

AGING AND DISABILITY RESOURCE CENTERS 2014-15 STATUS REPORT



Wisconsin
Department of Health Services
Division of Public Health
P-00251 (01/2017)

AGING AND DISABILITY RESOURCE CENTER
MISSION STATEMENT

To help older people and people with physical, or intellectual/developmental disabilities secure needed services or benefits, live with dignity and security, and achieve maximum independence and quality of life.

Table of Contents

Introduction to Wisconsin’s Aging and Disability Resource Centers	2
ADRC History	4
Figure 1: ADRC Service Areas	5
ADRC Customer Demographics.....	6
ADRC Activities.....	8
<i>Information and Assistance</i>	8
<i>Long-Term Care Options Counseling</i>	8
<i>Enrollment into Publicly Funded Long-Term Care Programs</i>	8
<i>Benefit Specialist Services</i>	9
ADRC Special Projects.....	10
<i>Dementia Care System Redesign</i>	10
<i>Client Tracking Requirements</i>	10
<i>Enrollment Streamlining</i>	10
Evaluation of ADRC Performance	11
ADRC Quality Improvement.....	13
ADRC Success Stories.....	14
<i>Exploring Private Pay Options</i>	15
<i>Connecting Tribal Members to Community Resources and Support</i>	14
<i>Delaying Publicly Funded Long Term Care</i>	15
ADRC Funding	16
References.....	17



Introduction to Wisconsin's Aging and Disability Resource Centers

What is an Aging and Disability Resource Center?

An Aging and Disability Resource Center (ADRC) is a one-stop source for objective, reliable information about a broad range of programs and services available to older adults and people with disabilities. ADRCs help people facing changing needs and abilities to weigh options and make choices. ADRCs connect people with services and supports that allow them to maintain self-sufficiency and conserve personal resources.

ADRCs Are Available to All Wisconsin Residents

ADRC services are provided free of charge and are available statewide to older adults and people with disabilities regardless of income and regardless of the person's eligibility for publicly funded long-term care. ADRC services are also available to families, friends, caregivers, and others who work with or care about, older people or adults with disabilities.

ADRCs Can Help People With a Variety of Needs

Whether someone is planning for the future or seeking help with immediate needs, ADRCs stand ready to provide information and assistance. They work with youth in the transition to adulthood, older adults, family members, friends and caregivers, as well as professionals such as physicians, hospital staff, and other community members. ADRCs serve as a clearinghouse for information about resources related to:

- In-home personal care and nursing.
- Housekeeping and chore services.
- Home modifications, safety, and maintenance.
- Assistance with living with dementia and other chronic health conditions.
- Caregiver support and respite.
- Transportation and mobility.
- Nutrition and home-delivered meals.
- Housing, including senior and low-income housing, assisted living, nursing homes, and other long-term care facilities.
- Adaptive equipment.
- Financial help such as Social Security, Medicare, and Medicaid.
- Legal issues such as guardianship and powers of attorney.
- Help identifying and combating abuse, neglect, and financial exploitation.
- Referrals for treatment of mental health issues and alcohol and substance use.
- Employment supports, vocational rehabilitation services.
- Volunteer opportunities.

ADRCs Do Much More than Provide Information

ADRCs are highly visible in their communities. ADRC employees are local experts in aging and disability issues. They perform outreach and education to build knowledge, reduce stigma, and shape attitudes about the value and opportunities presented by older adults and people with disabilities. They identify unmet community needs and gaps in area services and work within their communities to build local resources, form new partnerships and expand their reach.

ADRCs are different than other types of information and referral providers or call centers:

- ADRC customers do not need to know what service or help they need. Customers call the ADRC with a concern about themselves or a loved one and the ADRC staff are skilled at listening, interviewing, and assessing the person's situation and exploring ways to best meet their needs.
- ADRCs are staffed to meet the customer's need. Call centers provide a brief interaction before connecting people with the next organization. Wisconsin's ADRCs are designed to start customers with the professional they need to speak to.
- Customers will get much more than a phone number to call from an ADRC. They specialize in local resource information. Staff provide in-depth decision support and have comprehensive knowledge of the local service delivery system, including private pay choices.
- ADRC staff are available to spend time with customers and meet with them in their homes to ensure they understand the person's full situation, their readiness to use the information or accept help and actively link them with services they might need.
- ADRC staff follow up with customers to see if the information they provided was helpful, to check in on them, and to see if there is anything else they can assist with.
- The ADRC has no financial interest in the information they provide. No agency can pay the ADRC to be on their list of resources; customers know they will get information to best meet their needs, not the needs or interests of the provider of service.

