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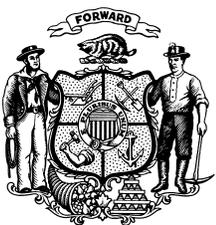
# 2011 Status Report

## Aging and Disability Resource Centers of Wisconsin

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**JANUARY, 2012**  
Wisconsin Department of Health Services  
Division of Long Term Care  
Bureau of Aging and Disability Resources  
Office for Resource Center Development



State of Wisconsin  
Department of Health Services

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Scott Walker, Governor  
Dennis G. Smith, Secretary

AGING AND DISABILITY RESOURCE CENTER  
**MISSION STATEMENT**

To empower and support  
seniors, people with disabilities,  
and their families  
to ask for help,  
find a way to  
live with dignity and security,  
and achieve  
maximum independence  
and quality of life.



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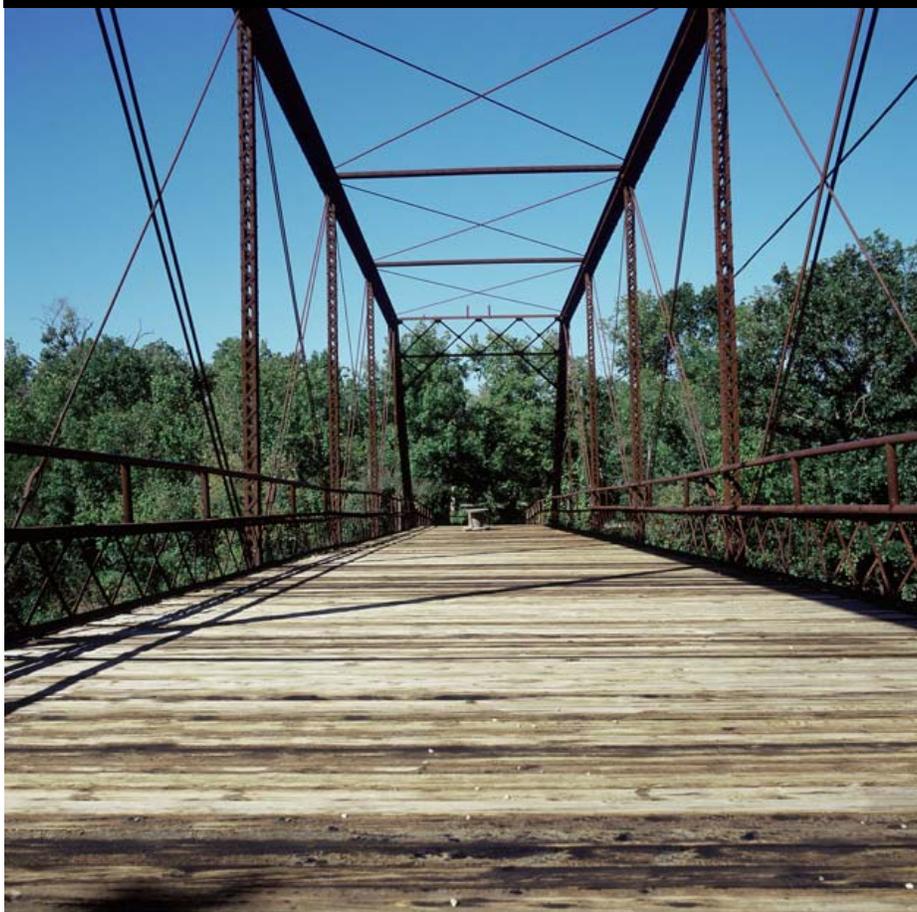
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## AN ADRC IS A BRIDGE...

A **LINK** to community resources for people who are in search of information or help, the ADRC is a bridge that will allow passage across obstacles to a personal destination.

### A CONNECTION:

People who work in the ADRC are community connectors for adults with disabilities or elders who are seeking income support, employment, in-home services or a variety of other long-term care related concerns.

An ADRC is a **CONDUIT** for information and documentation for people seeking eligibility for Medicaid, Family Care or IRIS, streamlining and simplifying complex processes.

“Bridge” not only means a structure, it is a verb that means **CREATING UNDERSTANDING BETWEEN PEOPLE**, for instance, helping a family convey to service providers the specific needs and concerns relating to their complex medical and social circumstances.

### BRIDGING THE

**GAP** can also mean finding a means of reconciling differences, as an advocate for the customer that solves problems with providers in a non-adversarial manner.

## WHAT IS AN AGING AND DISABILITY RESOURCE CENTER?

Aging and Disability Resource Centers (ADRCs) are welcoming and accessible places where older people and people with disabilities can obtain information, advice, and help in locating services or applying for benefits. They provide a central source of reliable and objective information about a broad range of programs and services and help people understand and evaluate the various options available to them. By helping people find resources and make informed decisions about long-term care, ADRCs help people conserve their personal resources, maintain self-sufficiency and delay or prevent the need for potentially expensive long-term care. ADRCs serve as the single access point for publicly funded long-term care, providing eligibility determination and enrollment counseling for the state’s managed long-term care and self-directed supports waivers.

...continued on page 2.

“The simple idea of an Aging and Disability Resource Center came from observing how often someone who begins trying to help another ends up saying: **there must be a way to help, but where do I start?**”

-Donna McDowell, Bureau of Aging and Disability Resources



### ANYONE CAN USE AN ADRC

ADRC services are available to older people and adults with disabilities regardless of income and regardless of whether the person is eligible for publicly funded long-term care. ADRC services are also available to families, friends, caregivers, physicians, hospital discharge planners, and others who work with or care about older people or people with disabilities.

### CUSTOMER CONVENIENCE

Consultations and other ADRC services are provided at the resource center, over the telephone, via the internet, in visits to an individual's home and at other locations that are convenient to the people it serves.

### A PUBLIC SERVICE

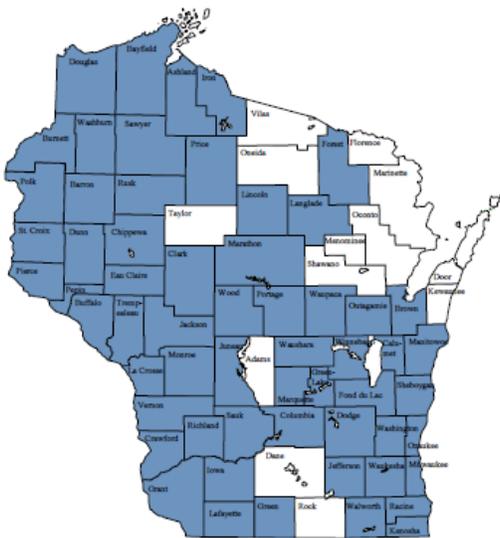
ADRCs are public agencies that may be a part of county government or part of a multi-county regional consortium. ADRCs answer to a board of officials, consumers, and other local citizens. Services are provided to the public free of charge.

Authorization and the basic requirements for ADRCs are found in Section 46.283 of the Wisconsin Statutes and Chapter DHS 10 of the Wisconsin Administrative Code. The Department of Health Services has a contract with each ADRC to ensure that a comparable scope and quality of services are provided anywhere in the State.

# ADRC LOCATIONS

## 2011: 85% STATEWIDE AVAILABILITY

There are thirty-five (35) ADRCs and three (3) Tribal Aging and Disability Resource Specialists serving 59 of Wisconsin's 72 counties and eight of its eleven tribes. Eighty-five percent of Wisconsin citizens have access to an ADRC in their community.



## LOOKING AHEAD to JANUARY, 2013: 100% STATEWIDE AVAILABILITY

The 2011-13 biennial budget included funding to expand ADRCs to the remaining thirteen counties and tribes.

**It is expected that all Wisconsin citizens will have access to an ADRC in their community by January 1, 2013.**

### WANT TO FIND YOUR ADRC?

Go to:

<http://www.dhs.wisconsin.gov/lcicare/adrc/custom%20er/adrccontactlist.pdf> for full names, addresses and contact information.

TABLE 1: ADRCs in Wisconsin, by Counties Served

1. ADRC of Barron, Rusk, and Washburn Counties
2. ADRC of Brown County
3. ADRC of Buffalo, Clark, and Pepin Counties
4. ADRC of Central Wisconsin (Marathon, Wood, Lincoln, and Langlade Counties)
5. ADRC of Chippewa County
6. ADRC of Columbia County
7. ADRC of Calumet, Outagamie, Waupaca Counties
8. ADRC of Dodge County
9. ADRC of Douglas County
10. ADRC of Dunn County
11. ADRC of Eau Claire County
12. ADRC of Fond du Lac County
13. ADRC of Forest County
14. ADRC of Green Lake, Marquette, Waushara Counties
15. ADRC of Jefferson County
16. ADRC of Kenosha County
17. ADRC of Manitowoc County
18. Aging Resource Center of Milwaukee County
19. Disability Resource Center of Milwaukee County
20. ADRC of the North (Ashland, Bayfield, Iron, Price and Sawyer Counties)
21. ADRC of Northwest Wisconsin (Polk and Burnett Counties and St. Croix Tribe)
22. ADRC of Ozaukee County
23. ADRC of Pierce County
24. ADRC of Portage County
25. ADRC of Racine County
26. ADRC of Sheboygan County
27. ADRC of St. Croix County
28. ADRC of Southwest Wisconsin-North (Crawford, Juneau, Richland and Sauk Counties)
29. ADRC of Southwest Wisconsin-South (Grant, Green, Iowa and Lafayette Counties)
30. ADRC of Trempealeau County
31. ADRC of Walworth County
32. ADRC of Washington County
33. ADRC of Waukesha County
34. ADRC of Western Wisconsin (La Crosse, Jackson, Monroe and Vernon Counties)
35. ADRC of Winnebago County

### Tribal Aging and Disability Resource Specialists

1. Lac Court Oreilles Band of Lake Superior Chippewa
2. Red Cliff Band of Lake Superior Chippewa
3. Bad River Band of Lake Superior Chippewa

# ADRC Services

## ONE-STOP FOR RELIABLE INFORMATION

### INFORMATION AND ASSISTANCE

Each older person, and every person with a disability, is unique. ADRCs need information and skills that are very broad. Individuals want to find - or to protect – a place to live, relationships, health, work, recreation, safety, and dignity.

