

AGENDA

Eau Claire County
Aging & Disability Resource Center Board
Monday, January 23, 2023, at 4:00 pm
721 Oxford Ave
Room 1301/1302
Eau Claire Wi, 54701

Those wishing to make public comments must submit their name and address no later than 30 minutes prior to the meeting to brianna.werner@eauclairecounty.gov. Comments are limited to 3 minutes; you will be called on during the public section of the meeting. Written comments will also be accepted and should be submitted to brianna.werner@eauclairecounty.gov

Public Access:
1-415-655-0001 US Toll, Access Code: 2594 179 0097

*Mute your personal device upon entry

1. Welcome & Call to Order
2. Confirmation of Meeting Notice
3. Public Comment
4. Board Introductions
5. Review of November 21st, 2022, ADRC Board Minutes / Discussion – Action Handout #1
6. Nutrition Updates
7. Personnel Updates
8. Independent Living Support Grant Pilot
9. Issue Papers
 - Wisconsin Counties Association (WCA)/Wisconsin Human County Human Service Association (WHCSA)- Handout #2
 - Wisconsin Aging Advocacy Network (WAAN) Handout # 3
10. Recruitment of ADRC Citizen Board Member
11. Advocacy/Advisory committee updates

12. Future agenda items

13. Adjourn

Prepared by Brianna Werner

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters, remote access, or other auxiliary aids. Contact the clerk of the committee or Administration for assistance (715-839-5106). For additional information on ADA requests, contact the County ADA Coordinator at 839-6945, (FAX) 839-1669 or 839-4735, 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
 Monday, November 21, 2022, 4:00 pm
 Room 1301/1302

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

Roll Call/Members Present: Amanda Babb, Dan Sippl, Heather Deluka, Sandy Romey, Stella Pagonis, Sue Miller, Tami Schraufnagel, Jean Doty

Others Present: Linda Struck, Betsy Henck, Lisa Riley, Kelli Weiss

Confirmation of meeting notice- yes.

Public Comment-Butterfly House at Beaver Creek was closed, Candlelight snowshoe coming soon.

Review October 17, 2022, ADRC Board Minutes. Leda Judd should be added to Others Present of the Oct Board mtg. Jean moves to approve minutes. All approved motion.

Nutrition Updates- The move to Hwy Building is going well. Reviewed October's Nutrition survey results, overall, very good satisfaction. Discussed amount of average donations received for MOW is under \$3.00 and for congregate it is around \$3. Local ARPA funding will be used to upgrade some MOW materials (bags/coolers). Many are in poor shape and the reason why food cannot hold appropriate temperatures. Question from Tami on Subaru fundraising amount, our Corp Counsel has prohibited this due to appearing as promotion for Subaru. Suggested we look into Amazon Smile for MOW. Personnel update: one cook is out on medical leave; a full time LTE employee has been hired: Penny Parkinson.

85.21 Paratransit application discussion-Action Handout #2- Discussed 85.21 Paratransit application, results from the two public hearings that were held, and confirmed that trust fund cannot be used for daily operations, capital type expenses only. No changes made to the application. Sue Miller moved to approve application as presented. All approved, no opposed

2022 Financial Projections/Update- Kelli Weiss provided update through Qtr. 3, surplus went down a little from around \$50k to \$30k. Linda explained what MA match/Time Reporting is. Nutrition: We are breaking even because of ARPA. The projection from April was for much lower food costs and they continue to rise, so used more ARPA is 2022 than previously thought which leaves less for 2023 – would need to use fund balance and possibly more.

2022 Performance Measure Handout #3 Discussion on if the current performance measures are reflective of the work that is being done at the ADRC. Overall ADRC is collecting relevant data, minor suggestions were made regarding categories/formatting

Future agenda items- December 16th mtg cancelled – January Board meeting rescheduled to Jan 23rd 4:00.

Stella adjourned meeting at 5:20

Next meeting date January 23 2023, at 4:00pm

Respectfully Submitted,

Lisa Riley

Aging & Disability Resource Center Board



Topic: Aging and Disability Resource Center (ADRC) Funding

Program Area:

**Budget Priority: Protect
Vulnerable Populations**

BACKGROUND

Aging and Disability Resource Centers (ADRCs) are one-stop shops designed to provide services to individuals who need, or expect to need, long-term care services, as well as their families. ADRC services include providing information and assistance, benefits counseling, coordinating short-term services, conducting functional screens, and enrollment processing and counseling. There are currently 34 single-county ADRCs, 12 multi-county/tribal ADRCs, and seven tribal Aging and Disability Resource Specialists (ADRS) that work with an ADRC.