ADRC Services are Convenient and Accessible

ADRC services are available at a local ADRC office, over the telephone, or in customers' own homes. ADRC staff will meet with customers in the place that works best for them.

ADRCs Strive to Provide High-Quality Customer Service

ADRCs adapt to meet the changing needs of their customers. ADRCs engage in continual efforts to improve their processes and services, guided by research on ADRC customer satisfaction.

ADRC History

A Pioneering Model

Wisconsin's model for an ADRC was created by the Department of Health Services (DHS) in the late 1990s to address the state's aging population, the growing need for long-term care in home and community-based settings, and the challenges of gathering and sifting through information about programs and services. DHS launched the first ADRCs in 1998, alongside the introduction of managed long-term care through the Family Care program, under a nine-county pilot project.

The Path to Statewide Expansion

With evidence mounting in support of cost savings through managed long-term care and the ADRC model, a "systems change" grant allowed expansion from the original nine to an additional 14 counties beginning in 2005. ADRCs were established in the remainder of the state between 2008 and 2013. Today, ADRCs are available to people in every corner of the state. There are 41 ADRCs in all. Some ADRCs serve a single county; others serve multiple counties and tribes.

National Recognition

In 2010, the federal Administration for Community Living (ACL) recognized DHS with the Outstanding Achievement Award for pioneering work and continued innovation with ADRCs. The ACL praised Wisconsin personnel as the creators of ADRCs and emphasized that Wisconsin is the model other states should follow.

Collaboration with Wisconsin Tribes

Each Wisconsin tribe offers ADRC services, either as a partner with counties or by employing a tribal aging and disability resource specialist (TADRS). In addition, TADRSs employed by the Great Lakes Inter-Tribal Council and supported by Wisconsin Judicare, Inc., provide disability benefits counseling statewide to individuals who live on, or near, a tribal reservation.

Find an ADRC Near You

Refer to the map in *Figure 1* for ADRC names and geographical service areas. For local ADRC contact information, visit the DHS website at <https://www.dhs.wisconsin.gov/adrc>. More information is also available by calling the Bureau of Aging and Disability Resources (BADR) at 608-266-2536.

ADRC Customer Demographics

In the coming decades, older adults are projected to make up a much larger proportion of Wisconsin's population. The rapidly aging population is likely to result in a growing demand for ADRC services.

Almost 900,000 people ages 65 or older live in Wisconsin, representing 16% of the total population according to Wisconsin Department of Administration population projections. As illustrated in the second map of *Figure 2*, by 2035 this age group is projected to represent 24% of the state's population with a disproportionate concentration in rural and northern regions of the state. (*Wisconsin Department of Administration Demographic Services Center, 2013*)

According to the Pew Research Center, 36% of Wisconsin residents provide care for an older relative. Long-term caregiving is the norm for family caregivers. Nearly 57% have been in the role for more than three years and are providing an average of 20 hours per week of care for their loved one. (*2015 State of Caring Survey*)

Close to 14% of Wisconsin civilian, non-institutionalized population ages 18 and older report having a disability. More specifically, 9% of Wisconsinites between the ages of 18 and 64, and 32% of those ages 65 or older identify themselves as having at least one disability. (*Census, 2010-2014*)

Demand for ADRC services is on the rise. ADRCs reported over 540,000 customer contacts in 2015, with an average of 45,000 contacts each month. This is a 12% increase from 2013. (*2015 ADRC Activity Report*)

Figure 2: Percentage Age 65+ in 2010 and Projected in 2035 (Population Projection 2013)