Information and assistance services are about providing personalized help in finding and connecting a customer to services that match his or her needs. People call the ADRC about:

- In-home personal and nursing care
- Housekeeping and chore services
- Home modifications, safety and maintenance
- Health (healthy lifestyles, management of chronic conditions, dementia, etc.)
- Caregiver respite
- Transportation
- Nutrition, home delivered meals
- Housing, including senior and low income housing
- Adaptive equipment
- Assisted living, nursing homes and other long-term care facilities
- Financial assistance (e.g., Social Security, Medicare, Medicaid and other benefit programs)
- Legal issues (guardianship, power of attorney, client rights advocacy)
- Abuse, neglect, and financial exploitation
- Mental health, alcohol and drug abuse, crisis intervention
- Employment, vocational services, volunteer work

### OUTREACH TO PEOPLE IN NURSING HOMES

People living in nursing homes and other institutions do not always know about community services, supports, and housing options. ADRCs regularly outreach to individuals in long-term care facilities, providing individualized information and support for community relocation. ADRCs assist facility discharge planners in helping residents who indicate a desire to relocate to the community.

**“They provided information about the help that was available and they were there to answer questions as they came up. I can’t say there was anything that was not handled well.”**

-ADRC Customer

# ADRC Services

## EMPOWERING INDIVIDUALS TO MAKE INFORMED CHOICES

### LONG-TERM CARE OPTIONS COUNSELING

Through long-term care options counseling, ADRCs provide customers with information about the choices available when making decisions about where to live, what kind of help is needed, where to receive that care and help, and how to pay for it.

ADRCs provide one-on-one consultation to help people identify and think through the pros and cons of the various options in light of their situation, values, resources and preferences.

## STREAMLINED ENTRY INTO LONG-TERM CARE PROGRAMS

### ENROLLMENT INTO PUBLICLY FUNDED LONG-TERM CARE

ADRCs are single-entry points for publicly funded long-term care programs.

ADRC staff are certified to determine functional eligibility for Wisconsin's long-term care programs: Family Care, IRIS, Partnership and PACE. They help eligible individuals apply for Medicaid and explain and compare available long-term care programs.



## CUTTING RED TAPE AND ADVOCATING FOR BENEFITS

### BENEFITS COUNSELING

Benefit Specialists at ADRCs help people understand and obtain benefits that they are eligible for. Benefit Specialists are knowledgeable professionals who provide information about government and other benefits, such as Medicare, Medicaid, Social Security, FoodShare, low income housing, veterans' benefits, insurance, etc. Benefit Specialists help in solving problems with receiving benefits.

Elderly Benefit Specialists serve people age 60 and older. Disability Benefit Specialists serve adults age 18-59 who have a physical or developmental disability or a mental illness or substance use issue.

**"The best thing that came out of it is that I was able to make up my own mind and choose."**

-ADRC Customer

## HELPING PEOPLE MAINTAIN HEALTH AND INDEPENDENCE IN THEIR HOMES

### HEALTH AND WELLNESS / PREVENTION AND EARLY INTERVENTION

Providing information on how to reduce the risk of disability, connect to wellness programs and stay healthy and independent is a valuable service provided by resource centers.

ADRCs offer intervention activities such as programs to review medications or nutrition, teach people how to manage chronic conditions like diabetes or heart disease, or engage people in programs to eliminate home hazards and prevent falls.

### SHORT-TERM SERVICE COORDINATION

ADRCs provide short-term service coordination to help people and their families arrange for needed care services.

### TRANSITIONAL SERVICES FOR STUDENTS AND YOUTH

Families and young people with disabilities learn about their options after completing high school. ADRCs provide information to local school districts and vocational rehabilitation counselors to assist the transition to adult long-term care and benefits.

### ACCESS TO EMERGENCY RESPONSE

ADRC staff provide access to emergency response services. Staff are skilled at recognizing emergencies and situations that might put someone at risk, such as a sudden loss of a caregiver. They help people connect to adult protective services, mental health crisis intervention or other appropriate emergency service providers.



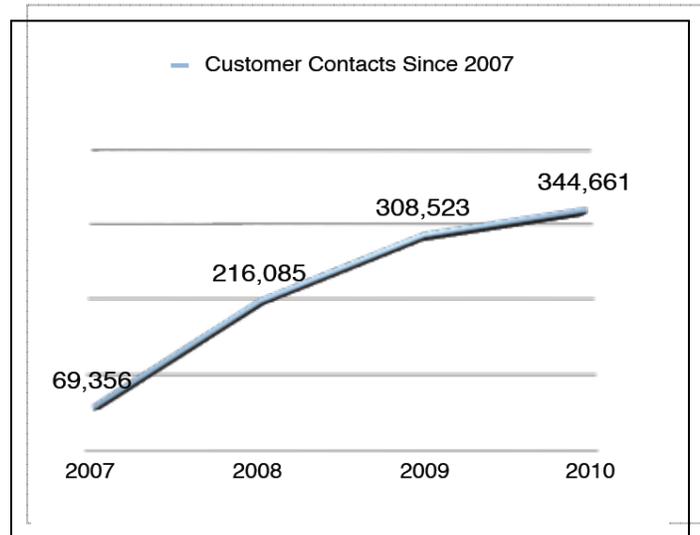
# ADRC Services Provided in 2010

## ADRC CUSTOMER CONTACTS

In 2010, 34 ADRCs responded to over **344,661** requests for assistance, averaging almost 29,000 per month. This represents a **12% increase** in contacts from 2009.

ADRCs have been reporting data since 2007 when there were just 18 ADRCs. In 2010, the number of ADRCs has almost doubled and customer contacts are **five times** as many as they were in 2007.

FIGURE 1: NUMBER OF CONTACTS, 2007 to 2010



Each business day, a customer contacts an ADRC every 20 seconds.

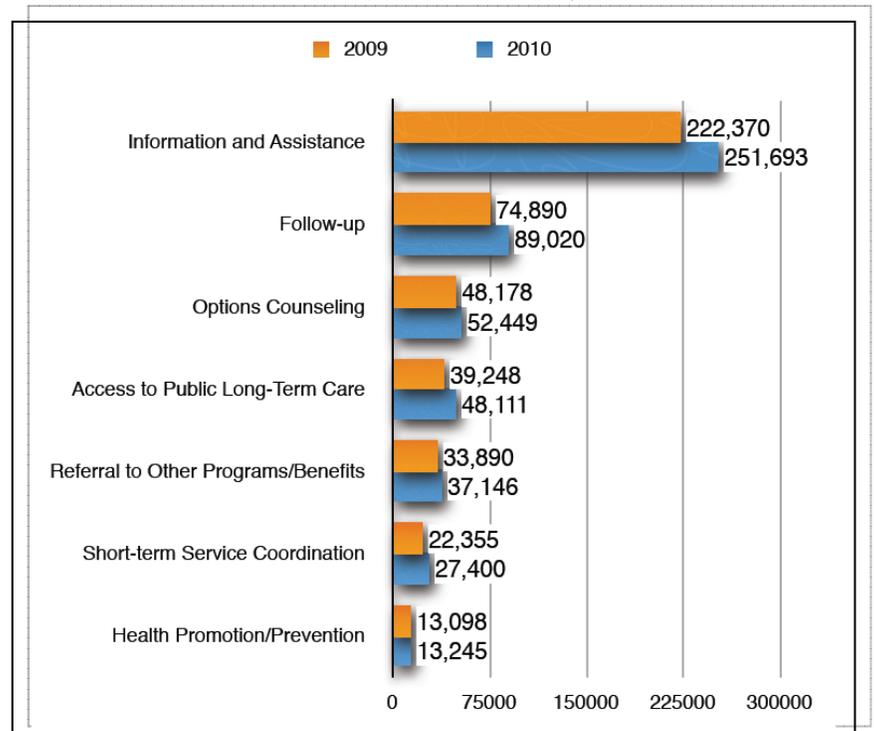
## ADRC ACTIVITIES PROVIDED

During those contacts, a total of **527,474** activities were provided in 2010. This represents a **16% increase** in activities from 2009. An 'activity' is a service provided to an ADRC customer.