ADRCs serve the fastest growing demographic of our state's population; yet the funding methodology for ADRCs has not been revised in more than a decade. The original funding methodology was based on several factors that were appropriate for the original ADRC pilots and the eventual expansion of ADRCs statewide. ADRCs were funded in three waves, with each wave funded differently and those funding differences have continued. It is now evident that the funding methodology needs revision in order to create a more equitable distribution of funds across the state. It is also clear that additional funding is required to allow ADRCs to effectively meet their mission.

The Office for Resource Center Development (ORCD) within the Department of Health Services (DHS) established a stakeholder advisory group to begin the work necessary to revise the funding methodology for ADRCs. Multiple issues were identified and addressed by the stakeholder advisory group to develop a reliable, accurate, equitable, and flexible funding formula for ADRCs. These issues include generational differences, health equity, projected population growth, and cost of living adjustments.

To implement the new ADRC allocation formula recommended by the stakeholder advisory group, an additional investment of \$32.37 million state GPR funding is needed. This additional investment is needed to equalize the services provided by ADRCs throughout the state.

The stakeholder advisory group also recommended \$25 million in additional funding to add critical services for required ADRC operations, including:

- Expand Dementia Care Specialist Funding Statewide: \$3,320,000
- Fully Fund Elderly Benefit Specialists Statewide: \$2,300,000
- Expand Caregiver Support and Programs: \$3,600,000
- Expand Health Promotion Services: \$6,240,000
- Expand Care Transition Services: \$6,240,000
- Fund Aging and Disability Resources in Tribes: \$1,180,000
- Fully Fund Aging and Disability Resource Support Systems: \$2,650,000

CURRENT STATUS

The current funding allocation results in an inconsistent approach to funding the state-contracted services every ADRC is required to perform. The allocations for individual ADRCs have not increased since 2006. The current funding allocation for ADRCs is based on cost estimates that are more than 10 years out of date and treats ADRCs differently depending on when they began operations

ADRC funding must be increased to keep pace with the state's increasing aging population – in 2010, Wisconsin had 777,314 residents aged 65 and over; in 2040, this population is expected to grow to 1,535,365

The funding allocation also does not account for all of the required and recommended services contained in the Scope of Services for the ADRC contract. For example, the state funds services for some ADRCs, such as dementia care specialists, but not for others.

REQUESTED ACTION:

1. Provide additional funding to support ADRC operations to keep pace with the ADRC caseload and equalize the funding for ADRCs. Full funding and equalization would require an additional \$32.37 million GPR. WCHSA recommends that \$5 to \$10 million GPR be provided in the 2023-25 biennium toward the \$32.37 million long term goal.
2. Seek additional GPR funding to expand specific ADRC services.
3. Expand the role of dementia specialist staff to give ADRCs more flexibility in how those staff can be used.

References

- ADRC Reinvestment Workgroup Funding Recommendations

Date: 11/2022



Core Member Organizations

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer's Association 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)
- Wisconsin Senior Advocates
- Wisconsin Senior Corps Association (WISCA)
- Wisconsin Tribal Aging Unit Association

The Wisconsin Aging Advocacy Network (WAAN) is a collaboration of organizations and individuals working with and for Wisconsin's older adults to shape public policy and improve the quality of life for older people. WAAN advocates for all older adults by educating the community and policy makers on particular issues impacting older adults; mobilizing people on priority issues; and advocating for change.

WAAN State Issue Brief
November 2022

Reinforce Nutrition Services for Homebound Seniors

Protect the Accessibility of Older Americans Act Nutrition Programs

WAAN's Position: Senior hunger and isolation are growing critical social issues effectively combated by Older Americans Act Senior Nutrition Programs. These programs need support and fiscal backing to maintain access to these crucial services for the growing aging population of Wisconsin.