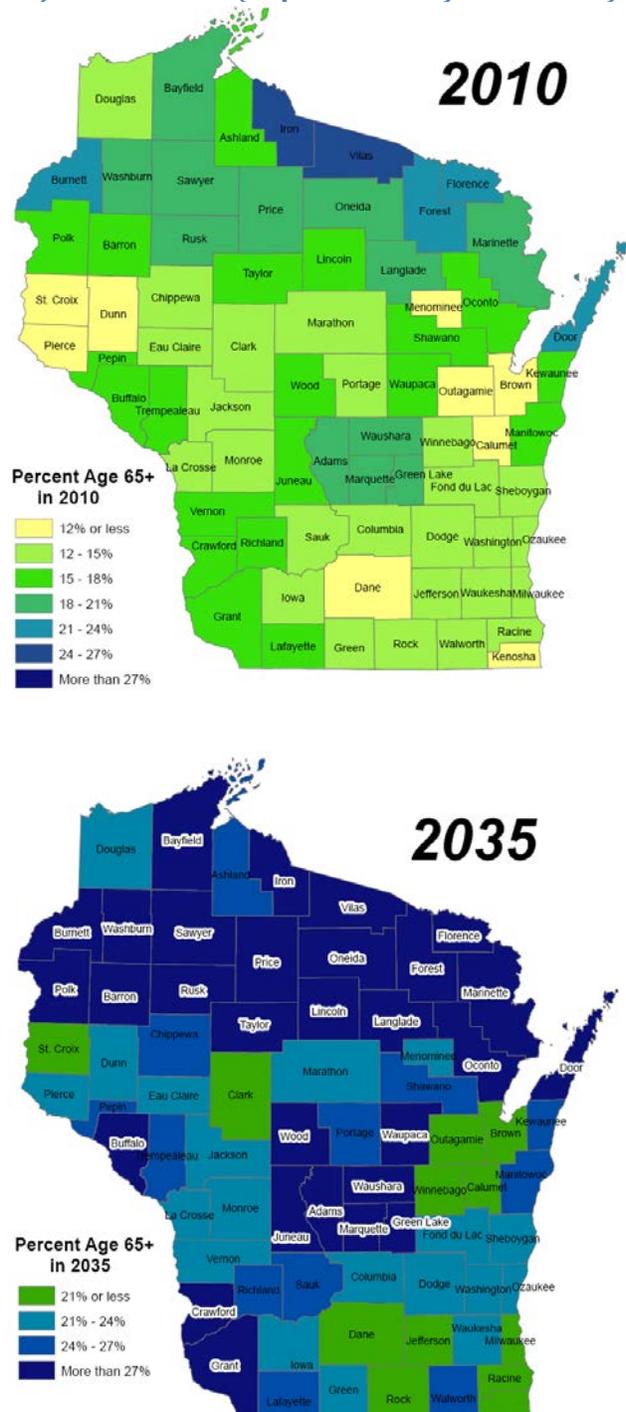


Figure 3: ADRC Contacts by Age Group, 2015
ADRC Activity Report

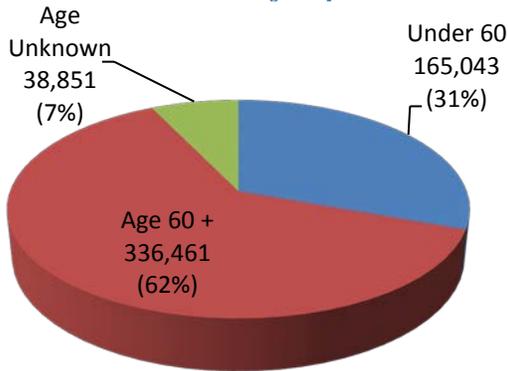
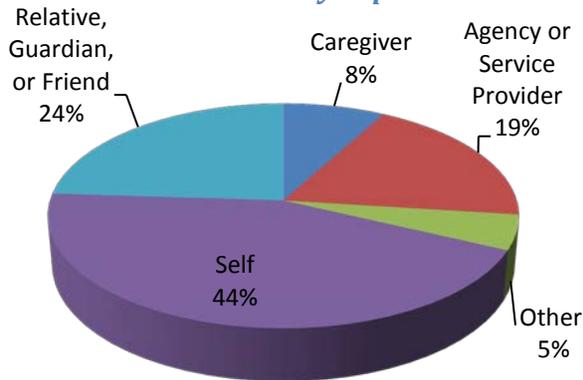


Figure 4: ADRC Contacts by Caller Type, 2015
ADRC Activity Report



ADRC Contact Types

Customer Age

The majority of ADRC contacts are from individuals age 60 or older. *Figure 3* shows a breakdown of ADRC contacts based on age group.