Seventy three percent (73%) of ADRC activity was Information and Assistance. Follow-up is the second most frequent service provided to ADRC customers. Follow-up includes finding out how the person is doing, asking whether the help they received was right for them, and if other connections or referrals are needed.

More than one activity may be provided in each customer contact with the ADRC.

FIGURE 2: NUMBER OF ACTIVITIES, 2009 AND 2010



**BENEFITS COUNSELING**

A total of **37,932** people received direct counseling and assistance from a benefit specialist in 2010. Many others attended workshops held by benefit specialists on topics such as Medicare or obtained general information during a brief contact.

**TABLE 2** shows the total number of clients in 2010 who received services from a disability or elderly benefit specialist.\* Benefit specialist services typically involve more than one contact with each client.

**TABLE 2: NUMBER OF PEOPLE SERVED BY BENEFIT SPECIALISTS, 2010**

|                                 | Number Served* |
|---------------------------------|----------------|
| <b>Elders</b>                   | 27,433         |
| <b>Adults with Disabilities</b> | 10,499         |
| <b>Total</b>                    | <b>37,932</b>  |

*\*Elderly benefit specialists currently serve all 72 counties. Disability benefit specialists operate only in counties where there is an ADRC.*

*Source: SAMS, Legal Action of Wisconsin, and DBS Database*

**Disability Benefit Specialists Reach Out to Tribal Members.** In 2010, the Department recognized the need for disability benefit specialists to focus on serving tribal members who live on or near a reservation. Two full-time tribal disability benefit specialists, employed through a contract with Great Lakes Inter-Tribal Council in Lac du Flambeau, began doing outreach in March 2010, providing services to **71** Wisconsin tribal members by the end of the calendar year.

**Disability Benefit Specialist Services through the Office for the Deaf and Hard of Hearing.** One disability benefit specialist is employed through the Office for the Deaf and Hard of Hearing to reach out to people who use American Sign Language (ASL) as their primary mode of communication. In 2010, **61** individuals received benefit specialist services through the Office for the Deaf and Hard of Hearing. A [video](#) explaining in ASL how a disability benefit specialist can help is available on the Department's website.



*SSA District Manager Ricardo Acevedo (fourth from left) presents award to ADRC of Western Wisconsin staff (left to right) Angie Shafer, Kate McNamer, Audra Martine, Mark Spaag and (not pictured) Jennifer Arms.*

**Special Recognition from the Social Security Administration (SSA)**

Benefit specialists foster close communications with local staff at agencies such as the Social Security Administration to resolve customers' problems informally whenever possible.

In 2011, the ADRCs of Brown County and Western Wisconsin received Wisconsin "Partner in Service" Awards from the SSA in recognition of their collaboration with local Social Security field offices in helping to serve the people of Wisconsin.

# ADRC Services Provided in 2010

## NURSING HOME AND INTERMEDIATE CARE FACILITY RELOCATION

ADRCs regularly engage in outreach activities in nursing facilities to provide information and support for community relocation. Residents who express an interest in relocating to the community are referred to the ADRC by the facility to explore options and access needed programs.

Over the course of 12 months, a total of **5791** people residing in nursing facilities were referred to an ADRC to discuss community alternatives. This is an average of **483** per month.

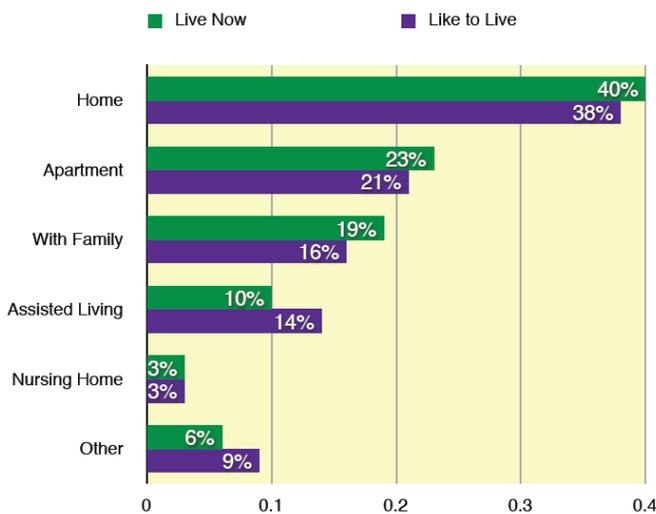
Some people in nursing homes are on Medicaid and need to access a community-based long-term care program in order to relocate from the facility.

In FY 2010, **774** people in nursing homes were enrolled in programs through the ADRC and were able to relocate to the community. Additional relocations occur for individuals paying privately.



## SUPPORT WHILE PEOPLE WAIT FOR LONG TERM CARE PROGRAMS

**FIGURE 3: CURRENT AND FUTURE LIVING ARRANGEMENTS OF PEOPLE WAITING**



ADRCs provide information that is useful in extending personal funds when privately paying for services. When people are no longer able to pay for needed services, ADRCs are the single entry point for long-term care programs that support them in their own homes and often avoid institutional placement.

If the program is full, ADRCs connect individuals and families with basic services and support to help them manage until they can enroll in a program that they are eligible for. Most people are waiting to receive services in their own home, apartment or family home versus an assisted living or nursing facility (**FIGURE 3** above shows this is the case for 75-84% of people waiting).

*Source: Waiting List Customer Survey, Analytic Insight, 2011*

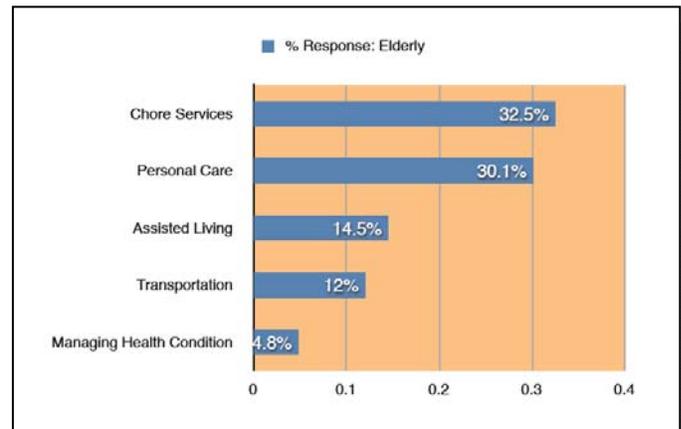
A customer survey was conducted to ask people what type of services, supports, or help that they were waiting for.

Source: *Waiting List Customer Survey, Analytic Insight, 2011*

**FIGURE 4:**

The top three services, supports, or help that people who are **elderly** (non-dementia) are waiting for:

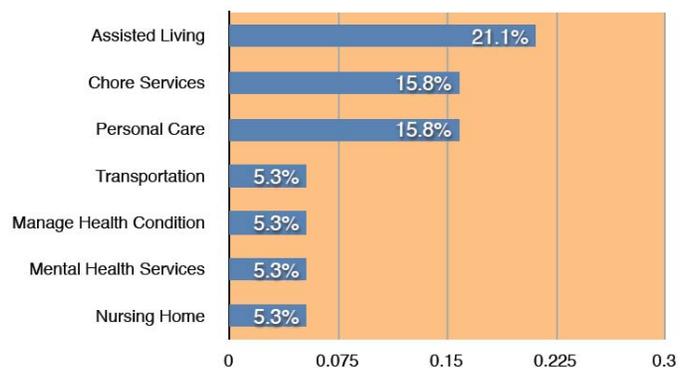
1. Chore Services (32.5%)
2. Personal Care (30.1%)
3. Assisted Living (14.5%)



**FIGURE 5:**

The top three services, supports, or help that people who have **dementia** (such as Alzheimer’s Disease) are waiting for:

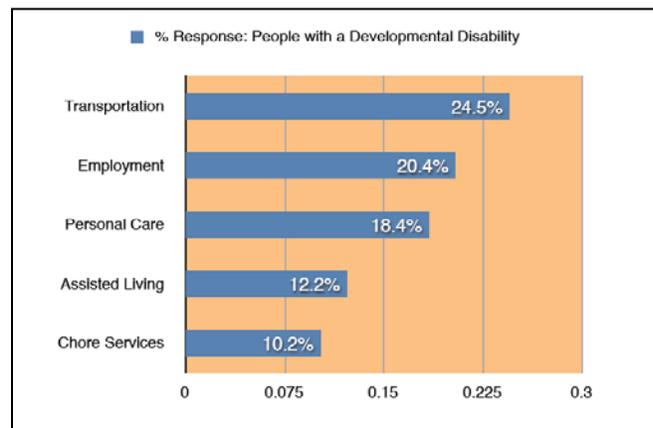
1. Assisted Living (21.1%)
2. Chore Services (15.8%)
3. Personal Care (15.8%)



**FIGURE 6:**

The top three services, supports, or help that people who have a **developmental disability** are waiting for:

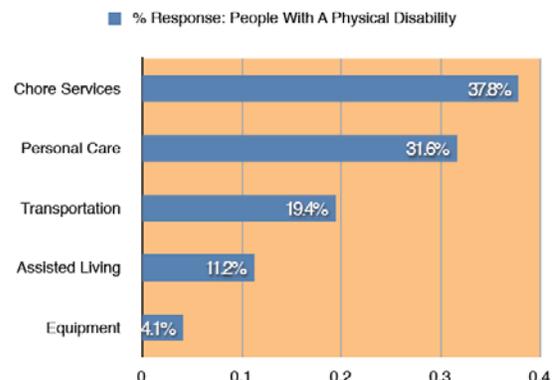
1. Transportation (24.5%)
2. Employment (20.4%)
3. Personal Care (18.4%)



**FIGURE 7:**

The top three services, supports, or help that people who have a **physical disability** are waiting for:

1. Chore Services (37.8%)
2. Personal Care (31.6%)
3. Transportation (19.4%)



# ADRC Customer Populations

## WISCONSIN'S OLDER AND DISABLED POPULATIONS

13.7% of Wisconsin's population was aged 65 and older in 2010.