Budget Request

- **Protect vulnerable older adults by increasing the state contribution to Home-Delivered Meal (HDM) Services from the current level of \$396,000 to \$5.95 million.** This increase would enable HDM programs across the state to meet rising needs. This also provides state funding for HDM services equal to the state funding for congregate nutrition services. Over their 50-year history, both programs have demonstrated positive impact on the health and well-being of the growing senior population.

The Older Americans Act (OAA) HDM program has proven to be an effective way to address the growing crisis of hunger and isolation among seniors. The program's focus on nutritious food, social visits, safety checks and connection to other community services ensures that seniors receive the support they need to live more nourished and independent lives in their homes. The program saves taxpayer dollars by avoiding costly and preventable healthcare expenditures paid for through Medicaid, Medicare and/or personal resources. The state average cost to deliver a meal to a homebound senior is \$11.93,¹ comparatively the cost of one day in a nursing home is \$286.00 and the cost of one day in the hospital is \$2,558.00.²

When surveyed³ about their satisfaction with the senior nutrition program, HDM recipients said:

- "Meals are delicious, more than enough, nice variety and very healthy. For all of us who can't cook, thank you."
- "Having someone check on me means a lot. The program helps me to stay in my apartment."
- "I feel safe because my driver alerted police when I fell and waited until help arrived. There are some days when I have trouble moving around and it is hard to cook."





Home-Delivered Meals have helped me because then I don't have to worry about cooking as I have shaky hands. I am also able to get a nutritious meal daily. The drivers are very nice and friendly, and I enjoy seeing them every day.

— Beverly, 89-year old
Barron County resident

- “The meals are healthy, well balanced. The volunteers are always kind-hearted and nice to talk to when they deliver.”

The HDM survey data for 2021 for Wisconsin (n=6,259),³ also indicates that for participants:

- Program meals make up half or more of their total daily food intake—69 percent
- Meal delivery provides:
 - Someone to talk to—47 percent
 - A sense of safety and security—45 percent
 - A link to get more support if needed—34 percent
 - Something to look forward to—66 percent

The HDM services provided by the Elderly Nutrition Programs support a vulnerable population of older adults. Many HDM participants live alone (62 percent), are homebound and express that at least some of the time they lack companionship (51 percent) and feel left out (42 percent) and isolated (44 percent).³

The ability to access these crucial services in a timely and consistent manner is key to the program's successful intervention to support the health and independence of older adults. **The program's accessibility is currently under threat statewide due to stagnant funding** (no increase in funding since program implementation in the mid-80's), **a growing aging population accompanied by unprecedented levels of demand, and increased expenses driven by inflation and a lack of resources.** The COVID-19 pandemic exposed critical levels of unmet need across the senior population in Wisconsin. This is evidenced by the fact that collectively program allocations are being depleted at twice the rate of the annual budget revenues (some programs have spent the total year's allocation at the six-month mark) coupled with an increase of over 200,000 meals (6 percent increase) served annually when compared to pre-pandemic operations.

The temporary operations flexibilities allowed during the public health emergency and the corresponding supplemental funding are currently propping up the operations of HDM services. Statewide, program leadership is preparing for widespread budget insufficiencies when these flexibilities and supplemental funding expire. According to the Wisconsin Association of Nutrition Directors, 82 percent of programs surveyed statewide anticipate a need to prioritize meal services, reduce meal services and/or institute waiting lists if funding remains stagnant.⁴ **We urge the state legislature to protect this critical service for older adults by increasing the state contribution to the home delivered meals program.**



Contact WAAN

Janet L. Zander, MPA, CSW

Advocacy & Public Policy
Coordinator

Greater Wisconsin Agency on Aging
Resources, Inc.

1414 MacArthur Rd., Ste A Madison,
WI 53714

Office: (715) 677-6723

Cell: (608) 228-7253

janet.zander@gwaar.org

**Find this document and other
WAAN issue briefs at:**

<https://gwaar.org/waan-issues-and-initiatives>

1. Based on the 2022 average home-delivered meal cost submitted by 76% of the meal programs in Wisconsin
2. Wisconsin Fact Sheet. (2022, February). Facts & Resources. Retrieved November 1, 2022, from <https://www.mealsonwheelsamerica.org/learn-more/facts-resources>
3. 2021 WI Elder Nutrition Program Home Delivered Meal Satisfaction Survey
4. Wisconsin Association of Nutrition Directors 2022 Membership Nutrition Advocacy Survey