

Agenda
Eau Claire County
Aging & Disability Resource Center Board
Thursday, May 11 2017, 12:00 Noon
Courthouse-Rooms 1301/1302, Eau Claire WI 54703

1. Call to order
2. Introductions
3. Public Comment
4. Meeting minutes: April 13, 2017 / Discussion – Action Handout #1
5. Election of ADRC Board Chair / Discussion – Action
6. Election of ADRC Board Vice Chair / Discussion – Action
7. Appointment of ADRC Board Clerk
8. Specialized Transportation Co Pay
9. Janet Zander, GWAAR Handouts #2 - #8
10. Future meeting agenda items: June 1, 2017 - 12:00 Noon
11. Adjourn

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Eau Claire County
Aging & Disability Resource Center Board
Thursday, April 13, 2017, 12:00 Noon
Courthouse-Rooms 1301/1302, Eau Claire WI 54703

Members Present: Stella Pagonis, Carl Anton, David Mortimer, Sandra McKinney, Katherine Schneider, Lauri Malnory, Tom Christopherson, Ruth Adix, Kimberly Cronk

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

Chair Pagonis called the meeting to order at 12 Noon.

Introduction of ADRC Board, staff and others in attendance.

Public Comment. Katherine Schneider – 4 upcoming sessions on depression at Lake Street Methodist Church, upcoming budget listening sessions, thank you to Lauri Malnory & Stella Pagonis whose term is up on ADRC Board. Jennifer Owen read certificate of appreciation and presented to Lauri & Stella. Stella Pagonis – dementia specialist program not part of budget – will continue to pursue. Ruth Adix – she has been involved in discussion on the Affordable Care Act and Medicaid, reviewing policies and ARC WI. David Mortimer attended Katherine Schneider’s Blind 101 class and thanked her for presentation.

ADRC Board meeting minutes March 9, 2017. Motion by Mary Pierce to approve. Motion carried.

Mentors for new ADRC Board members. Katherine Schneider asked if any board members would be interested in mentoring new board members. Board members interested in mentoring new members should contact Jennifer Owen.

Older Americans Act Proclamation. The Board discussed wording change in the 3rd paragraph to end with empowerment and interdependence. Motion by Katherine Schneider to approve proclamation as amended. Motion carried.

Dementia Friendly Community Resolution. Reviewed fact sheet and wording with change in last paragraph to WI Department of Health Services instead of Governor’s. Motion by Katherine Schneider to approve resolution as amended. Second by Sandra McKinney. Motion carried.

Options Counseling Presentation. Emily Gilbertson reviewed the handout on ADRC I & A, Options Counseling, Long Term Care Programs and Enrollment.

Sub Committee Updates – Mary Pierce reviewed updates on nutrition vendors, upcoming RFP, meal site reviews and new vice chair, Carl Anton.

No Long Term Care updates.

Transportation. Emily Gilbertson recently sent out biannual transportation survey to paratransit riders. Any paratransit complaints received regarding service are reviewed and Emily contacts rider with follow up.

Director Report. Jennifer Owen reviewed updates on staff work load, WIHA pilot program, nutrition program RFP and legislative bills.

Future meeting agenda items – May 11, 2017. Janet Zander from GWAAR will present for most of the meeting. Katherine requested DRW presentation at the June meeting.

Meeting adjourned at 1:52 pm.

Respectfully submitted,

Marlene Rud, Clerk
Aging & Disability Resource Center Board

Chairperson



Key Issues for Wisconsin Aging Advocates

2017-2019 State Budget

The Wisconsin 2017-2019 budget under development significantly impacts older adults. The Wisconsin Aging Advocacy Network has carefully reviewed the Governor's proposed budget and advocates the following positions on key issues, all of which help support older adults to remain living at home and save taxpayers dollars by reducing the need for greater long-term care expenditures.

We Support:

An Increase in the Medicaid Personal Care (MAPC) Rate.

This program provides personal care to support people who are low-income and on Medicaid with bathing, dressing, meal preparation, and other activities necessary for daily living. We support a **15% rate increase in 2018 (an additional \$25 million in the biennium).**

This investment in GPR funding will draw down an estimated \$37 million in additional federal funding. The funds will help workers providing in-home services and ensure the agencies they work for stay in business so those needing care have the option to remain living at home—where they prefer to be—in the most cost-effective setting.