**By 2035, Wisconsin's population aged 65 and older is projected to be 22.3% of the state's population. 17 counties will top 30% by 2035.**

In 2010, 53.8% of Wisconsin households with head of household aged 65 or older had incomes under \$35,000 a year.

It is projected that 31% of women and 17% of men who turn 65 in 2010 will spend one year or more in a nursing home.

8.7% of Wisconsin's adult population aged 18-64 reported a disability in 2010.

The largest number reported an ambulatory difficulty (4.2%), followed by a cognitive difficulty (3.7%).

FIGURE 8: PERCENTAGE AGE 65+ IN 2010

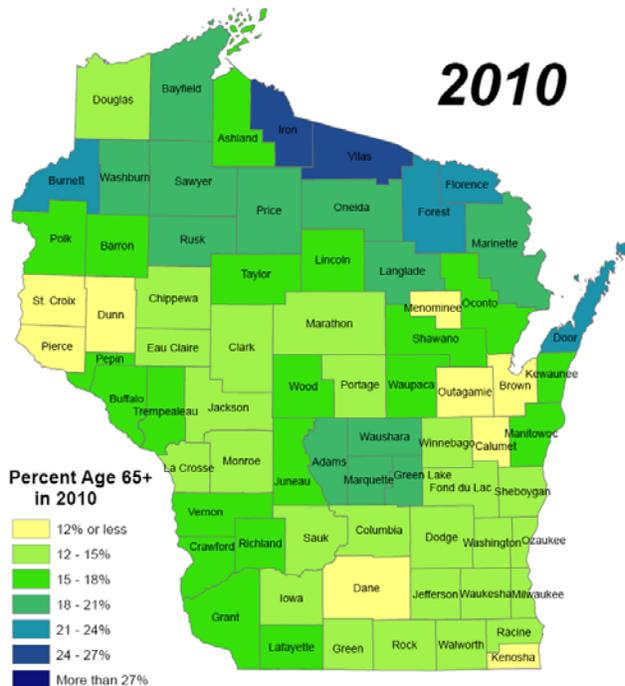
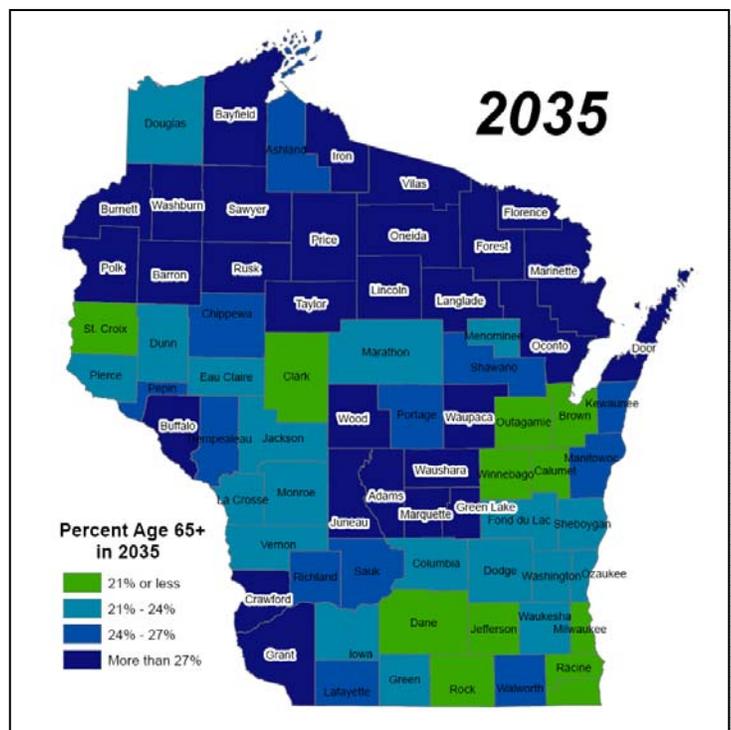


FIGURE 9: PERCENTAGE AGE 65+ IN 2035



# ADRC Customer Populations

## ADRC CUSTOMER POPULATIONS

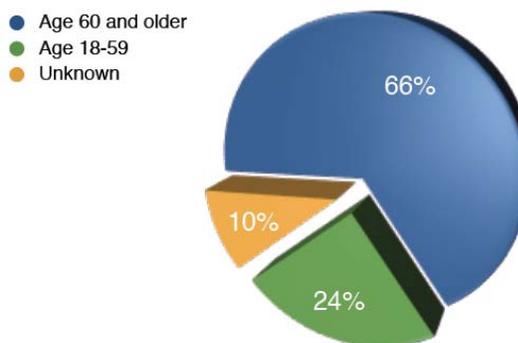
ADRCs serve the **ELDERLY** and adults with **PHYSICAL OR DEVELOPMENTAL DISABILITIES**, regardless of income.

ADRC services are available to **INDIVIDUALS** who need assistance; to **FAMILY, FRIENDS, CAREGIVERS, GUARDIANS** and **YOUTH** completing high school.

Information, referral, and benefits counseling is available to **ADULTS** with **MENTAL ILLNESS** and/or **SUBSTANCE USE DISORDERS**.

ADRC customers of all ages are affected by disabilities. Customers are not required to share whether they have a disability. Of those customers who shared, **FIGURE 11** shows the distribution of disability characteristics. More than one condition may be identified for an individual.

**FIGURE 10: AGE OF PEOPLE WHO USE ADRCs, BY PERCENTAGE SERVED 2010**



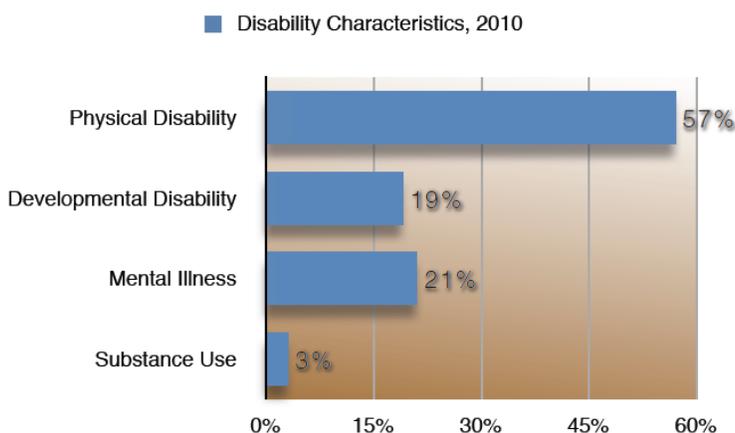
## FAMILY, FRIENDS, CAREGIVERS

**29%** of the U.S. population provides care for a chronically ill, disabled or aged family member or friend during any given year and spend an average of 20 hours per week providing care for their loved one.

In 2010, **29%** of all contacts made to ADRCs are from family, friends, or caregivers.

*Sources: Caregiving in the United States; National Alliance for Caregiving in collaboration with AARP; 2009. 2010 ADRC Activity Reporting*

**FIGURE 11: DISABILITY CHARACTERISTICS, OF THOSE WHO REPORT A DISABILITY, 2010**



# Customer Satisfaction

## ADRC EVALUATIONS

Understanding and involving the customer is the cornerstone for which the ADRC quality assurance and improvement program is based.

In 2010, **3013** customers participated in a telephone interview as a part of two large-scale evaluations conducted by Analytic Insight, an independent research firm. In both evaluations, over **93%** of customers said that they would recommend the ADRC to others.

FIGURE 12:

Would you recommend the ADRC to others?

