) and disability benefit specialist (DBS) customers to avoid duplication in the customer count because of incompatibilities between reporting systems.

TABLE 2
Benefit Specialist Customers*

Benefit Specialist Service	Number of Customers	
	May-July 2016	Estimated Annual Number
Elder Benefit Specialist		
Disability Benefit Specialist		
Total		

Note: Benefit Specialist customers are those for whom cases have been opened. Those receiving brief information only services from the benefit specialist are not included.

TABLE 3
ADRC Market Penetration

ADRC Target Groups*	% of Target Group (TG) Who Are ADRC Customers	
	All ADRCs Statewide (All ADRC Customers / Statewide TG Population)	This ADRC (This ADRC's Customers / Geographic Area TG Population)
Elderly (Age 60+)		
Adults with Disabilities (age 18-59)		
Total Target Population		

*Service area population data is from the U.S. Census, American Community Survey, 2010-2014. ADRC customer data is from encounter reporting and includes youth who receive services at age 17 years 6 months. Elder Benefit Specialist and Disability Benefit Specialist customers are not included.

How does the ADRC's market penetration rate compare to the statewide rate for all ADRCs? Are there differences among target groups? What might explain the differences? Are changes to the ADRC's market penetration rate anticipated in the future? If yes, why?

Customer Base (Continued)

TABLE 4
Target Group Distribution - ADRC Customers Compared to Statewide*

ADRC Target Groups	Target Group as a % of Total Target Population		% ADRC Customers in this Target Group (May-July, 2016)
	Statewide Distribution	Distribution in ADRC Service Area	
Elderly (age 60+)			
Adults with Disabilities (age 18-59)			
Total Target Population	100%	100%	100%

*Numbers do not include EBS and DBS customers.

How does the proportion of ADRC customers in each target group compare to the representation of that target group in the ADRCs service area? Do the differences, if any, represent underserved populations or are they reflective of differing needs and why?

TABLE 5
ADRC Customers, Percentages by Disability Type

Disability Type	% of Customers Age 18-59		% of Customers Age 60+	
	All ADRCs	This ADRC	All ADRCs	This ADRC
Intellectual/Developmental Disability				
Physical Disability				
Mental Health				
Substance Use				
No Disability or Unknown				
Total				

Source: ADRC encounter data for May-July, 2016.

How does the ADRC's service to the different customer groups compare to that of ADRCs statewide? What, if any, are the main differences and what explains them?

Customer Base (Continued)

TABLE 6
Persons with a Disability in the ADRC Service Area, by Type of Disability*

Disability Type	Population Age 18-64		Population age 65+	
	Number	% of Age Group Total	Number	% of Age Group Total
Independent Living Difficulty				
Self-Care Difficulty				
Ambulatory Difficulty				
Cognitive Difficulty				
Hearing Difficulty				
Vision Disability				
Total with Any Disability				
Total Population		100%		100%

* Source: U.S. Census, American Community Survey, 2010-2014. Population numbers are estimates averaged over a five year period.

What types of customers currently make the most use of the ADRC? Are there disability-related, geographic, economic, cultural or other subgroups within the ADRC's main target populations that could potentially benefit from ADRC services but are currently underrepresented among the ADRC's customers? Groups to consider include but are not limited to: young adults with any level of disability who are not participating in a Long Term Care (LTC) program; adults with chronic conditions such as diabetes, cancer, heart disease, kidney disease, etc.; ethnic minorities; and private pay individuals with LTC needs.

Outreach and Marketing

TABLE 7
How Customers Contacted the ADRC

Who Initiated Contact with the ADRC*	% of Customers	
	For this ADRC	For All ADRCs Statewide
Self		
Guardian, POA or other legal decision-maker		
Caregiver		
Relative, friend, neighbor, or community member who is not a legal decision-maker or caregiver		
Agency service provider (referrals from a human service agency, health care service provider, facility, etc.)		
Other, not initiated by the ADRC		
Total	100%	100%

* Each customer is assigned to the first category in the list which applies and is assigned to only one category.

Describe the ADRC’s approach to marketing and outreach. How effective has this approach been in reaching different groups within the ADRC’s target populations? In reaching the different types of people who initiate contact with the ADRC?

Service Provision

TABLE 8
ADRC Services, by Service Type, Compared to Statewide Averages
May, June, July 2016

Type of Service Provided	% of Customers		Contacts/Customer	
	State Average	This ADRC	State Average	This ADRC
Information and Assistance				
Options Counseling				
LTC Functional Screen				
Enrollment Counseling				
Disenrollment Counseling				
Disability Benefit Specialist (DBS)				
Elder Benefit Specialist (EBS)				
Assistance with MA application				
Services for youth in transition				
Memory Screens				
Nursing home relocations				
All Other				
Total*		100%		100%

Describe the ADRC’s participation in health fairs, prevention programs, and other community activities that reach and educate the public about issues relating to aging and disability and are not reflected in individual customer counts. Include the number of events and participants, if available.

Which services are the main focus of the ADRC’s current activities and why?

Does the ADRC provide significantly greater or lesser proportions of some types of services than the average for all ADRCs? How do the number of contacts per customer provided by the ADRC compare to statewide averages? What would explain these differences? What questions or issues does the comparison raise?

Customer Preferences and Expectations

Based on your ADRC's customer satisfaction surveys and other feedback from customers, what do customers like best about the ADRC? What do they want more of, want added, or want improved?

What does the survey data and customer feedback tell you about how well the ADRC is meeting customer expectations in the following areas?