Caller Type

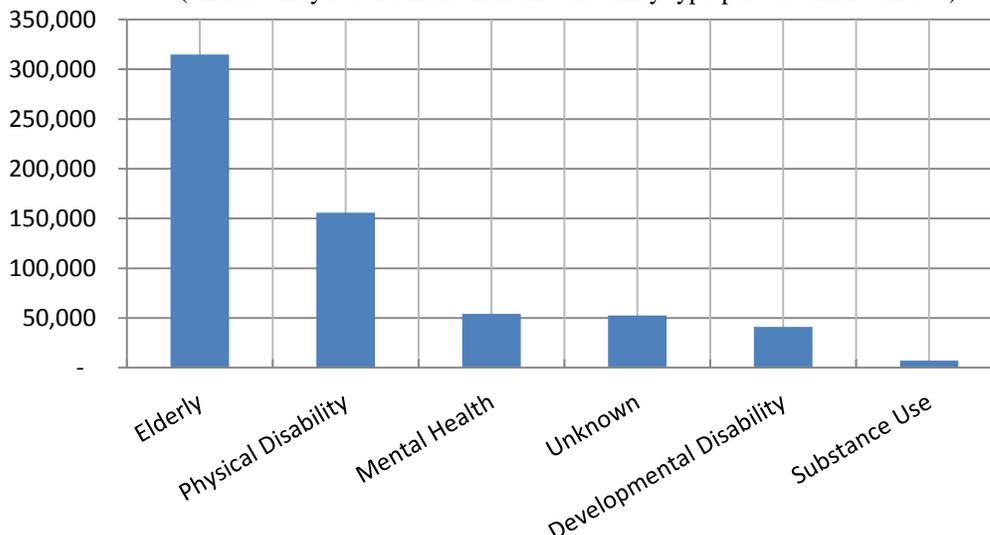
The majority of contacts were self-initiated; that is an older adult or person with a disability contacted the ADRC seeking services on their own behalf. *Figure 4* shows a breakdown of ADRC contacts according to caller type, indicating whether the contact was initiated directly by an older adult, a person with a disability, or by someone else on their behalf, such as a caregiver, a relative or friend, or a service provider.

Customer Disability

A number of contacts were also made by or regarding someone with a physical disability. *Figure 5* shows a breakdown of ADRC contacts by disability type for those who self-identified as having a disability.

Figure 5: ADRC Contacts by Disability Type, 2015 ADRC Activity Report

(ADRCs may record more than one disability type per customer contact.)



ADRC Activities

Someone contacts an ADRC for help every 13 seconds during an average business day in Wisconsin. (2015 ADRC Activity Report)

ADRCs offer a range of assistance tailored to the needs of their customers.

Information and Assistance

The ADRC is a central source of information about a broad range of supportive services such as home maintenance, transportation, senior and public housing, meal programs, dementia care, health and wellness, employment for people with disabilities, in-home care, assisted living and nursing home care, mental health care, and adult

protective services. In 2015, 55% of all ADRC contacts involved the provision of information and assistance. (2015 ADRC Activity Report)

ADRCs follow up with customers to find out whether the information or assistance provided by the ADRC met the customers' needs, and to offer more help where it is appropriate. Eighteen percent (18%) of ADRC customer contacts in 2015 involved follow-up activities. (2015 ADRC Activity Report)

Long-Term Care Options Counseling

Eight percent (8%) of all ADRC customer contacts in 2015 involved counseling to help identify and evaluate private and publicly funded options for long-term care services and supports in light of customers' personal needs, preferences, and resources. ADRCs can help people decide where to live, what kind of help would be useful, and how to pay for that help (2015 ADRC Activity Report). With this type of decision support, people are able to stay in their own homes and communities longer, make the most of their money, and avoid or delay institutional care and reliance on publicly funded programs, such as Medicaid.

Enrollment into Publicly Funded Long-Term Care Programs

For individuals who need help to pay for long-term care, Wisconsin offers several Medicaid-funded options. In addition to providing information and counseling, ADRCs help people identify and access the public benefit programs for which they may be eligible and serve as the single entry point for the Medicaid long-term care programs like Family Care; Family Care Partnership; Include, Respect, I Self-Direct (IRIS); and the Community Options Program (COP)/Community Integration Program (CIP) "legacy" waivers. Only about 10% of ADRC activities involve helping people with access to Medicaid and the Medicaid long-term care programs. (2015 ADRC Activity Report)

To enroll in any of these programs, a person must be assessed to determine whether their care needs meet the standard for public funding. ADRCs perform this assessment, known as the long-

ADRC customers are more likely (89%) to seek assistance with accessing community-based options or privately paid resources rather than Medicaid. (2015 ADRC Activity Report)

term care functional screen. ADRCs also help those who are eligible to learn about the public program options available in their area and to select the option that will best meet their needs. Program options vary from county to county. These options may include Family Care, IRIS (Include, Respect, I Self-Direct), Partnership, and Program for All-inclusive Care for the Elderly (PACE). In 2015, over 23,000 ADRC customer contacts (or 4% of all contacts) involved administration of the long-term care functional screen, with ADRCs completing a total of 23,114 long-term care functional screens. *(2015 ADRC Activity Report)*

Benefit Specialist Services

Public benefit programs for older adults and people with disabilities can be complex and confusing. Benefit specialists at ADRCs help people understand options and solve problems related to public benefits such as Social Security, Medicare, and Medicaid. A benefit specialist can help someone discover the benefits available to them, compare plans and options, file an application or appeal, and understand and respond to notices about existing benefits.