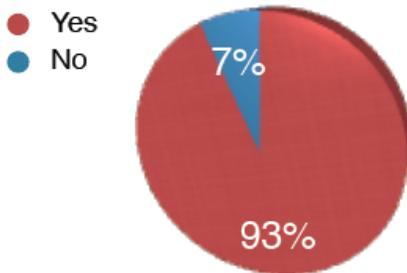
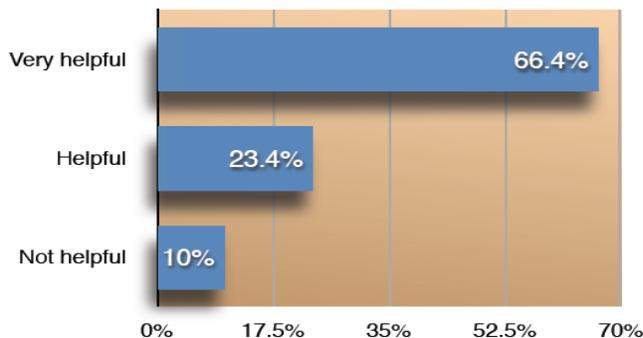


FIGURE 14:

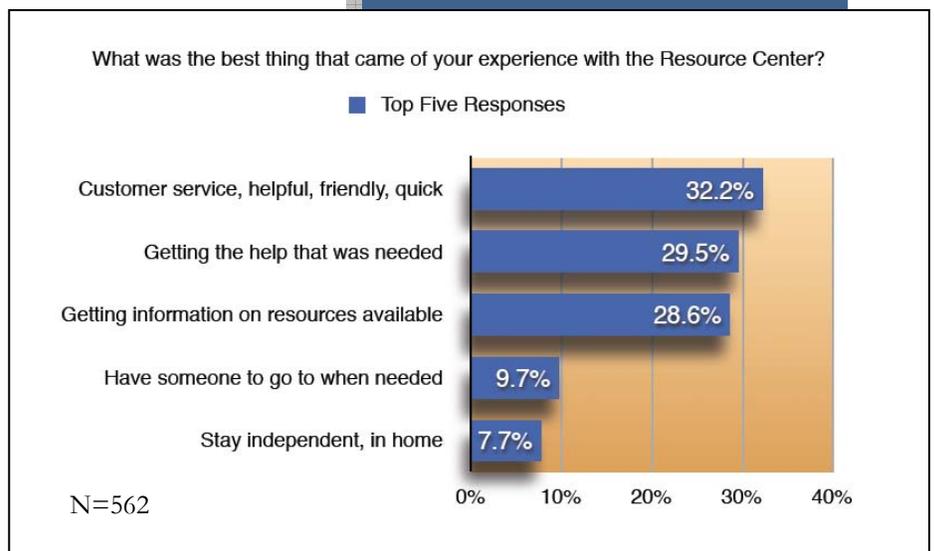
**90%** of ADRC Customers said that the ADRC was helpful or very helpful.

Would you say the ADRC was very, somewhat or not at all helpful?



- **85%** rated their overall experience as good or excellent
- **85%** agreed or strongly agreed that the ADRC ‘helped me evaluate the choices available to me.’

FIGURE 13:



- **91%** agreed or strongly agreed that the ‘staff person was knowledgeable about the program choices available to me’.
- **90%** said that the ADRC met or exceeded their expectations.

# ADRC Quality Improvement Program

## AIMING FOR EXCELLENCE

“Aiming for Excellence” is a statewide ADRC quality improvement program designed to enhance operational practices in order to achieve effective, timely and efficient services that are customer focused and lead to increased customers.

**142 employees** were trained on process improvement. Thirty-three ADRCs participated in the training (94%). After the training, and in the course of one year, ADRCs engaged in **47 projects** that improved processes and customer satisfaction. All projects focused around four key program aims:



**Increase New ADRC Customers**

**INCREASED PROGRAM GROWTH.** Eight ADRCs engaged in **nine** process improvement projects that increased new customers.



**Reduce Customer Wait Time**

**INCREASED EFFICIENCY.** Ten ADRCs worked on processes to reduce customer wait time.



**Increase Utility of Referrals**

**INCREASED EFFECTIVENESS.** Twenty-three ADRCs engaged in 26 projects designed to increase the utility of referrals.



**Increase Customer's Ability to be Healthy at Home**

**INCREASED IMPACT.** Two projects focused on helping customer's remain and be healthy at home.

In addition, **Eight** staff from the Office for Resource Center Development within the Department of Health Services are now qualified Process Improvement Coaches that will be instrumental in sustaining the program effectively into the future.

I have done some quality improvement projects in the past & have **never had a concrete process like this available.** It makes it so much easier to think through.

-Training Attendee

Excellent training overall. **I can't wait to send more staff!**

-Training Attendee

The Aiming for Excellence Initiative was made possible with the help of NIATx through a grant from the Administration on Aging (AoA). NIATx is part of the Center for Health Enhancement Support Systems: a research, training, and consulting organization based at the University of Wisconsin-Madison College of Engineering. NIATx specializes in continuous performance improvement.

# Funding for ADRCs

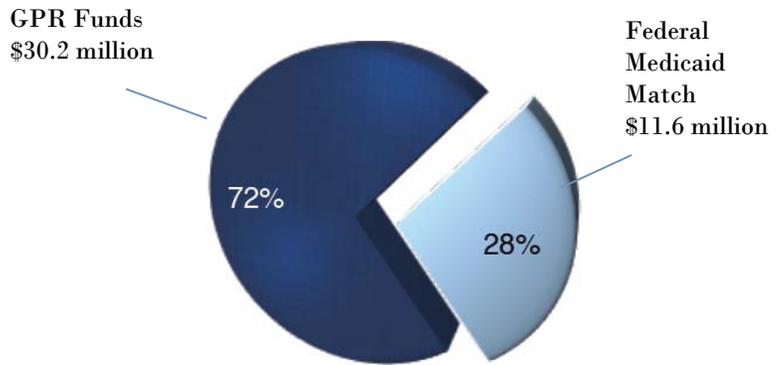
## BUDGET FOR ADRCs

ADRCs are budgeted to receive \$30.2 million in state general purpose revenue and \$11.6 million in federal Medicaid administrative match funds in 2012.

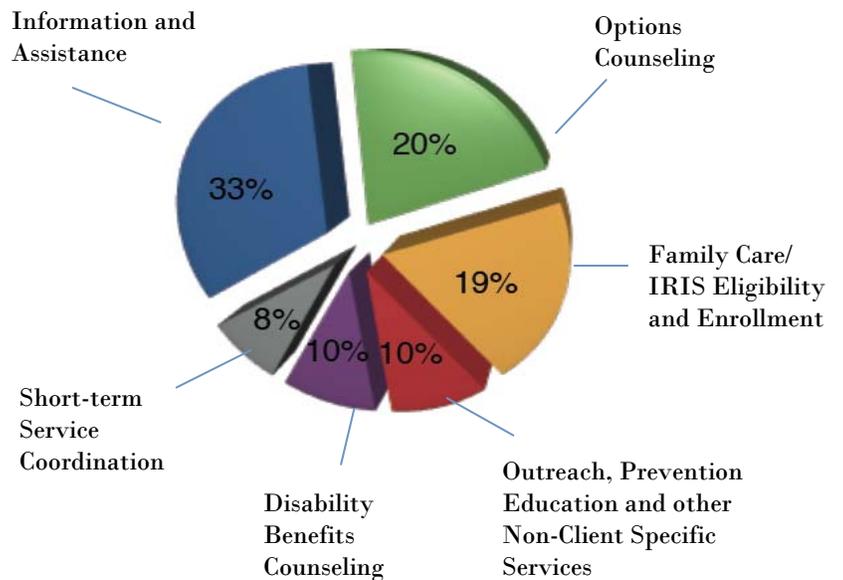
Funding is allocated to individual ADRCs based on a formula that reflects the size of the population they serve and the cost to operate a hypothetical ADRC serving 1% of the state’s adult population (estimated at \$487,301 in 2008). ADRCs serving sparsely populated areas receive a minimum annual allocation and can qualify for a financial incentive by joining to form a larger, more robust regional ADRC.

State and federal funding is available to support Tribal Aging and Disability Resource Specialists, who provide information and assistance and options counseling and help tribal members access other ADRC services. State and federal funding also support Tribal Disability Benefit Specialists at the Great Lakes Inter-Tribal Council (GLITC).