Current Status:

Governor's budget includes only a 2% increase in the MAPC rate.

We Request:

1) Funding for Dementia Care Specialists.

Wisconsin currently has 19 ADRC/tribal Dementia Care Specialists working in various areas around the state, covering approximately 54% of the state's older adult population. They provide specialized education to Aging and Disability Resource Center (ADRC) staff, community providers, and families; in-home consultation for individuals with dementia and their caregivers; volunteer development; and community coalition building. **To ensure critical Dementia Care Specialist programs and services are consistently available statewide, add funding to the base allocation of the ADRCs to continue these existing services and expand Dementia Care Specialist services statewide (estimated cost for the biennium \$3,320,00).**

Current Status:

These positions are currently funded through December 2017. Funding is *not* included in the Governor's budget.

2) Permanent Funding for Healthy Aging Grants.

Wisconsin’s many evidence-based (researched and proven) health promotion programs improve health, prevent or delay disease and disability, and delay or entirely prevent the need for expensive long-term care. These programs address critical expensive public health issues including older adult falls, chronic conditions, diabetes and caregiving. The 2015-2017 budget included \$200,000 in one-time only funding to increase access to these proven programs. The funds were allocated to the Wisconsin Department of Health Services (DHS) and then awarded to the Wisconsin Institute for Healthy Aging (WIHA). Funds were used to provide support to county and tribal aging units, public health and other partners and to develop and grow the infrastructure for program delivery and coordination. Data shows the legislature’s investment has saved millions of health care dollars. **We request a \$600,000 annual state budget appropriation: half to provide funding and program support to counties and tribes and half to expand local healthy aging programs and to support a statewide clearinghouse and support center for evidence-based health promotion programs.**

Current Status:
These funds are set to end June 30, 2017. Funding is *not* included in the Governor’s proposed budget.

3) Increased Funding for Specialized Transportation.

Transportation continues to be the top need expressed by older adults. No matter what programs communities offer or how strong one’s desire to remain at home, lack of transportation options can severely affect access to needed services. Transportation programs play an integral role in assisting people to remain independent. **Aging advocates are requesting an increase of 3.75% in each year of the budget (\$527,288 and \$547,061 respectively) and annually thereafter to keep pace with growth in the aging population and the resulting increasing service demands.**

Current Status:
The Governor’s transportation budget was removed. The Joint Finance Committee plans to work from base (current) funding levels.

Key Issues for Wisconsin Aging Advocates
Janet L. Zander, Greater WI Agency on Aging Resources, Inc.
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Wisconsin Aging
| Advocacy | Network

Dementia Care Specialist Program

A Wise Investment: Crucial to Containing Costs

Ensure critical programs and services are consistently available by adding Dementia Care Specialist (DCS) funding to the base allocation of Aging and Disability Resource Centers (ADRCs) and expanding DCS services statewide.

Dementia is life-changing and expensive - Every 66 seconds someone in the U.S. develops Alzheimer's disease. It not only changes their life and the lives of those around them, but substantially *adds to the cost of health and long-term care, especially public funding*. This trend is not slowing down anytime soon.

Dementia in Wisconsin is on the rise - In Wisconsin we estimate 115,000 individuals 65 and older are living with some form of clinically-diagnosable dementia. By 2040 the population is expected to grow to 240,000; this does not account for the estimated 5% of individuals younger than 65. The care and treatment of persons with dementia is now being described as a *public health emergency*.

Dementia Care Specialists save taxpayers money - DCSs housed within ADRCs help persons with dementia stay in their communities. They provide specialized education to ADRC staff, providers and families, in-home consultation, volunteer development, and community coalition building. The purpose of the program is to positively impact the lives of the individuals and families living with dementia as well as improve the sustainability of our long-term care system by reducing or eliminating their need for public funding. *Each day an individual remains in the community outside expensive institutional care saves taxpayers \$161 per day or \$58,925 annually* (Elder Benefit Specialist fiscal impact calculation). The DCS program is a wise and sound investment of public dollars.