Benefit specialists helped people resolve over 81,000 benefits issues in 2015. For people age 60 and older, most benefit specialist services were related to health insurance benefits such as Medicare and Medicaid (74%). For people under age 60, most benefit specialist services were related to Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) eligibility (44%), Medicare Part D (14%), and the Medicaid Purchase Plan or MAPP (14%). Across the age spectrum, benefit specialists also helped people to access benefits such as FoodShare, energy assistance, and low income tax credits. *(Disability Benefit Specialist Services 2015 Summary Report and Elder Benefit Specialist Program Services CY 2013 Summary Report)*

Figure 6: ADRC Activities in 2015, by Type

Activity	Number	Percentage
Information and Assistance	423,990	52%
Follow Up	96,300	12%
Medicaid and Medicaid Waiver-Related Assistance	92,890	11%
• <i>Help With Application</i>	• 33,900	• 4%
• <i>LTC Functional Screen</i>	• 23,114	• 3%
• <i>Enrollment Consultation</i>	• 29,900	• 4%
• <i>Disenrollment Consultation</i>	• 5,990	• 1%
Options Counseling	57,600	7%
Other	151,800	18%
Total	822,580*	100%
Source: 2015 ADRC Activity Reports. *Some contacts reported more than one activity; therefore, Total number exceeds Actual number of 2015 contacts. Other includes disability benefit specialist activities. Data does not include elder benefit specialist activities.		

ADRC Special Projects

Wisconsin ADRCs are on the forefront in national and state efforts to improve systems of care. Wisconsin ADRCs work on special projects based on state and national priorities. In 2015, ADRCs focused on dementia system redesign, managed care expansion, client tracking requirements, and enrollment streamlining.

Dementia System Redesign

In 2013, DHS piloted a new program to enhance the capacity of ADRCs to work with individuals and families living with dementia. The program funded Dementia Care Specialist positions in five ADRCs. As part of the Wisconsin Dementia Care System Redesign, the pilot project was expanded in 2014 to 11 additional ADRCs. Dementia care specialist projects were also funded in three Wisconsin tribes to serve the Native American population and in two counties to serve the African American population. Dementia care specialists and ADRCs not only worked with individual customers and families living with dementia, but also worked with their local communities to become dementia-friendly by helping to make living with dementia less isolating for individuals with dementia and their family caregivers. Community members were trained to recognize the signs of dementia, to communicate effectively with people with dementia, and to locate resources for assistance. During the first year of activity reporting, dementia care specialists demonstrated high levels of activity. They met directly with more than 2,600 clients to talk about needs and service opportunities to help individuals and families. They reached out to 31,000 community members through events, media encounters, and other informational efforts, and reported over 1,300 expert consultations. (*Wisconsin Dementia Care System Redesign: Reflecting on the Accomplishments*)

Client Tracking Requirements

To ensure more consistent reporting of ADRC activities, DHS initiated a project to standardize client tracking requirements across ADRCs. Uniform data definitions were created, additional reporting criteria were added, and the frequency of encounter process reporting was increased. Training on the new client tracking requirements and process was provided to over 400 ADRC staff in 2015.

Enrollment Streamlining

Long Term Care (LTC) Managed Care Organization (MCO) program eligibility and enrollment historically had been determined by income maintenance (IM) workers using Client Assistance for Re-Employment and Economic Support (CARES). As a result of system limitations, LTC MCO eligibility and enrollment discrepancies increased with the expansion of the programs. Thus, enrollment discrepancy resolution had become a significant workload, costing an estimated \$700,000 per year in MCO, IM agency, and Division of Long Term Care staff resources. (*Eligibility and Enrollment Workgroup Executive Summary: Recommendations for Eligibility and Enrollment, 2011*) The Enrollment Streamlining project was initiated to streamline the existing LTC MCO enrollment process. As part of this project, a new ADRC Partner Portal role was created to allow ADRCs to begin entering LTC MCO enrollment directly into ForwardHealth interChange (FHIC) via the Partner Portal to assist ADRC/county waiver agency staff in enrolling members into the correct LTC-assigned MCO identification or Medicaid Waiver program.