- The ease of locating and contacting the ADRC:
- The number and location of ADRC sites:
- The ADRC's hours of operation:
- How telephone calls to the ADRC are answered:
- The ADRC reception area and other building and office space characteristics:
- The services provided by the ADRC:

Financial Resources

TABLE 9
Sources of Funding in the 2016 ADRC Budget

Funding Source	Amount	% of Total
State ADRC, DCS and nursing home relocation funding		
Federal MA match		
Local financial contribution		
Total		100%
Describe local in-kind contributions, if any, and estimate their dollar value:		

TABLE 10
ADRC Spending Compared to Budget by Year

Over or Under Spending	2013	2014	2015
Underspending of ADRC grant			
<ul style="list-style-type: none"> Amount of underspending, if any 			
<ul style="list-style-type: none"> Underspending as a % of ADRC state grant 			
<ul style="list-style-type: none"> Underspending as a % of total ADRC budget 			
Local financial contribution			

Based on the ADRC's current budget and spending history, what is the ADRC's financial capacity for enhancing the services it provides or increasing the number of people it serves? What opportunities are potentially available for enhancing the resources available to the ADRC? What barriers may limit the potential for service enhancement or expansion? Explain.

Allocation of ADRC Resources

TABLE 11
ADRC Staff Time and Expenditures, by Type of Service

Type of Service Provided*	Number of Known Customers (unduplicated)	Staff Time Devoted to Service Provision			Expenditures by Service Category		
		Staff Time In Hours	% of Staff Time	Average Minutes /Customer	Dollar Amount	% of Total	Cost per Customer
Information and Assistance, and Options Counseling							
LTC Functional Screen							
Enrollment/Disenrollment Counseling							
Youth in transition							
Dementia related services							
Nursing home relocations							
All Other							
Total			100%			100%	
Average per Customer							

* Data on EBS and DBS services is not included in this table in order to avoid duplication of customer counts.

TABLE 12
ADRC Expenditures, by 2015 Budget Category Percentages

Budget Category	Expenditures by Budget Category*			
	ADRC 2015 Budget Percentages		ADRC Expenditure – Allocated by 2015 %	Cost / Customer by Budget Category
	Amount	%	Amount	Cost/Customers*
Personnel				
Other staff-related costs (travel, training, certifications, etc.)				
Rent				
Other building related costs (utilities, furniture, etc.)				
Phone system				
Computer / IT System				
Other direct expense				
AMSO				
Total		100%		

* The total number of known customers from Table 11 is used in computing the cost-to-customer ratios. EBS and DBS data is not included.

Allocation of ADRC Resources (Continued)

What are the ADRC's key service and budget cost centers? Identify areas where efficiencies could potentially be made or resources reallocated to enhance ADRC services, address customer expectations, and expand the ADRC's customer base.

Business Strategy for 2017

Describe the steps the ADRC will take in 2017 to enhance and expand its services and customer base.

- *Reach new customers and increase the number of new ADRC contacts.* Identify which customer population(s) will be targeted and why. Describe how the ADRC will reach out to inform and educate members of these groups about the services of the ADRC and what the anticipated outcome will be.

Business Strategy for 2017 (Continued)

- *Enhance and/or expand current services.* Describe what changes the ADRC will make to increase or improve its services, together with the anticipated result of these enhancements.

- *Realize efficiencies and allocate resources.* Describe areas where efficiencies will be implemented and resources allocated or reallocated in order to facilitate the proposed customer and service expansions.



Tell Congress to Continue Money Follows the Person!

Ask Your Members to Support an Extension for MFP

September 8, 2016

Since 2005, the Money Follows the Person (MFP) program has been instrumental in helping over 51,000 older adults and people with disabilities transition from institutional settings back to the community. However, funding for MFP is due to expire at the end of September unless Congress acts to extend these crucial services.

Members of Congress are back in DC for a few short weeks before the chambers recess again for the upcoming elections. There is a limited window of opportunity to act to continue funding for MFP. Not only does the program increase independence for seniors and people with disabilities, it has also helped states improve access to home and community-based services (HCBS) and saved states and the federal government money because it costs less to provide these services in the community than it does in an institution. n4a and other national advocacy organizations are working to ensure that Congress understands the importance of protecting this valuable program that improves lives and saves money.

Please reach out to your Senators and Representatives to both educate them about the value of the MFP program—especially if you have MFP success stories in your district and state—and to ask Congress to continue funding for MFP beyond September.

Action Steps

- **Reach out to your Members of Congress and let them know that your agency supports extending funding for the Money Follows the Person Program.** Outreach on MFP is especially important if your Senator serves on the [Senate Finance Committee](#) or your Representative sits on the [House Energy & Commerce Committee](#). If your Member of Congress is not on either of those committees, it is still critical to reach out, and ask your Member to contact leadership of those committees!
- **Tell your Member of Congress why MFP is so important to older adults and people with disabilities in your community!** Communicate the following message, but make sure to personalize your outreach with local success stories!

MFP gives people the right to decide where they live and receive home and community services and supports. It provides assistance to help older adults and people with disabilities transition out of institutional settings back to the community.

Since 2005, MFP has assisted more than 51,000 people with move back to the community, and has helped 44 states improve access to HCBS. MFP is a program where everyone wins: individuals regain their independence, and state and federal governments save money because it costs less to provide services and supports in the community rather than in an institution.

Congress must act by September 31 to extend funding for MFP or the program will expire!

- **Engage your community!** Please encourage your providers, advisory boards and partners, and consumers to take action by reaching out to Members in the House and the Senate today! U.S. Capitol Switchboard: (202) 224-3121. Email: www.house.gov and www.senate.gov.

Note, as you reach out it's also important to PERSONALIZE the emails you send and share anecdotes about the MFP success in your community.

Thank you for your advocacy on this important issue!

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If you have questions or concerns about this *Advocacy Alert* or n4a's policy positions, please contact Autumn Campbell at acampbell@n4a.org and Amy Gotwals at agotwals@n4a.org.