Agenda
Eau Claire County
Aging & Disability Resource Center Board
Thursday, January 12, 2017, 12:00 Noon
Courthouse-Room 1301/1302, Eau Claire WI 54703

1. Call to order
2. Introductions
3. Public Comment
4. Meeting minutes: November 16, 2016 85.21 Public Hearing and December 14, 2016 ADRC Board / Discussion – Action Handout #1 & #2
5. Wisconsin Institute for Healthy Aging Presentation, Betsy Abramson (Director) Handout #3,4,5
6. Long-Term Care
7. Nutrition
8. Transportation
9. Director's Report
10. Future meeting: February 9, 2017, 12:00 Noon
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 715-839-4710, (FAX) 715-839-1669, tty: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

Handout #1

County of Eau Claire
Eau Claire WI 54703
NOTICE OF PUBLIC HEARING/AGENDA

In Accordance with the provisions of Chapter 297, State of Wisconsin, Laws of 1973, notice is hereby given of the following public hearing:

The **Aging & Disability Resource Center Board** will meet on Wednesday, November 16, 2016, 3:30 pm at LE Phillips Senior Center, 1616 Bellinger Street, Eau Claire WI. A Public Hearing will be held on the Wisconsin Department of Transportation 2017 85.21 Specialized Transportation Grant. Items of business to be discussed or acted upon at this meeting are shown on the agenda listed below.

Present:
Jason Endres, Tom Christopherson, Mark Jones, Katherine Schneider, Lauri Malnory, Mary Pierce, Stella Pagonis, Sandra McKinney, Tom Wagener, Ruth Adix, Michael Calkins, Brent Rhody, Carl Anton, Jennifer Owen, Becky Hinzmann, Emily Gilbertson, Marlene Rud

Aging & Disability Resource Center Board Chair Pagonis, called the 2017 85.21 Specialized Transportation Grant Public Hearing to order at 3:34 pm. Introduction of all in attendance.

Jennifer Owen explained 85.21 Specialized Transportation Grant with one new component for veteran transportation services. Clarification of out of county ride authorization (by ADRC).

Comments:
Paratransit program is appreciated, would like to see consist drivers.
No updates or current information on living wage impact.
Concern that more people don't attend transportation public hearings. Other possible location for public hearing may encourage more attendance.
Possible offer for no cost transportation to public hearing.
Current paratransit riders co-pay waived November 2016-March 2017 for ride to Community Table.
Hold transportation listening sessions other than public hearing.
Encourage written comments from users that can submit to public hearing.
Advertise listening session.
Transportation listening session early 2017, possibly at Community Table.
Transportation comments & complaints are reviewed and service improvements implemented.
ADRC board will include agenda item to address transportation concerns.

2017 85.21 Specialized Transportation Grant Public Hearing adjourned at 4:25 pm.

Respectfully submitted,

Marlene Rud, Clerk
Aging & Disability Resource Center Board

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Chairperson

Handout #2

Eau Claire County
Aging & Disability Resource Center
Subcommittee on Older Americans Act Programs / ADRC Board
Wednesday, December 14, 2016, 4:00 – 5:30 pm
Courthouse-Room 1301/1302, Eau Claire WI 54703

Members Present: Jason Endres, Tom Christopherson, Mary Pierce, Lauri Malnory, Katherine Schneider, Barb Baumgartner, Sue Miller, Heather Garber, Sandra McKinney, Kim Cronk, Carl Anton, Kathy Barkovich, David Mortimer, Ruth Adix, Stella Pagonis

Others Present: Julie Endres, Mary Pica-Anderson, Emily Moore, Pam VanKampen, Margarite Enders, Jennifer Owen, Marlene Rud

ADRC Sub Committee Chair, Pierce, called the meeting to order at 4 pm.

Introduction of ADRC Sub Committee/Board, staff and others present.

Public Comment. Katherine Schneider, reminder of January 2017 Dementia Summit.

Jennifer Owen facilitated meeting. Reviewed overall purpose of meeting, discussion/ideas for 4 noted questions that staff will use input for 2018 RFP. Reviewed a handout on Home Delivered Meals and Congregate Meals which included days served per week, average donation, cost per meal and program financials.

Margarite Enders. Question – why more people don't take advantage of the Congregate Meal program. Concerned about the limited amount of food given out at the food pantry at St. John's Apartments, supplied by Feed My People. Jennifer Owen – most participants at St. John's Meal Site are primarily apartment residents. Mary Pica-Anderson – people have a lot of other options for meals.