Evaluation of ADRC Performance

A grant from the federal Administration for Community Living (ACL) provided Wisconsin with funding to conduct research on ADRC customer satisfaction. This study was conducted by Analytic Insight, an independent research firm.

Analytic Insight conducted telephone interviews with 4,453 ADRC customers in 2015. The customer satisfaction research identified several aspects of ADRC service delivery that correlate with high satisfaction. These key areas are:

- **Accessibility:** Customers want easy access to the ADRCs. The visibility of the ADRC matters, along with convenient hours and ease of locating contact information.
- **Culture of Hospitality:** ADRC customers prefer locations that are warm and welcoming with clear, helpful signage.
- **Personalization:** Customers are satisfied when ADRC staff take time to get to know them, understand their likes and dislikes, and recognize the importance of family connections and potential cost of service options.

Figure 7: ADRC Empowerment Measures



- **Knowledge:** ADRC customers are satisfied when ADRC staff are knowledgeable on a wide variety of topics, but are careful not to overwhelm the customer.
- **Guidance:** Through discussion with ADRC staff, customers want to evaluate their options based on their own values and preferences. Customers like receiving help with next steps including completing paperwork and placing phone calls if needed. They value follow-up to help sort out any concerns that develop after the meeting.
- **Empowerment:** Customers are satisfied when ADRC staff listen carefully to the customer's worries and concerns and then identify potential options for the customer to pursue.

In addition to learning about the ways that ADRCs can best serve their customers, this research also indicates that older adults and people with disabilities give ADRCs high marks in customer satisfaction.

- **Overall Experience.** Customers rate their overall experience as a 3.65 on a four point scale. This percentage increased over time as ADRCs continue to learn how to best serve their customers.
- **Usefulness.** Customers indicate that the information they receive is very useful (3.68 on a four point scale).
- **Access to Information.** Customers indicate that the information they receive is easy to access and understand (receiving a rating of 3.79 on a four point scale).
- **Willingness to Recommend.** Of ADRC customers interviewed, 97% said that they would recommend the ADRC to others.

Figure 8: Overall Experience of ADRC Customers

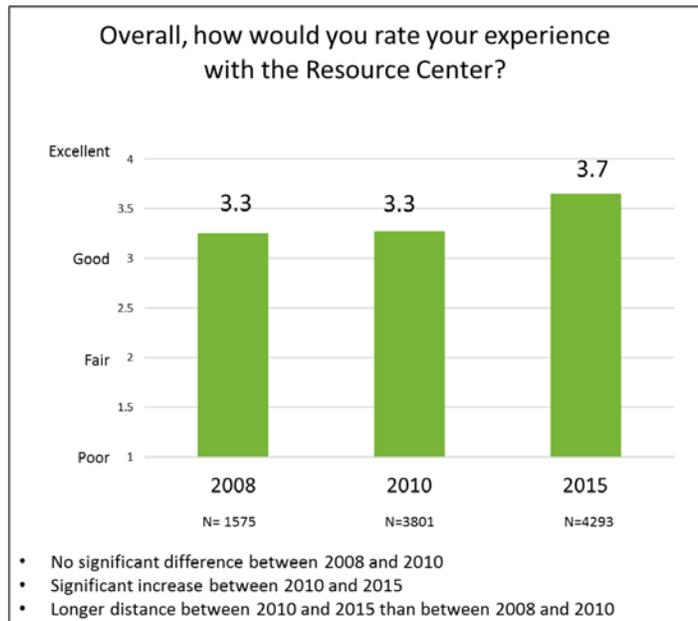
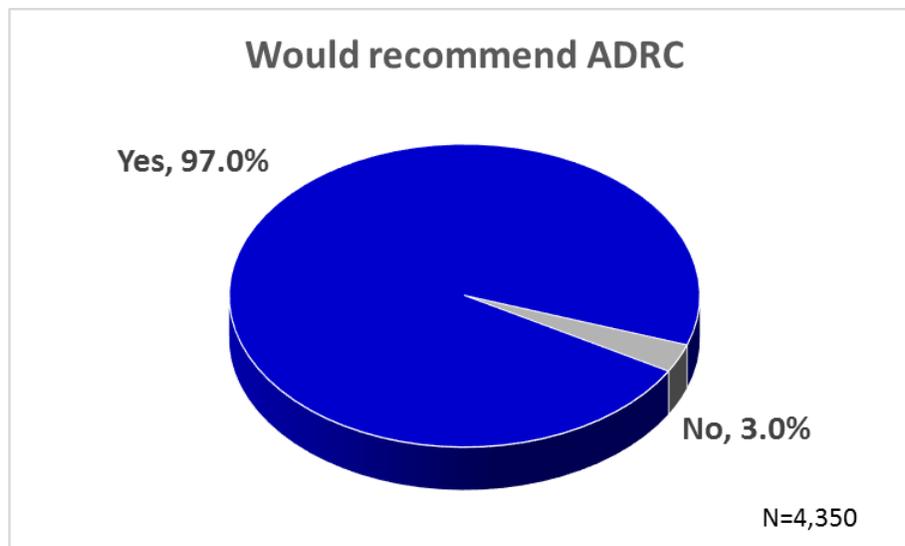