Wisconsin Communities and Citizens Benefit From an Investment in Dementia Care Specialists

Statewide financial investment in Dementia Care Specialists has been low cost, with tremendous reach into local communities. Statewide, the total investment has been \$1,520,000 GPR covering approximately 54% of the state's older adult population*. ADRCs and tribes awarded a DCS grant received \$80,000/year for costs related to these highly-valued positions. Funding for the DCS positions (16 county/regional ADRC and 3 tribal) is scheduled to end December 31, 2017. The current 2017-2019 state budget does not fund the current positions beyond this date. We ask consideration for cost to continue the valuable services currently funded and propose expansion of the services statewide. Each position draws down additional critical federal dollars with their activities. The additional federal revenue generated contributes to other important ADRC services. Statewide, it is estimated over \$800,000 in federal funding is received annually and invested in services in local communities.

Budget Request:

- ***Budget Year 2018 - January 1, 2018 - June 30, 2018: \$760,000*** - Cost to continue existing DCS services (covering 54% of the state's older adult population*).
- ***Budget Year 2019 - July 1, 2018 - June 30, 2019: \$2,560,000*** - Cost to continue plus expansion of DCS services statewide.
- ***TOTAL Request for 2017-2019 Biennial Budget: \$3,320,000*** (Does not include any funding needed for state program administration.)

**Percentage based upon the state population of individuals age 60 or older.*

Dementia Care Specialist Program - *A Wise Investment: Crucial to Containing Costs*

Janet L. Zander, Greater WI Agency on Aging Resources, Inc. Janet.Zander@gwaar.org (715) 677-6723 Page 1 of 2

ADRCs Can't Continue DCS Programs Without This Funding

ADRCs are already struggling to keep up with the volume. In Wisconsin, there has been a steady increase in the workload. The 2014 Wisconsin ADRC status report states an ADRC is contacted every 13 seconds for information, guidance, and support. Since the Dementia Care Specialist program began in 2014, it has seen 60% growth in customers served, 43% increase in memory screens administered, 118% increase in referrals provided, and 136% in outreach activities and educational events.

Dementia Care Specialists are highly-trained professionals who have the time to stay current on new treatments and clinical trials that are occurring around dementia diagnosis and treatments.

Dementia Care Specialists provide:

- Valuable case consultation, including crisis planning and prevention. DCS spend time educating individuals and families about the disease and discuss person-centered plans to improve outcomes related to changes in communication, behavior, and symptoms. All of these activities lie beyond the scope and resources of other ADRC staff's roles.
- Expertise that is shared widely. The momentum to create a Dementia Friendly Wisconsin will be stalled if concentrated outreach, training, and facilitation of community projects discontinue without the DCS position. These efforts can't be absorbed. Dementia Friendly Wisconsin activities include:
 - Training for law enforcement, fire and rescue, and hospitals so they are prepared to meet the needs of the people they serve.
 - Leadership in the dementia friendly community initiatives that include businesses, employers, and other local organizations to help raise awareness of the unique needs of people with dementia and their families. Without this dedicated position, the ADRC would not be able to continue to lead the coalition initiatives. It has been demonstrated that a dedicated position leading a local community initiative greatly improves success.
 - In person, interactive education. It has been the ADRCs experience that individuals respond well to in person, interactive education where an experienced, skilled professional is present to answer questions.
- Support for the professional development of other ADRC staff.
 - Assure staff is trained in consistent, reliable memory screening including the cognition portion of the long-term care functional screen.
 - Assure fidelity, reliability, and consistency of memory screen completion.
- Connections to strong partnerships with the Alzheimer's Association. They assure ADRCs collaborate, not duplicate, services that are in high demand. Dementia Care Specialists are present in the local communities, are able to meet 1:1 in persons' homes, and respond to referrals from the Alzheimer's Association in local communities. ADRCs are the only community resource that provide memory screening.
- Opportunities for individuals and family caregivers to participate in evidence-based interventions.
 - *The Memory Care Connections* program provides family caregivers with tools to be successful in providing care for their loved ones. The program has been shown to help families care for loved ones at home an average of 18 months longer than without the support of the program.
 - *The LEEPS (Language-Enriched Exercise Plus Socialization)* program provides opportunities for people in the early stages of Alzheimer's disease or mild dementia to engage in exercise and social opportunities. LEEPS has been shown to help individuals with dementia improve their physical fitness and mood as well as maintain functional ability.