Jennifer reviewed revenues decreasing, rely on donations. Older Americans Act is the primary source of funding for the Nutrition Program. No increase in funding expected, expenses continue to increase. Fund balance provides some funding, but cannot sustain the program. . Survey results indicate a majority of Home Delivered Meal participants receive most of their daily food from the program and won't get enough to eat without it. Volunteer drivers are hard to retain/retirement. ADRC staff does continuous recruitment for volunteers and often time staff fills in deliver routes as needed. Comments regarding volunteer recruitment and retention:

Mary Pica Anderson: baby boom hard to commit
David Mortimer: did volunteer insurance issue hurt volunteer recruitment/retention
Sandra McKinney: how is volunteer need recruited; marketing, volunteer coordinator.
Carl Anton: church population – put volunteer need in church bulletins/newsletters-ask them, possible to receive donations/sponsor from large companies, zone meal concept would need to work for ADRC staff, lots of local restaurants do a good job and have meal prep experience
Heather Garber: personally ask volunteers

Kathy Barkovich: partner with businesses, churches don't always put need in bulletins.
Mary Piece: can Kaylynn put together information and give to board/sub comm. for them to take to their church, other areas and talk about need for volunteers, approach companies for funding/sponsor
Kim Cronk: what about community service program
Katherine Schneider: will Community Table be able to do more, sponsor food, any large company cafeteria available, RFP zones-would there be a lot of paperwork for provider?
Emily Moore: what about career development or county jail
Ruth Adix: Reach, Inc., possibility, put zone meals in RFP
Pam VanKampen: can't use do fund raising for the program; can have a friends group, pay it forward concept, my meal, my way (congregate meals), grocery stores, personal chefs.
Stella Pagonis: MOW is biggest concern with cost effectiveness, more restaurant meal sites?
Jason Endres: local restaurant possibility.

Questions:
<u>Top priorities – question 1</u>
5 days/week, serve/don't cut, rural area needs, no wait list, texture priority, quantity/quality of volunteers, fresh/local foods, vulnerability awareness

(comments):
Kathy Barkovich: target most vulnerable-high nutrition needs, do a pilot about people eating with participants, food texture should be a priority.
Carl Anton: serve rural people who less options, ambassador to eat with mow participant. .
Kathy Schneider: meals 5 day a week needed, Feed My People provide food
Stella Pagonis: meals 7 days a week needed
Emily Moore: weekend meals-delivery meals for weekend on Friday
Tom Christopherson: Comm Table provides for weekend (frozen) – a lot of those people a have weekend caregivers, concern about participants on Comm Table route able to chew/eat food from that site
Jason Endres: concerned about a wait list, meals 5 days a week needed
Sandra McKinney: importance of quality/nutrition food, fresh & local food
Pam VanKampen: need to follow: food guidelines, fresh, more vegetables, local, dietary guidelines, food trucks possible – piloting in couple areas of state. Template for next RFP will be user friendly.
David Mortimer: contract bids – will it include transport cost
Mary Pica-Anderson: would like to see people who come to evening meal do more volunteering.
Emily Moore: Feed My People only for non-profit, can charge for food. What about SHH using MOW name in their marketing
Lauri Malnory: public schools meal site/MOW pick up-serve neighborhood

Ruth Adix: concerned about businesses taking on program, would like to see descriptions of innovative programs (from Pam)

Questions:
<u>Suggestions for improving efficiency – question 2</u>
Ambassadors

Questions:
Suggestions for leveraging additional program revenue – question 3
Businesses funding/sponsor

Questions:
Attract potential vendor bids – question 4
Attractive/user friendly RFP template

Email any other to Jennifer by December 23. Jennifer will send Pam concerns.

Meeting adjourned at 5:30 pm.