**FIGURE 15: ADRC REVENUES BY SOURCE**



**FIGURE 16: ADRC EXPENDITURES, BY CATEGORY OF SERVICE PROVIDED**



## Budget Allocation for Calendar Year 2012

TABLE 3: ADRC FUNDING FOR CALENDAR YEAR 2012

| ADRC/County                      | % of WI Adult Population | State GPR | Federal MA Match | All Funds |
|----------------------------------|--------------------------|-----------|------------------|-----------|
| <b>Barron</b> (fiscal agent)     | 0.86%                    | 592,468   | 117,065          | 709,533   |
| Rusk                             | 0.29%                    |           |                  |           |
| Washburn                         | 0.32%                    |           |                  |           |
| <b>ADRC of the North</b>         |                          | 693,722   | 269,781          | 963,503   |
| Bayfield (fiscal agent)          | 0.29%                    |           |                  |           |
| Ashland                          | 0.31%                    |           |                  |           |
| Iron                             | 0.14%                    |           |                  |           |
| Price                            | 0.30%                    |           |                  |           |
| Sawyer                           | 0.32%                    |           |                  |           |
| <b>Brown</b>                     | 4.26%                    | 1,377,498 | 535,694          | 1,913,192 |
| <b>Buffalo</b> (fiscal agent)    | 0.26%                    | 484,578   | 188,447          | 673,025   |
| Clark                            | 0.59%                    |           |                  |           |
| Pepin                            | 0.14%                    |           |                  |           |
| <b>Calumet</b> (fiscal agent)    | .77%                     | 1,657,988 | 644,773          | 2,302,761 |
| Outagamie                        | 3.00%                    |           |                  |           |
| Waupaca                          | 1.00%                    |           |                  |           |
| <b>Chippewa</b>                  | 1.08%                    | 380,068   | 147,804          | 527,872   |
| <b>Columbia</b>                  | 1.01%                    | 352,983   | 137,271          | 490,254   |
| <b>Dodge</b>                     | 1.63%                    | 570,733   | 221,952          | 792,685   |
| <b>Douglas</b>                   | 0.81%                    | 285,321   | 110,958          | 396,279   |
| <b>Dunn</b>                      | 0.76%                    | 265,148   | 103,113          | 368,261   |
| <b>Eau Claire</b>                | 1.74%                    | 609,300   | 236,950          | 846,250   |
| <b>Fond du Lac</b>               | 1.81%                    | 667,927   | 259,749          | 927,676   |
| <b>Forest</b>                    | 0.19%                    | 163,947   | 63,757           | 227,704   |
| <b>Jefferson</b>                 | 1.42%                    | 499,756   | 194,349          | 694,105   |
| <b>Kenosha</b>                   | 2.78%                    | 1,044,431 | 406,167          | 1,450,598 |
| <b>ADRC of Western Wisconsin</b> |                          | 1,547,377 | 601,758          | 2,149,135 |
| La Crosse (fiscal agent)         | 2.00%                    |           |                  |           |
| Jackson                          | 0.36%                    |           |                  |           |
| Monroe                           | 0.76%                    |           |                  |           |
| Vernon                           | 0.51%                    |           |                  |           |
| <b>Manitowoc</b>                 | 1.52%                    | 534,036   | 207,680          | 741,716   |
| <b>ADRC of Central Wisconsin</b> |                          | 1,691,993 | 657,997          | 2,349,990 |
| Marathon (fiscal agent)          | 2.32%                    |           |                  |           |
| Langlade                         | 0.39%                    |           |                  |           |
| Lincoln                          | 0.56%                    |           |                  |           |
| Wood                             | 1.39%                    |           |                  |           |
| <b>Milwaukee-ARC</b>             | 12.11%                   | 2,618,222 | 1,018,198        | 3,636,420 |
| <b>Milwaukee-DRC</b>             | 4.49%                    | 2,074,753 | 806,848          | 2,881,601 |
| <b>Ozaukee</b>                   | 1.53%                    | 538,148   | 209,280          | 747,428   |
| <b>Pierce</b>                    | 0.69%                    | 283,680   | 110,320          | 394,000   |

|  |               |                   |                   |                   |
|--|---------------|-------------------|-------------------|-------------------|
| <b>ADRC of Northwest Wisconsin</b>                               |               | 473,012           | 183,949           | 656,961           |
| Polk (fiscal agent)  | 0.80%         |                   |                   |                   |
| Burnett  | 0.32%         |                   |                   |                   |
| St. Croix Chippewa Indians of WI                                 |               |                   |                   |                   |
| <b>Portage</b>   | 1.24%         | 494,307           | 192,231           | 686,538           |
| <b>Racine</b>  | 3.42%         | 1,200,662         | 466,924           | 1,667,586         |
| <b>ADRC of Southwest Wisconsin North</b>                         |               | 1,031,748         | 401,235           | 1,432,983         |
| Richland (fiscal agent)  | 0.33%         |                   |                   |                   |
| Crawford   | 0.32%         |                   |                   |                   |
| Juneau   | 0.47%         |                   |                   |                   |
| Sauk   | 1.06%         |                   |                   |                   |
| <b>ADRC of Southwest Wisconsin South</b>                         |               | 960,003           | 373,334           | 1,333,337         |
| Green (fiscal agent)   | 0.63%         |                   |                   |                   |
| Grant  | 0.92%         |                   |                   |                   |
| Iowa   | 0.42%         |                   |                   |                   |
| Lafayette  | 0.29%         |                   |                   |                   |
| <b>Sheboygan</b>   | 2.08%         | 729,013           | 283,505           | 1,012,518         |
| <b>St. Croix</b>   | 1.30%         | 455,066           | 176,970           | 632,036           |
| <b>Trempealeau</b>   | 0.50%         | 289,329           | 112,517           | 401,846           |
| <b>Walworth</b>  | 1.78%         | 624,014           | 242,672           | 866,686           |
| <b>Washington</b>  | 2.23%         | 781,147           | 303,779           | 1,084,926         |
| <b>Waukesha</b>  | 6.72%         | 2,357,822         | 916,931           | 3,274,753         |
| <b>Waushara (fiscal agent)</b>                                   | 0.47%         | 522,470           | 203,183           | 725,653           |
| Green Lake   | 0.36%         |                   |                   |                   |
| Marquette  | 0.29%         |                   |                   |                   |
| <b>Winnebago</b>   | 2.95%         | 1,036,500         | 403,083           | 1,439,583         |
| <b>ADRC Subtotal</b>   | <b>87.56%</b> | <b>29,889,170</b> | <b>11,510,225</b> | <b>41,399,395</b> |
|  |               |                   |                   |                   |
|  |               |                   |                   |                   |
| <b>Tribal Aging and Disability Resource Specialist Contracts</b> |               |                   |                   |                   |
| <b>Bad River</b>   |               | 40,000            | 15,555            | 55,555            |
| <b>Lac Court Oreilles</b>  |               | 40,000            | 15,555            | 55,555            |
| <b>Red Cliff</b>   |               | 40,000            | 15,555            | 55,555            |
| <b>Tribal DBS Contracts</b>                                      |               |                   |                   |                   |
| <b>GLITC</b>   |               | 152,280           | 59,500            | 211,780           |
| <b>Tribal Subtotal</b>   |               | <b>272,280</b>    | <b>106,165</b>    | <b>378,445</b>    |
|  |               |                   |                   |                   |
| <b>Grand Total</b>   |               | <b>30,161,450</b> | <b>11,616,390</b> | <b>41,777,840</b> |

1/01/2012

Note: This spreadsheet reflects amounts allocated to ADRCs and does not include actual MA matching funds which may exceed budgeted amount, nor county funds where applicable.

# Fiscal Impact of ADRCs: 2010

Aging and Disability Resource Centers impact the long-term care system in many ways, including the overall costs of long-term care.

- By advertising and offering educational opportunities to people before they need long-term care and while they have sufficient funds to pay for care themselves;
- By providing accurate, complete, and useful information about home and community based care, services, and supports;
- By teaching people how to save and use their own funds wisely;
- By teaching people how to care for themselves and loved ones, delaying the need for long-term care services;
- By providing information about and connecting them with services that delay or minimize the effects of long term disabilities;
- By reaching out to isolated populations who might otherwise access the “system” at a time when they are most in need (and most costly);
- By assessing people for early dementia and getting them connected with the services they need;
- By offering support and other opportunities for caregivers, the ADRC can influence caregiver’s satisfaction with their role as a caregiver, in turn, maintaining and extending the availability of natural supports;
- By building critical pathways between providers and communities to build resources, streamline access to services and funding sources.
- By relocating people from institutions;
- By diverting people from institutions;
- By enrolling people in home and community based programs and avoiding institutional admission.

“We have laid the groundwork that will keep our Medicaid and long term care programs sustainable and available for our citizens who rely on them. Seniors and those who care for family members can count on community programs being there for them. Families should also know that a variety of community services continue to be available.”

- Dennis Smith, Secretary  
WI Department of Health Services

# Financial Impact of ADRCs: 2010

## DECREASE IN FALLS SAVE LIVES AND MONEY

Hospitalizations and emergency room visits due to falls resulted in \$660 million in hospital charges in 2009. 77.4% of the costs are paid by Medicare and Medicaid.

Participants in the Living Well chronic disease self management program reported a 13.4% decrease in emergency department visits and a 5.6% decrease in hospital stays in the six months after completing the program, while participants in the Stepping On falls prevention program reported a 33% decrease in falls and a 4% decrease in emergency room visits.

Estimated savings, based on data from the Wisconsin Hospital Association, are **\$1,930 per avoided emergency room visit for persons over age 65** and **\$20,788 per avoided hospital stay**.

Source: *Wisconsin Interactive Statistics on Health, DHS-DPH, 2009*

## HELPING THROUGH THE TRANSITION REDUCES REHOSPITALIZATION RATE

People often contact the ADRC to learn about supports and services after an unexpected medical event and hospitalization. ADRCs have created partnerships with healthcare professionals to coordinate movement between care settings and reduce the risk of rehospitalization.

National research has shown that one in five Medicare beneficiaries are rehospitalized within 30 days of discharge and one out of every three are rehospitalized within 90 days. In 2004, the estimated financial impact to Medicare as a result of unplanned rehospitalization was **\$17.4 billion**.

The majority of ADRCs consult with families over the phone and in person BEFORE discharge from a hospital. In addition, **FIGURE 17** shows that the majority of ADRCs provide an array of services AFTER discharge from the facility. This type of support has the potential to reduce the rate of rehospitalizations and reduce costs to both Medicare and Medicaid.