Dementia
Care
Specialists

Serving Individuals,
Families and the
Community



Dementia Care Specialist Program - A Wise Investment: *Crucial to Containing Costs*

Janet L. Zander, Greater WI Agency on Aging Resources, Inc. Janet.Zander@gwaar.org (715) 677-6723 Page 2 of 2



Direct Care Workforce Crisis: A Threat to Independence, A Threat to Business

Increase the Medicaid Personal Care (MAPC) fee-for-service rate by 15% in 2018 to help fund workers providing in-home services and ensure the agencies they work for stay in business so older adults and people with disabilities have the option to remain living at home—where they prefer to be—in the most cost-effective setting.

Wisconsin is currently experiencing a crisis-level shortage of direct care workers that is leaving families without options and older adults and people with disabilities without needed care. Direct care workers help people get out of bed, use the bathroom, get dressed, prepare meals, travel to and from work or school, and perform other activities necessary for daily living.

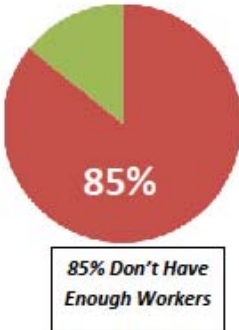
Investments in the Direct Care Workforce Benefit Everyone

Direct care workers make it possible for people with disabilities and older adults to lead safe and healthy lives in their communities. This is not only where people prefer to live, it is also the most cost-effective setting. Wisconsin’s Department of Health Services Community Relocation Initiative found that moving people from nursing facilities to the community reduced costs by 26%. The Medicaid Personal Care Rate (MAPC) rate has only increased by \$0.24 over the past 14 years, and there have been no rate increases since July 1, 2008. Low MAPC reimbursement rates make it difficult for agencies to pay workers competitive wages. At least 40 % of direct care workers in Wisconsin rely on some form of public assistance.

Impact of the Workforce Crisis on Consumers

According to a survey conducted by the Survival Coalition of Wisconsin Disability Organizations, more than 85 percent of Wisconsinites who rely on direct care workers for some or all of their support needs say they cannot find enough workers. Thus, people with disabilities and older adults are going without needed assistance—putting them in danger of serious illness, harm, and a loss of independence.

43% Can't Find a Worker Seven or More Times Per Month.



Additional responses indicated:

- 1 in 5 consumers are considering moving out of community living.
- More than 1 in 4 missed medication, a meal, or medical appointment without a worker.
- Nearly 40% were forced to quit a job or miss workdays.

Wisconsin has long been a national leader in supporting people with disabilities and older adults in the community instead of institutional settings, but the workforce crisis threatens to undo this progress. People across the state are now forced to choose between living in the community without necessary supports or moving to a nursing home or institution.

Impact of the Workforce Crisis on Workers, Agencies, and Communities

The direct care workforce crisis is driven by high worker turnover rates and increasing job vacancies. Direct care agencies cannot pay workers a competitive wage under the current state reimbursement rate, which has not had an appropriate increase in over 14 years. Provider agencies—struggling to keep their doors open—are reporting high turnover rates because they cannot increase workers' wages. Unable to make ends meet, many workers leave direct care jobs to work at fast-food restaurants or gas stations.

According to the Wisconsin Personal Services Association (WPSA):

- Member agencies report that MAPC service costs are at least **15% to 20% above the current reimbursement rate** of \$16.08 per hour.
- 31% of agencies surveyed are currently considering closing or downsizing.
- 50% said they have had to **lay off staff** or reduce hours due to budget constraints.
- **3 out of 4** WPSA members receive more than half their revenue from Medicaid.
- Agencies are experiencing **turnover rates above 50%**.
- 93% find it difficult to fill job openings.
- 70% are **unable to provide staff for all authorized hours** and 52% of agencies set a minimum number of hours a worker must provide service for a client at each visit.

Individuals will lose their jobs and communities will suffer an economic loss as personal care agencies close or downsize. Additionally, services will be lost both to the individuals receiving Medicaid benefits, as well as to those paying privately.

Demand for direct care services is projected to increase by 28% between now and 2024 and there are already an estimated 2,300 personal care job openings each year in Wisconsin. If direct care turnover rates remain at current levels and jobs continue to go unfilled, the number of people living without assistance will only grow.