Figure 9: Willingness to Recommend ADRCs to Others





ADRC Quality Improvement

Aiming for Excellence Projects

“Aiming for Excellence” is a statewide ADRC process improvement program that has been in place since 2010. DHS provides initial training to ADRC employees at Change Leader Academies (CLAs). The CLAs introduce ADRCs to the key elements of process improvement, including:

- How to gather information from the customer perspective by conducting a “walk-through” and use it to identify areas where change is needed.
- How to enlist and lead a team of colleagues with diverse skills to carry out the project.
- How to conduct rapid-cycle testing with incremental changes over a period of three months or less. How to measure and assess the effectiveness of changes in meeting project goals.

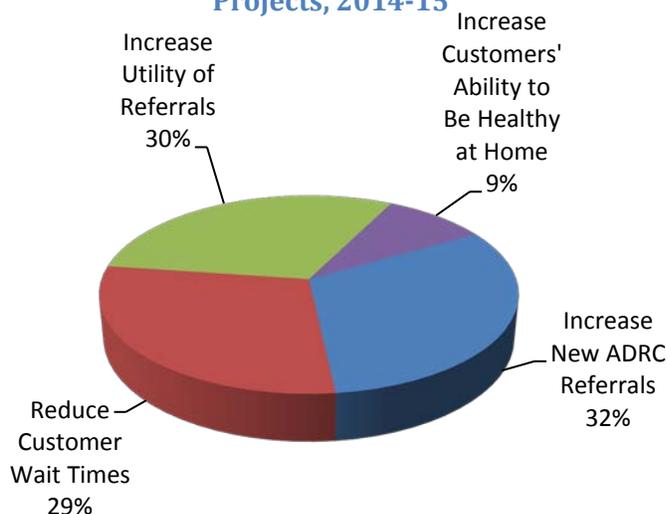
Over 60 ADRC employees attended CLAs between 2014 and 2015. In addition, 23 staff from BADR and the Area Agencies on Aging attended CLAs to incorporate process improvement across agency lines.

Following the initial training, DHS regional quality specialists provide coaching and support to ADRCs as they begin applying what they have learned to improve the quality of services at their local agencies.

ADRCs completed 76 projects in 2014 and 2015 using the “Aiming for Excellence” approach. Each project was designed to address one of four overarching aims, identified by the Office for Resource Development as statewide priorities:

- To increase new ADRC customers;
- To reduce customer wait time;
- To increase the utility of referrals; and
- To increase the customer’s ability to be healthy at home.

Figure 10: Large Aims of ADRC Change Projects, 2014-15



See *Figure 10* for a breakdown of projects by aim.

ADRC Success Stories

ADRCs have established a strong reputation for meeting the needs of each customer. Over the past two years, ADRCs have focused on ways to improve services in key areas, including exploring private pay options, connecting tribal members to community resources and delaying the need for publicly funded long-term care. Here are a few examples of ADRC successes in these key areas for 2014 and 2015.