Respectfully Submitted

Marlene Rud, Clerk

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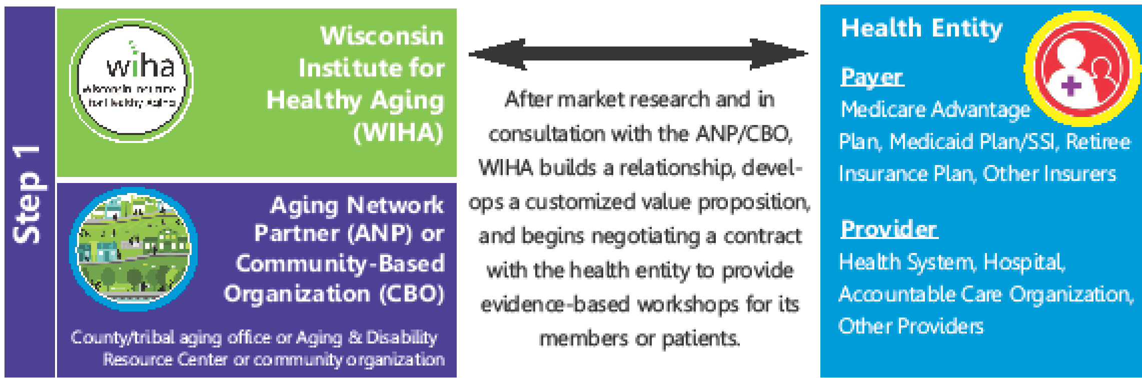
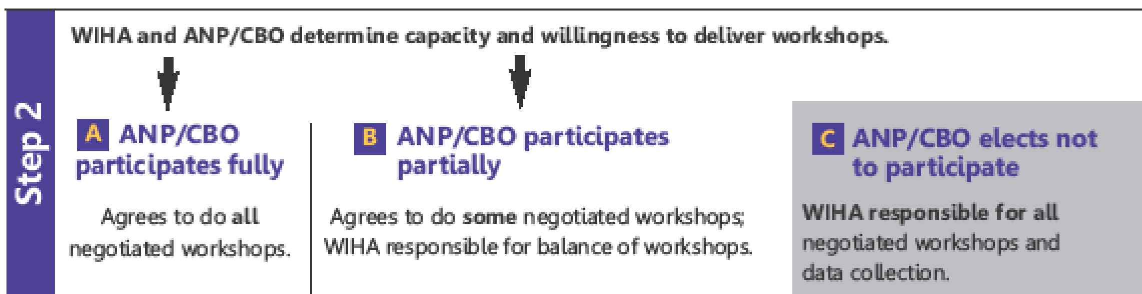
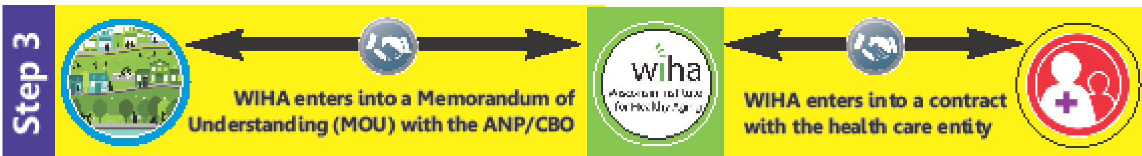
Chairperson

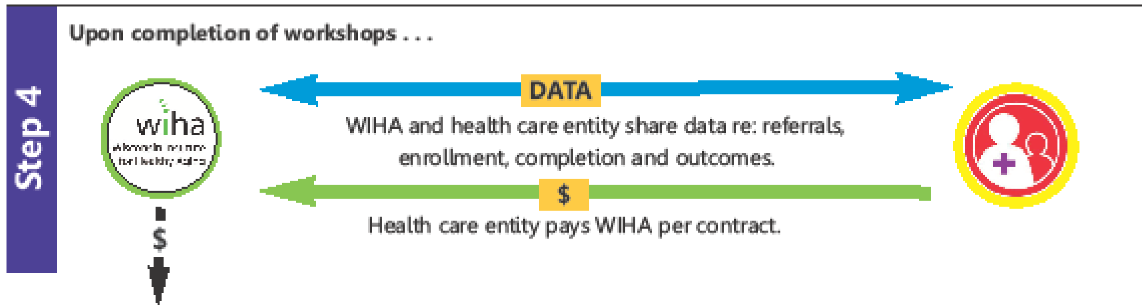
Handout #3

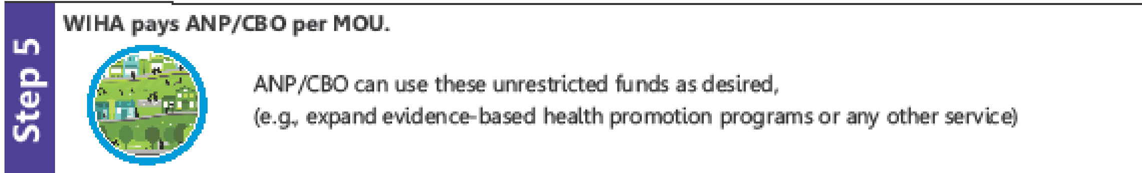
How WIHA's Shared-Benefit Business Partnerships Work











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Handout #4

ADRC-WIHA Business Development Discussion
Working Assumptions for Health Promotion Business Initiatives
January 2017

1. Traditional funding sources for health promotion – The Older Americans Act, federal ACL grant programs, private foundations – are inadequate to meet the needs of the growing population of older adults.