Action must be taken now to address the direct care workforce crisis to ensure home care services remain an option for all who need them now and in the future.



Healthy Aging Grants: Health Promotion & Disease Prevention

Improving health and reducing costs

Core Member Organizations

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer's Association SE Wisconsin Chapter
- Wisconsin Adult Day Services Association (WADSA)
- Wisconsin Association of Area Agencies on Aging (W4A)
- Wisconsin Association of Benefit Specialists (WABS)
- Wisconsin Association of Nutrition Directors (WAND)
- Wisconsin Association of Senior Centers (WASC)
- Wisconsin Institute for Healthy Aging (WIHA)

The Wisconsin Aging Advocacy Network is a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

WAAN State Issue Brief
July 2016

WAAN's Position: Make permanent and expand funding for healthy aging grants to support a statewide clearinghouse and support center on evidence-based health promotion programs and provide funding and program support to counties and tribes to expand local healthy aging programs.

WAAN seeks a \$600,000 annual state budget appropriation for a statewide clearinghouse and support center in healthy aging to support its core services:

- Maintain statewide program licenses.
- Research, develop, and maintain the infrastructure for coordination of the programs.
- Support county and tribal aging units, public health, and other local partners in developing and training leaders and recruiting participants.
- Provide data collection and analysis.

Proven Outcomes That Improve Health, Reduce Costs, Prevent or Delay Long-Term Care

The old saying is still true: An ounce of prevention is worth a pound of care—or more specifically—long-term care.

Wisconsin is home to many evidence-based (research-proven) programs that can improve health and prevent or delay disease and disability. These programs delay or prevent entirely the need for expensive long-term care. The programs address critical public health issues including:

Falls. One of every three older adults in Wisconsin experiences a fall every year. Hospital and emergency department visits cost Wisconsin \$800 million annually—70% of which is paid for by public funds.

Stepping On Falls Prevention Program is shown to:

- Reduce falls by up to 50%.
- Reduce emergency department visits for falls by up to 70%.

Falls-related injuries exceed car crashes as the leading cause of injury-related deaths in Wisconsin. Forty percent of those admitted to a nursing home had a fall in the 30 days prior to admission.

Chronic Diseases. More than 80% of older adults in Wisconsin have at least one chronic condition such as arthritis, diabetes, or heart disease; 50% have at least two. Ninety-five percent of health care dollars spent on older adults are related to chronic conditions and 2/3 of all deaths in the U.S. are attributable to heart disease, stroke, cancer, and diabetes.

Diabetes. In Wisconsin 475,000 adults have diabetes and 1.45 million have pre-diabetes. One in four Wisconsin residents over age 65 has diabetes—which is the leading cause of blindness, heart

disease, and stroke—as well as lower extremity amputations. It is also very expensive to treat, with an annual cost to Wisconsin of over \$4 billion in direct health costs and \$2.7 billion in indirect costs.

Caregiving. With the growing population of older adults and adults with disabilities, the need for family caregivers will continue to increase. Because caregiving is often stressful, caregivers are at a high risk for depression and stress-related illnesses that often force them to end their caregiving role and place their loved one in an expensive facility. The economic value of unpaid family caregivers is estimated at \$7 billion annually in Wisconsin and represents the largest source of long-term care services.

Partners Depend on Statewide Training, Coordination, and Support

These and other public health issues can be addressed through researched and proven cost-effective programs delivered in community partner (non-clinical) settings. Hundreds of local partner agencies deliver these programs; they need statewide training, coordination, and support to do so.

Wisconsin needs permanent, expanded funding to support statewide training, coordination, and support for programs that promote healthy aging and prevent disease.