Sources: (1) Adeyemo D, Radley S. *Unplanned general surgical re-admissions-how many, which patients and why?* (2) Jencks S, Williams M, Coleman E *Rehospitalizations among patients in the Medicare fee-for-service program*; (3) *United Health Fund, 2010.*

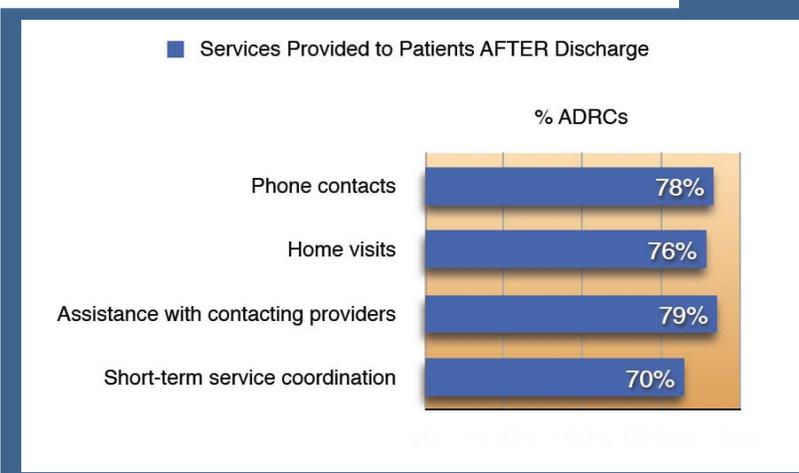


FIGURE 17: HEALTHCARE TRANSITIONS: SERVICES PROVIDED AFTER DISCHARGE

# Financial Impact of ADRCs: 2010

## A DEMENTIA CAPABLE WISCONSIN

ADRCs provide information and support to people with dementia and their caregivers. In Wisconsin, the cost of care for this population is estimated at **\$183 billion** each year and is continuing to rise. In 2010, unpaid caregivers provided **\$2.5 billion worth of care** in the last year in Wisconsin. Providing support to caregivers can impact the longevity of the caregiver and the caregiving.

*Source: 2011 Alzheimer's Disease Facts and Figures. Alzheimer's Association*

### EIGHTEEN MONTH DELAY IN NURSING HOME ADMISSION

In 2010, Wisconsin ADRCs began to pilot a program called Memory Care Connections. The evidence-based program, designed for caregivers of people with Alzheimer's disease and their families, offers a structured series of support groups and 24-hour access to a helpline. In addition to outcomes of improved mental and physical health, improved coping skills and satisfaction as a caregiver, the program has been shown to achieve an eighteen month delay in nursing home admission.

The average savings from preventing a nursing home admission for people with dementia for 18 months ranges from **\$11,699,700 to \$13,104,300** for the 100 caregiver participants in the pilot. Statewide implementation of the program is anticipated in 2012-13.

*Sources: NYUC Intervention and 2011 Alzheimer's Disease Facts and Figures, Alzheimer's Association.*

### MEMORY SCREENS RESULT IN EARLY DETECTION

The cost impact of early detection of Alzheimer's disease can be significant. With early detection, current treatments are more effective, people can be proactive in planning for their future, the quality of life for the person and his or her family can be improved, and healthcare costs reduced. Early identification and caregiver interventions are estimated to yield overall savings to the State of Wisconsin of approximately **\$10,000 per person** that is diagnosed.

A cognitive screening initiative was piloted in the ADRC of Portage County in 2010. In the pilot, people were screened for dementia at the ADRC and referred to a physician. 236 screens were conducted and two-thirds of the people that were screened (**136 people**) received a positive diagnosis of Alzheimer's disease which results in a potential impact of **\$1,360,000** in Portage County alone.

Statewide implementation of the program is underway. To date, **150** ADRC staff attended training and **16** ADRCs (48%) are currently administering cognitive screens.

*Source: Early identification and treatment of Alzheimer's disease: Social and fiscal outcomes, David L. Weimer and Mark A. Sager (2009)*

# Financial Impact of ADRCs: 2010

## 774 PEOPLE RELOCATED FROM NURSING HOMES IN FY 2010

ADRCs help delay or avoid the need for nursing home care by helping people to understand the alternatives and make judicious use of their personal financial resources, thus reducing demand for publicly funded long-term care. They also assist people in relocating from nursing homes and assisted living facilities.

Judging from the experience of three state programs to relocate and divert people from nursing homes and facilities for the developmentally disabled, the savings can be substantial. Some 774 Wisconsin residents were relocated from nursing homes and institutions in state fiscal year 2010. The average savings from relocating to home or community based settings ranged from an average of **\$45.24 to \$71.97 per person per day**, depending on the program used to fund the relocation.

*Source: Wisconsin DHS, SFY 2010 Report on Relocations and Diversions from Institutions, December 29, 2010.*



“Prior to my introduction [to the program] it was quite exasperating to get any decent answers – everything was a no – am blessed to be introduced to a program to help me stay in my home.” –CLP Participant

## SUPPORTING VETERANS WITH LONG-TERM CARE NEEDS IN THEIR HOMES

Many veterans are returning from tours of duty in the Middle East with disabilities in addition to the many older veterans who served the country in prior conflicts. There are approximately **436,958 veterans** of the military living in Wisconsin costing **\$1.46 billion**.

Because ADRCs assist persons with a range of disabilities, it is likely that veterans and their families will be among the individuals seeking assistance. ADRCs can provide a valuable linkage to information, support, and services available through the Veterans Administration (VA) and avoid unnecessary or premature nursing home placement and impoverishment.

ADRCs in the southeastern part of the State are piloting three programs designed to help veterans avoid nursing home placement and develop the capacity of ADRCs to assist this population, including:

- **Community Living Program (CLP).** The program includes the provision of short-term service coordination and other activities designed to prevent premature nursing home admission.
- **Veteran Directed Home and Community Based Services.** The program offers eligible veterans a flexible budget to purchase services that help them to live independently at home rather than in institutions.
- **Veteran Caregiver Connections Program.** A program designed to improve the knowledge, referral and information-sharing networks between the ADRC, the VA Medical Center in southeast WI and the local Alzheimer’s Association Chapter.

*Source: Issue Brief: How ADRCs Can Effectively Assist Veterans, The Lewin Group, July 7, 2009.*

# Financial Impact of ADRCs: 2010

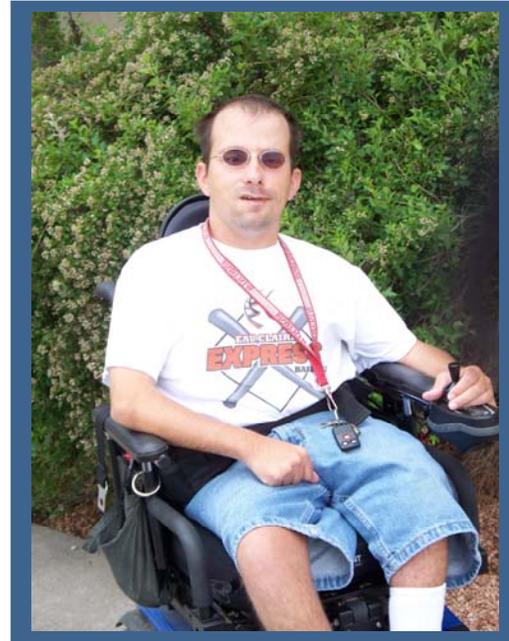
## **\$112 MILLION ADDED TO HOUSEHOLD BUDGETS AND LOCAL ECONOMIES**

Benefit Specialists help people access Social Security, SSI, SSDI, Medicare, Medicaid, FoodShare, indigent drug programs, private insurance and other benefits.

In 2010, benefit specialists helped Wisconsin seniors and people with disabilities access an estimated \$112 million in benefits.

Of this, \$85.7 million, or 77%, came from federal program funds.

Sources: [DBS CY 2010 Summary Report](#) and [EBS CY 2010 Summary Report](#)



## **ADRC INNOVATIONS: EXPLORING FUTURE SAVINGS**

### **BRINGING COMMUNITIES AND TECHNOLOGY TOGETHER FOR HEALTHY AGING**

A five-year grant has been awarded to a collaborative research program led by the Center for Health Enhancement Systems Studies and the University of Wisconsin-Madison. The purpose of the grant is to develop innovations that help older adults remain in their homes as long as possible.

The project links technology, electronic health and Aging and Disability Resource Centers – a concept for interdisciplinary research and demonstration. Three of Wisconsin's Aging and Disability Resource Centers will help develop and test the technology over five years. All will work together as an Active Aging Research Center to solve the problems that often cause older adults to leave their homes: falls, unreliable home care, difficulty managing a chronic disease, and declining driving skills.

# Success Stories

Aging and Disability Resource Center staff help people in Wisconsin every day. Here are a few of the thousands of stories that could be told...

## THE “RETURN HOME” PLAN

Mr. Edwards is an elderly man who was looking to move back to Wisconsin from Minnesota. The ADRC helped him find affordable housing and get furniture prior to the move. With ADRC staff support, along with setting up home delivered meals, he managed to get comfortably settled in his apartment.