2. The Older Americans Act has always been significantly underfunded and is even more so given the growing demographics. This is especially frustrating since the OAA's focus is prevention, and can therefore assist people "upstream," and prevent or at least delay the need for more expensive care.

3. According to population health models, clinical care drives only 20% of health care outcomes. The rest is due to individual health behaviors, socio-economic factors and physical environment – all of which the aging network services address.

4. Together we provide health care. Yet we are not being paid as health care providers. WIHA and local aging networks are not "only" non-profits/aging units. We are social entrepreneurs.

5. Changes in health care reimbursement now emphasize outcomes and value-based purchasing, rather than fee-for-service. We have a particularly valuable role in this new system.

6. Insurers and providers will continue to merge and, under Medicare and Medicaid funding, will have financial incentives for improving outcomes.

7. Both WIHA and County Aging Units/ADRCs must find other sources of funding for health promotion and aging services. NCOA, n4a, ACL and other national aging organizations are urging the aging network to build relationships and contracts with integrated health care organizations – both insurers and providers (hospitals and clinics/physicians). Learning collaboratives and technical assistance centers, funded by multi-million dollar grants, are underway.

8. In Wisconsin, BADR's Office on Aging and Office on Resource Center Development continue to provide guidance to WIHA on state policy and have noted that there is no conflict of interest for WIHA and aging network partners since we are not targeting Family Care MCOs for health promotion programs.

9. As the statewide license holder for many evidence-based programs, WIHA can play a central coordinating role and is seen by BADR and ORCD as the "firewall/hub" agency. WIHA's Board has committed resources and dedicated staff for business development to approach providers and pursue interest alignment.

10. WIHA and county aging units/ADRCs are partners in the provision of health promotion programs to all populations, including patients/customers of providers and insurers (or other organizations).

11. WIHA will alert AUs/ADRCs when starting to develop a relationship with insurers or providers and will not make any commitments without first engaging in discussions with county AU/ADRCs.

12. County AU/ADRCs always have the first option to provide the health promotion workshops and other required contract deliverables, based on their capacity and interest.

13. County AU/ADRCs may use funds for whatever they want that is allowable. WIHA imposes no restrictions other than no supplanting of health promotion funding.

14. Referral strategies for both community and contracted workshops will become increasingly important, especially the "gold standard" model of referrals. WIHA is starting a referral learning group to continue the excellent work of the first referral projects.

15. To promote consistency and sustainability, County AU/ADRCs will first contact WIHA if approached by insurers or providers to enter into a separate arrangement for any of the programs WIHA administers such as:
    - providing workshops exclusively for the provider or insurer's patients or members;
    - setting up referral systems to the workshops;
    - providing data to the providers/insurers about their patients/members participating in county AU/ADRC workshops

16. The percentages of shared revenue allocated to WIHA and the counties may change in subsequent stages of the relationship/contract with the health care organization. (e.g., WIHA "share" starts out higher in the Pilot Stage due to up front work and then decreases in Ongoing Stage due to streamlining and scaling up to serve the health care organization.)

17. Continuous Quality Assurance/Quality Improvement are essential during the Pilot and Ongoing Stages

Handout #5

Business Development for Health Promotion Programs
Frequently Asked Questions by County/Tribal Aging Units (AUs) and ADRCs
September 2016