Both Living Well with Chronic Conditions and Healthy Living with Diabetes

are shown to:

- *Reduce hospital visits by 22%.*
- *Reduce ED visits by 27%.*
- *Generate a program cost to health care savings ratio of 1:4.*



Contact WAAN

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issue briefs at:

<http://gwaar.org/waan>



FY 2017/2018 Labor-HHS Appropriations As of April 30, 2017 (Dollars in thousands)

Notes: Increases over prior year final funding are noted in **BOLD**. Decreases are noted in *italics*. Funding from mandatory sources in **blue**; PPHF = Prevention and Public Health Fund

Older Americans Act and Other Key Aging Programs	FY 2010 Final Enacted	FY 2013 Final With Sequester March 2013 ¹	FY 2014 Omnibus Final Jan. 2014	FY 2015 Final Enacted Dec. 2014	FY 2016 Final Enacted Dec. 2015	FY 2017 Final April 2017	FY 2018 President Budget Request (partial)
Title III							
B: Supportive Services & Centers	388,348	347,724	347,724	347,724	347,724	350,224	tbd
C1: Congregate Meals	440,783	416,104	438,191	438,191	448,342	450,342	tbd
C2: Home-Delivered Meals	217,876	205,489	216,397	216,397	226,342	227,342	tbd
Nutrition Services Incentive Program	161,015	146,718	160,069	160,069	160,069	160,069	tbd
D: Preventive Health	21,026	19,849	19,848	19,848	19,848	19,848	tbd
E: Family Caregivers Support	154,220	145,586	145,586	145,586	150,586	150,586	tbd
Title IV Innov/Research/Tmg	19,023	-	-	-	-	-	tbd
Title V SCSEP (Dept of Labor)	825,425	424,805	434,371	434,371	434,371	400,000	0
Title VI							
A: Grants to Indians	27,708	26,157	26,158	26,158	31,158	31,208	tbd
C: Native Amer. Caregivers	6,389	6,031	6,031	6,031	7,531	7,556	tbd
Title II							
Aging Network Support Activities (incl Eldercare Loc.)	44,283	7,432	7,461	9,961	9,961	9,961	tbd
Aging & Disability Resource Centers	10,000 (ACA mandatory funding)	15,585 (incl. 9,490 ACA)	16,119 (incl. 10,000 ACA)	6,119	6,119	6,119	tbd
Title VII							
Ombudsman/Elder Abuse	21,883	20,658	20,658	20,658	20,658	20,658	tbd
Elder Rights Support Activities		3,859	3,874	3,874	3,874	3,874	tbd
Adult Protective Services/Elder Justice Initiative (Non-OAA)		2,000 (PPHF)	0	4,000	8,000	10,000	tbd
Other AoA/ACL Programs							
Program Administration	19,979 (AoA only)	27,828 (ACL)	30,035	37,709	40,063	40,063	tbd
State Health Insurance Asst. Program	46,960	46,040	52,115	52,115	52,115	47,115 ²	tbd ³
Chronic Disease Self-Management Program		7,086	8,000 (PPHF)	8,000 (PPHF)	8,000 (PPHF)	8,000 (PPHF)	tbd
Alzheimer's Supportive Services Program	11,464	3,786	3,800	3,800	4,800	4,800	tbd
Alzheimer's Disease Initiative: Caregiver Svcs			14,700 (PPHF)	14,700 (PPHF)	10,500 (PPHF)	10,500 (PPHF)	tbd
Elder Falls Prevention			5,000 (PPHF)	5,000 (PPHF)	5,000 (PPHF)	5,000 (PPHF)	tbd
Lifespan Respite Care	2,500	2,351	2,360	2,360	3,360	3,360	tbd
Senior Medicare Patrol		8,875	8,910	8,910	8,910 (HCFAC)	8,910 (HCFAC)	tbd
Other HHS Programs							
Social Services Block Grant	1,700,000	1,613,000 ps	1,700,000	1,700,000	1,700,000	1,700,000	tbd
Comm. Services Block Grant	700,000	676,003 ps	674,000	674,000	715,000	715,000	0
LIHEAP: Low-Inc Home Energy	5,100,000	3,464,729 ps	3,424,500	3,390,304	3,390,000	3,390,000	0
CNCS: Senior Corps	n/a	207,076 ps	202,117	202,117	202,117	202,117	0

(1) FY 2013 column reflects roughly 5% sequester plus additional rescissions and transfers for a total of 5.6% from FY 2012 for ACL programs. Non-ACL programs listed at pre-sequester enacted levels are noted with a "ps." (2) The Senate FY 2017 Labor-HHS bill proposed completely eliminating funding for the State Health Insurance Assistance Program (SHIPs), the House FY 2017 Labor-HHS bill proposed level-funding the program. The resulting compromise was a \$5 million cut to SHIPs. (3) The President has proposed cutting \$49 million from SHIP in FY 2017, however.