Unfortunately, since his move, he has had two hospitalizations. The ADRC is now helping to devise a “return home” plan, including hiring a private pay caregiver and establishing a relationship with a volunteer driver prior to leaving the rehabilitation center. After being concerned about isolation, the ADRC connected him with an adult day center one day per week, and contacted the apartment building manager to engage his help in connecting Mr. Edwards with other tenants.

The ADRC helped this gentleman return home to Wisconsin and return home again after a hospitalization.

## LIVING WITH DIGNITY IN THE LAST YEARS OF LIFE

Mr. Jackson had cared for his wife for seventeen years until she passed away from dementia. They had been married over 68 years. Mr. Jackson spent his professional life in industrial construction, building stores throughout the Midwest. His interests over the years included hunting, fishing, reading western novels and outdoor magazines, and ballgames.

After his wife passed, he moved to Wisconsin to stay with his only son and his wife. This enabled him to see his grandchildren more often and made it easier for his son to provide support. Family meant everything to Mr. Jackson, but he wanted to be independent. His family contacted the ADRC.

ADRC staff helped acclimate the family to local resources. They were connected with the Caregiver Support Coordinator who spoke to them about home delivered meals, adult day and volunteer programs in the area.

Then an apartment became available at a senior apartment building. He moved into his own space. He was matched with a volunteer through the Interfaith Volunteer Program. It was important to him and his family that he be able to develop friendships of his own. Paul, a personal care worker, and Mr. Jackson became friends. He provided housekeeping for Mr. Jackson and regularly baked treats for him.

Almost two years to the day of the initial contact with the ADRC, Mr. Jackson started experiencing many physical changes and was hospitalized. His next move was to a skilled nursing facility.

This family has commented more than once how much they appreciated the good communication from all the staff they worked with at the ADRC. The ADRC felt the same. It was a cooperative relationship. Anytime anyone noticed a change or had another idea about resources, there was a contact.

Mr. Jackson recently passed away in the nursing home with his daughter-in-law and his volunteer, his friend, Paul sitting with him. He had so much dignity and respect for others. He was appreciative of what everyone did for him.

### MAKING COST-EFFECTIVE DECISIONS FOR THE FUTURE

“Joan” was living in an assisted living facility for one and a half years. She had spent much of her personal funds when the ADRC became involved. The ADRC could foresee that she was not going to be able to continue living at the facility as her assets would be spent in the next six months.

Joan needed some assistance due to the long-term effects of a stroke. She had some mobility difficulties, was a fall risk, had unsteadiness that created concerns and difficulties with meal preparation. She also needed assistance with cleaning and she did not drive, so transportation was an issue. At the assisted living facility, her monthly cost of care/rent (\$2400) provided her with access to the facility van for transportation and cleaning assistance once per week. She also paid \$300/month for meals and enjoyed socialization at meal times and the various activities that were offered at the facility.

The ADRC talked with Joan about her options several times. Making a decision for her future was very difficult for her. Joan does not have any family involved in her life, but through working with her, the ADRC had involved two good friends that were significant natural supports. These friends reassured and assisted Joan in making decisions and also helped with other tasks.

The ADRC presented other housing options and helped with making calls to discover what apartment complexes had openings. The ADRC stayed in communication with Joan’s friends as they transported her to the buildings for a tour. Joan chose to move to a senior apartment complex that had organized activities (bingo, parties, bible studies, etc.) and rent was much less - \$500/month. Natural supports helped Joan with packing and unpacking. The ADRC helped Joan make calls to schedule a mover and have utilities transferred to her new place. The ADRC also explained other services that Joan could still afford it out of her income.

The ADRC helped with making referrals and setting up services for Lifeline (Personal Emergency Response System), Meals on Wheels (home delivered), Shoreline Metro (elderly transportation), volunteer medical driver (for doctor appointments), and a Handy Helper (for cleaning, shopping, laundry and other household chores). All of these services will help Joan stay safe and independent in her apartment for a fraction of the cost she was paying at the assisted living facility. She will be able to afford these services out of her monthly income and conserve her assets until she may need them in the future. Joan moved in April 2011 and has enjoyed the social activities in her building as well as the services she is receiving. She was concerned about the transition, but has been doing very well in her new location. Joan also participated in a Stepping On falls-prevention workshop offered through the ADRC and was so excited to be a part of it. Also, Joan has been considering attending the senior dining site.

Overall, the transition has been a success for her – emotionally and financially. The ADRC was needed to explain community resources, connect Joan to them, and ensure that she was safe and independent in the most cost effective setting possible.

### HOME: EXACTLY WHERE HE WANTED TO BE

“John” was a man who had a physical disability and mental health issues who was living in a trailer that was literally falling apart. John had no resources to pay for any of the repairs that needed to be done. There were holes in the floor making it unsafe for anyone to live in or walk. The trailer needed to be cleaned in order for it to be safe to live in. John had also fallen and due to increased medical problems was unable to do things he had been able to do in the past. John wanted to continue to live in his trailer as he liked having his own space; he also had a pet dog he was very attached to. John became involved with the ADRC and a plan was put together to clean and fix the trailer so he could stay at home.

Neighbors and a few good friends volunteered to provide rides to take John to medical appointments and also brought hot meals to his home. A community member who knew John volunteered to temporarily watch his dog so repairs could be done on the trailer and John could get better. A local business offered money for a crew to go in and empty and thoroughly clean the trailer. A handyman volunteered to patch the floors and with the help of neighbors to build a ramp so John did not have to walk up the stairs.

In the end, John and his dog were able to stay in the newly repaired and cleaned trailer, his home, which is exactly where he wanted to be.

### STAFF SKILLS SAVE LIVES

An ADRC specialist is taught to actively listen for major concerns. One day in September, this skill helped to save the life of an elderly woman who was slowly starving to death.

According to the ADRC specialist, there were many “red flags” during the initial telephone contact. The elder was not feeling well and was having fainting spells. Her sons lived out of town and she did not want them to get involved. The ADRC asked her about her general health and when she was last seen by a doctor. She was not able to think clearly or report on her last meal. The ADRC specialist asked if he might be able to make a home visit. She was agreeable to this.

At the initial home visit, the ADRC specialist listened intently as the elder described her weakness and a rash over her body. When asked about her eating habits, the elder reported that she never felt hungry. Upon inspection of her refrigerator, the ADRC staff discovered very little food. With great concern, the ADRC specialist called the “Home Delivered Meal staff” at the ADRC and asked that home delivered meals be started as soon as possible. They began the next day. In addition, the ADRC specialist contacted Visiting Physicians, who, with the assistance of the ADRC Specialist, were able to get the elder medical service.

During a second home visit, it was discovered that the woman was now eating properly, and the fainting spells and rash had cleared. The staff person put additional services in place, including an emergency alert system, to assist the woman to remain safely in her home which is what she desired. In addition, the ADRC specialist is working on securing someone to help with the repair of her dangerous front porch. The woman is now enjoying life happily with her cat. Her health has improved and she is feeling much better. She is very grateful for the keen eyes and ears of the ADRC specialist.

### SISTERS FOR LIFE

Two middle aged sisters with cognitive disabilities were both employed and had been able to pay their bills until one sister became ill with a serious infection on her leg. A lengthy hospitalization followed and the woman lost her job. Without two incomes, the sisters fell behind on their bills and the home where they lived in was in foreclosure.

The sisters had developed a strong friendship with their insurance agent who became their power of attorney for health care. The agent volunteered many hours towards trying to help the sisters as they would soon become homeless. The agent called the ADRC and asked for help in finding a new home for them.

The sisters wanted to remain in the small town in which they had grown up, but there were a limited number of rent-subsidized apartments in the area. The sisters also had a history of hoarding and had received citations from the police department about the need to clean up their property. The citations could be a problem when being considered by a future apartment manager. The sisters did not have money for a security deposit nor for first month's rent. The sisters wanted to stay together, they have relied on each other all their lives and wanted to continue to do so.

The ADRC contacted a local housing coordinator to expand the opportunities for finding housing as soon as possible. The ADRC specialist was able to locate a two bedroom apartment that would meet the sisters' needs and offered rent subsidies. Between the ADRC staff, the housing coordinator and the insurance agent, the issues were all worked out and the sisters will be moving into their new apartment very soon. The sister, who had been ill, hopes to become employed again soon.

### 2010 Recognition of Wisconsin ADRCs

## ADRCs A Wisconsin "Success Story"

In February 2010, the U.S. Administration on Aging (AoA) honored the Wisconsin Department of Health Services with an Outstanding Achievement Award for "its pioneering work and continued innovation with Aging and Disability Resource Centers."

Addressing an audience of people who are developing ADRCs across the country, federal officials recognized Wisconsin as the creator of ADRCs and emphasized that the Wisconsin model is a model other states should follow, indicating that Wisconsin embraces AoA's vision and goals for ADRCs nationwide.



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**Wisconsin Department of Health Services**

**Division of Long Term Care**

**Bureau of Aging and Disability Resources**

**Office for Resource Center Development**

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