1. **Why is the Wisconsin Institute for Healthy Aging (WIHA) pursuing business development for health promotion programs?**
   a. WIHA's mission is the same as the Wisconsin Aging Network: to meet the growing needs of the rapidly-increasing numbers of older adults throughout Wisconsin who want to remain independent, age in place and stay healthy.
   b. However, the Older Americans Act and federal, state and other grants that fund aging network activities are woefully inadequate to meet the growing needs and numbers of older adults in our communities. WIHA and the county/tribal Aging Units/ADRCs simply can't fulfill our mission at current funding levels.
   c. With more funding, not tied to specific grants, we can provide more health promotion programs for more older adults, since this is the group most affected by falls and multiple on-going health problems, making them most at risk for increased emergency room visits, hospital stays and long-term care.
   d. We are more than aging services providers: we provide health care. WIHA and our aging network partners provide evidence-based health promotion programs (e.g. chronic disease self-management, falls prevention, and caregiving) that are *preventive* health care services, scientifically proven to help older adults remain independent, age in place in their own homes, and stay healthy. Thus, we should be paid for our services just like other health care providers.
   e. Funding for health care is in Medicare and Medicaid, and with private insurance companies, not the Older Americans Act. Medicare and Medicaid budgets increased over 89.6% in the last 12 years to the current annual amount of over $992 Billion. During the same 12 years, funding for the Older Americans Act increased by only 6.4% to a total of $1.92 billion.

2. **How does business development fit within current health care trends?**
   a. The Affordable Care Act has completely changed incentives. Both health insurers (Medicare, Medicaid, private insurance companies) and health care providers (hospitals, clinics, physicians) are no longer paid more for more services. Rather, health care organizations are now paid for quality and positive outcomes – better care and better health. They do better financially when their patients have better health outcomes.
   b. There is growing understanding that the majority of factors driving health outcomes – 80% in fact – is based in the community: individual behaviors (e.g., diet, exercise, social engagement, adherence to medication), socio-economic factors and the physical environment. Care in the doctor's office accounts for only 20% of health care. We in the aging network, with our health promotion programs and other services, impact the 80%.
   c. Health care organizations now have significant incentives to partner with community-based programs that help individuals manage their chronic conditions, prevent falls and provide support to remain independent at home. They recognize that our programs and services will improve health outcomes and reduce costs.

3. **Will County/Tribal Aging Units and ADRCs maintain their long-standing relationships with local hospitals, clinics and insurers, related to health promotion programs and other AU/ADRC services as we pursue business relationships?**

a. Absolutely. By better defining the value of evidence-based health promotion programs and services in improving quality and cost outcomes, WIHA and the Wisconsin Aging Network will build credibility with health care organizations as equal partners.
b. We will in fact deepen our partnerships as we also work with health care providers in approaching health care insurers to partner on pilot initiatives.

4. **What is the position of national and state agencies about the aging network pursuing business development?**
   a. Public and private national agencies, including the federal Administration for Community Living/Administration on Aging (ACL/AoA), the National Association of Area Agencies on Aging (n4a) and the National Council on Aging (NCOA) all recognize that business development is a critical strategy for the aging network to secure adequate funds to pursue our mission and for sustainability. This has been demonstrated through speeches given by former ACL Administrator Kathy Greenlee, where she has referred to development of business acumen as "a matter of life and death" for the aging network, ACL/AoA's funding of two Learning Collaboratives on Business Acumen and ACL's provision of staff to serve as experts and technical support.
   b. The National Association of Area Agencies on Aging received a multi-million-dollar grant from the John A. Hartford Foundation to create a technical assistance resource center to support Area Agencies on Aging (AAAs), e.g., Greater Wisconsin Agency on Aging Resources Inc. (GWAAR), Dane County Agency on Aging, and Milwaukee County Department on Aging in business development.
   c. Staff of the Wisconsin Bureau of Aging and Disability Resources have participated as guests in WIHA's Learning Collaborative. BADR's leadership regularly meets with AAA and WIHA leadership to discuss business development plans for the Aging Network and BADR is pursuing ACL/AoA guidance on concerns about the implications of new CMS managed care rules for AU/ADRC business development efforts.

5. **What has WIHA been doing to pursue business development for health promotion programs?**
   a. We formed the WIHA advisory group, called the "Wisconsin Health Promotion Business Network." It includes WIHA staff and board and representatives from DPH's Bureau of Aging and Disability Resources, the three AAAs and several county Aging Units/ADRCs.
   b. We applied for and were selected for participation in ACL's second "Business Acumen Learning Collaborative" and we are receiving technical assistance and learning "best practices" from other aging network organizations involved in the collaborative.
   c. We hired an experienced professional who focuses exclusively on business development.
   d. We are conducting market research to identify health care entities for which our health promotion programs can help meet their quality and cost outcomes.
   e. We developed a general Value Proposition that is customized for each health care entity, recognizing the specific needs and describing how WIHA's health promotion programs can address those needs.
   f. We are meeting with health insurance plans and health care systems to discuss partnering to develop pilot initiatives for health promotion programs.
   g. We are preparing and submitting proposals to health insurance plans for pilot initiatives for one or more health promotion programs in a selected service region.
   h. We created a flow chart and narrative description on "How Shared-Benefit Partnerships Could Work," to accompany in-person discussions with Wisconsin Aging Network partners.
   i. We are meeting individually and in group settings with key staff in county and tribal Aging Units and/or ADRCs and the three AAAs to provide an overview of business development and share the flow chart and narrative description.
   j. We are regularly briefing leadership from the Division of Public Health's BADR.