National Association of Area Agencies on Aging

1730 Rhode Island Avenue, NW, Suite 1200 / Washington, DC 20036 / Tel: 202.872.0888 / www.n4a.org



Specialized Transportation

An integral part of aging well and long-term care

Core Member Organizations

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer's Association SE Wisconsin Chapter
- Wisconsin Adult Day Services Association (WADSA)
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WAAN State Issue Brief
July 2016

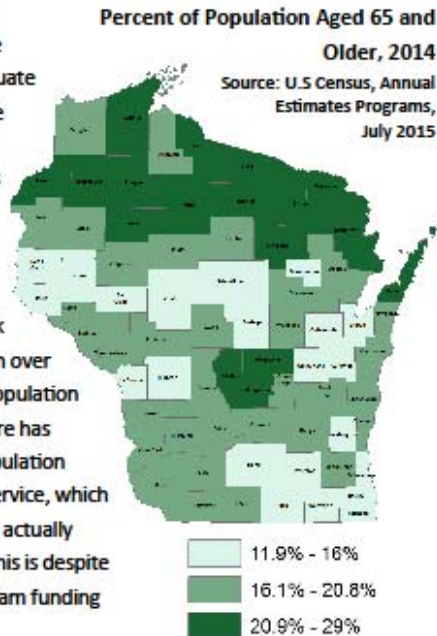
WAAN's Position: Increase specialized transportation funding (s.85.21) by 3.75% in each year of the budget (\$527,288 and \$547,061 respectively) and annually thereafter to keep pace with growth in the aging population* and the resulting increasing service demands—and retain it as part of the segregated transportation fund.

*http://www.doa.state.wi.us/documents/DIR/Demographic%20Services%20Center/Projections/FinalProjs2040_Publication.pdf, pg. 15

Reliable, Accessible, and Affordable Transportation: The Lifeline for Older Adults

Funding for the county and tribal specialized transportation assistance program must be increased in the upcoming budget to keep pace with Wisconsin's aging population. These programs provide older adults and people with disabilities the opportunity to remain living in their own homes and engaged in their communities. Specialized transportation funding must remain part of the segregated transportation fund to ensure reliable, predictable, and adequate funding is available to meet the mobility needs of older adults and individuals with disabilities who rely on these options to maintain their independence and quality of life.

The maps here and on the back show the percent of population over the age of 65 and percent of population with a disability ages 0-64. There has been a 12% increase in the population eligible for the 85.21-funded service, which means per capita spending has actually decreased by 7% since 2009. This is despite small increases in overall program funding over the past 5 years.

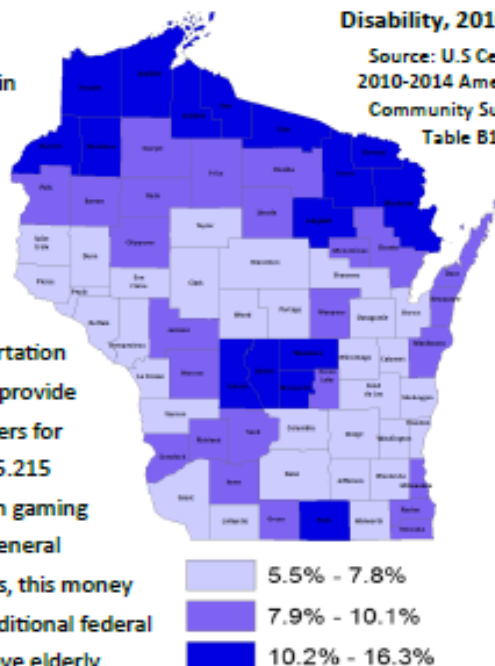


How Is Specialized Transportation Funded?

Counties and tribes in Wisconsin provide transportation with state operating assistance from the s.85.21 and s.85.215 programs among other local, state, and federal funding sources. The s.85.21 funds are part of the segregated transportation trust fund and used to directly provide or contract with private providers for transportation service. The s.85.215 funding is allocated from Indian gaming revenues that are part of the general purpose fund. In some counties, this money also leverages thousands of additional federal transportation dollars to improve elderly, disabled, and tribal transportation—as well as transportation for the general public.