6. **How does business development actually work?**

   Step 1: WIHA conducts market research and analysis to identify a health care organization (e.g. Medicare Advantage Plan insurer) with health care ratings and quality or cost measures that would benefit from our health promotion programs. WIHA approaches the organization and begins discussions about a health promotion pilot initiative.

   Step 2: WIHA then meets with the county/tribal AU/ADRC and determines its interest in providing any contracted workshops as part of the pilot. The AU/ADRC may be interested in providing all, some or none of the contracted workshops. It has first choice, and the right to make its decision whether to participate with each contract.

   Step 3: WIHA negotiates a contract with the health care insurer to provide the workshop(s) and any additional services such as centralized recruitment of participants, engagement strategies and special data collection.

   Step 4: WIHA enters into an MOU/agreement with the AU/ADRC to conduct the health promotion workshop and share the revenue. The revenue "split" will depend on the split of responsibilities and deliverables, which may be different for each project.

   - The MOU notes that other than requiring fulfillment of the stated responsibilities and deliverables and subject to the non-supplanting provision, WIHA places no restrictions on use of the fee by the AU/ADRC.
   - WIHA includes a "non-supplanting" clause in the MOU intended to clarify that WIHA payment cannot supplant or reduce other funding in the AU/ADRC budgets.

   Step 5: Either WIHA or the health care organization conducts the outreach, recruitment and registration of participants for the workshops.

   Step 6: The AU/ADRC performs the agreed responsibilities, such as conducting the workshop(s), collecting standard data and attendance information, entering data into Older Americans Act reporting and sending data to WIHA.

   Step 7: After the workshop, WIHA and the health care organization exchange data about the participants and outcomes.

   Step 8: The health care entity pays WIHA the agreed-upon contract amount. WIHA pays the Aging Unit/ADRC the amount agreed in the MOU/agreement.

   Step 9: WIHA, in collaboration with the AU/ADRC and the health care entity, evaluates the health promotion pilot initiative for successes, improvements and future potential.

7. **What are WIHA's responsibilities for business development?**
   a. Keep A Us/ADRCs informed of business exploration and development in each respective county.
   b. Conduct market research and provide negotiation, administrative and support services to the business development process, acting as the firewall between the health care organization and the AUs/ADRCs.
   c. Offer the AUs/ADRCs "first choice" to deliver contracted workshops in their counties, so they can determine their capacity and interest each time.
   d. Organize more frequent Leader Trainings, making them more convenient and affordable, for example by advancing payments to AUs/ADRCs to enable participation.
   e. Provide support to Leaders and assist with quality assurance.
   f. Develop MOUs/agreements with the AUs/ADRCs that share revenue, recognizing the staff time, materials, supplies and other costs to the AUs/ADRCs in delivering the workshops.

8. **What are WIHA's next steps in business development for health promotion programs?**
   a. Continue to meet with Aging Network Partners around the state, with timing based on specific opportunities for health promotion pilot initiatives.
   b. Provide any support needed to Aging Network Partners to educate local county boards, community leaders and other stakeholders regarding health promotion pilot initiatives.

c. Continue to develop business relationships with health care organizations, always informing and engaging county AUs/ADRCs in potential pilots based on their interest and capacity.
d. Secure contracts with health care organizations and working with Aging Network Partners to fulfill those contracts – all to provide more health promotion programs to more people in need while creating a new source of funding for long-term sustainability.

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More Questions? Please Contact Us!

WIHA Business Development Director Kristin Jeffries: Kristin.jeffries@wihealthyaging.org 608-243-5694
WIHA Executive Director Betsy Abramson, Betsy.Abramson@wihealthyaging.org 608-243-5691

These FAQs were developed with input from the Wisconsin Health Promotion Business Network, including the Greater Wisconsin Agency on Aging Resources (GWAAR).