Percent of Population Aged 0-64 with a Disability, 2010-14

Source: U.S Census, 2010-2014 American Community Survey, Table B16101



According to the WI Transportation Finance & Policy Commission final report from January 2013, there are over 130 DOT-funded specialized transit services operated by counties and non-profits. A recent survey identified over 60 volunteer programs throughout the state.

Transportation Is a Critical Investment

When a person can no longer drive or get around, doctor visits decrease dramatically and food insecurity increases, placing that person at higher risk of poor health, isolation, institutionalization, and loneliness. No matter what programs communities offer or how strong one’s desire to remain at home, without transportation, lack of transportation options can severely affect access to needed services. Wisconsin’s cutting-edge home- and community-based services provide an alternative to higher-cost institutionalized care. Transportation programs play an integral role in these nationally-recognized services and help people remain independent.



Contact WAAN

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The Wisconsin Aging Advocacy Network is a collaborative group of individuals and associations working with and for Wisconsin's older adults to shape public policy to improve their quality of life.

Core member organizations:

Aging and Disability Professionals Association of Wisconsin (ADPAW)

Alzheimer's Association SE Wisconsin Chapter

Wisconsin Adult Day Services Association (WADSA)

Wisconsin Association of Area Agencies on Aging (W4A)

Wisconsin Association of Benefit Specialists (WABS)

Wisconsin Association of Nutrition Directors (WAND)

Wisconsin Association of Senior Centers (WASC)

Wisconsin Institute for Healthy Aging (WIHA)

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Repeal (ACA) and Replace (AHCA): Update

Background

After six years of promising to "repeal and replace" the Affordable Care Act (ACA) aka Obamacare, Speaker Paul Ryan and GOP leaders secured the votes needed to pass their replacement plan – the American Health Care Act (AHCA) on May 4, 2017. Ryan's plan initially faced opposition from conservative "Freedom Caucus" members who felt that the plan was still too generous and from moderates who felt that it was not generous enough. After an earlier attempt to win support for the bill failed, several amendments were made to the bill before its passage by the House in May by a vote of 217 to 213 (one more "yes" vote than was needed for passage). The bill now heads to the Senate where further changes are expected to be made.

Though the Congressional Budget Office (CBO) had not completed their analysis of the latest version of the AHCA bill before the vote occurred, earlier CBO projections indicate the plan, if enacted into law, will provide tax credits based on age that make it *more* difficult for people to afford coverage (24 million people are projected to lose coverage by 2020), make massive cuts in Medicaid (\$839 billion), and create significant changes in Medicare. Many experts agree that the people who will be harmed the most are older people (50-64), sick people, and poor people (e.g. according to the CBO's analysis of the initial plan, persons aged 55 to 64 will experience a cost increase of \$8,329 by 2020, and individuals below 250% of the poverty level will see an increase in costs of \$4,815 in 2020). The AHCA imposes a premium penalty for people who do not maintain continuous health coverage and will now give states power to request waivers for insurers that allow them to charge people with pre-existing health conditions higher premiums if they let coverage lapse. While the bill establishes funding for states that can be used for "high-risk" individuals, or other purposes, experts say the funds are insufficient and time-limited.

Impact on Medicaid

Medicaid is proposed to become a block grant to states with a 25% cut in funding over 10 years. This huge cut will offset a \$1 trillion tax cut that will mostly benefit wealthy individuals and corporations. The impact of this devastating cut threatens Medicaid programs in Wisconsin, such as SeniorCare, Family Care, and IRIS and could result in services being cut or the reinstatement of waiting lists.

Impact on Medicare

According to AARP, repealing the ACA and replacing it with the AHCA will hasten the insolvency of the Medicare Trust Fund by up to 4 years. The AHCA allows insurance companies to charge older people 5 times more than younger people (the ACA restricts this to 3 times more). This "age rating plus premium increases equal an unaffordable age tax" AARP stated. The new proposal does not eliminate the ACA "donut hole" protections.

Summary

The AHCA is not a good replacement plan as millions more people will be uninsured, huge cuts in Medicaid funding will occur while tax cuts will be given to the wealthy, and Medicare will be negatively impacted. Let your U.S. Senator know the American Health Care Act presents a grave risk to older adults, caregivers, and people with disabilities.

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