Exploring Private Pay Options

- “Mary” called the ADRC of Washington County on behalf of her elderly parents. Her father was in a nursing home for rehabilitation and expected to return home soon. Her mother had mild-moderate dementia. Mary was the primary caregiver to her parents. Although Mary lived close by, she was not always available to provide care. It was important to her that her parents remain in their own home. The ADRC helped connect Mary and her parents to home-delivered meals so Mary only had to prepare an evening meal. The ADRC also connected Mary with a supportive home care agency so outside maintenance of the home, such as lawn mowing and snow shoveling, could be maintained. In addition, ADRC staff taught Mary how to use a medication machine, connected her with some respite funding, and offered her a class called “Powerful Tools for Caregiving” to help her develop coping mechanisms to deal with caregiver stress. All of this assistance helped Mary care for her parents in their home longer.
- “Fred” recently moved to live with his daughter because he was struggling alone in his farmhouse. Fred’s daughter contacted the ADRC of Barron, Rusk and Washburn counties because she was concerned for his safety as he was experiencing early to mid-stage dementia, was losing weight, and appeared depressed. Working with the ADRC specialist, Fred was connected with an elder benefit specialist, the Meals on Wheels program, dementia care specialist, and the Veterans Service Office. Fred was able to get Aid & Attendance assistance through the Veterans Administration. He started Meals on Wheels and enrolled in DAYBREAK, an adult day care for persons with memory loss. His appetite improved, and so did his weight, mood, and activity.

Connecting Tribal Members to Community Resources and Support

- “Vernon,” a member of the Lac Courte Oreilles (LCO) Tribe contacted the LCO tribal aging and disability resource specialist (TADRS) for help. In addition to needing assistance to apply for a disability determination, Vernon needed help supporting his daughter and four grandsons who were moving in with him in his small camper. Due to no source of income, Vernon did not have access to food, household basics or utilities. The TADRS began by addressing Vernon’s urgent need for food through a referral to the LCO Food Distribution Program. An additional referral to the Salvation Army helped with some basic household items and warm clothing for the children since they were moving from a very warm climate

and were not prepared for colder weather. The TADRS also assisted him with completing the online application for the Medicaid and Foodshare Programs.

- All residents of an elder residential building located on the Bad River Reservation needed to relocate while the building was being renovated. One individual relocated to a home that was not wheelchair accessible. The Bad River TADRS worked with housing unit staff and the community health representative to get all necessary modifications completed so he could live independently in his new home.

Delaying Publicly Funded Long-Term Care

- The ADRC of Brown County received a referral from a nursing home for a private pay customer. The resident had been recently diagnosed with a terminal condition and his wife had become his legal decision-maker. “Robert” had significant care needs and due to his rapid decline, his wife had placed him in the only facility she was familiar with, a skilled nursing facility at a cost of \$9,000 per month for his care. In addition, the facility did not contract with a hospice provider, which was a service Robert and his family wanted. The information and assistance (I&A) specialist with the ADRC of Brown County discussed options with the family, including hospice and assisted living facilities that might meet Robert’s needs. The family’s desire was to have Robert live in a facility close to home, enabling his wife to spend time with him. With the assistance of the ADRC, the family was able to sign up with a hospice agency and move Robert to an assisted living facility. As a result of the ADRC services, this family’s needs were met in a less restrictive setting for Robert, consistent with the family’s and Robert’s preferences, saving thousands of dollars each month, and enabling the family to continue to pay for Robert’s care.
- The ADRC of Central Wisconsin began holding memory screening events in the community. During one of these events, a gentleman and his family requested a memory screening. Family members indicated that recently “Gary” was displaying disruptive behaviors. The family wanted to rule out any cognitive changes as a reason for the behaviors. Gary also acknowledged the concerns and wanted to be tested. The results of the memory screening indicated some potential cognitive decline, and, with Gary’s permission, the results were forwarded to his physician for further discussion and exploration. Gary received a diagnosis of early-stage dementia. His family was able to seek additional information from the ADRC to support them in caring for Gary.
- “Susan” contacted the ADRC of Portage County on behalf of her parents. Her mother needed care during the day, and Susan was looking for an assisted living facility where both her parents could move and remain together. The ADRC discussed many options with Susan including adult day care services. Susan decided to try this option first and reported that it was an excellent option. Because the ADRC assisted in identifying an alternative service, placement in an assisted living facility was delayed for not one, but two people.

ADRC Funding

ADRCs received \$35.3 million in state general purpose revenue (GPR) and \$27.3 million in federal Medicaid (MA) administrative matching funds during 2015. There were also \$2.2 million in local funds contributed to ADRC operations.

Funding is allocated to individual ADRCs based on a formula that reflects the size of the adult population (18 years and older) served and the estimated cost to operate an ADRC in 2008 (e.g., \$487,301 per 1% of the state’s adult population). ADRCs serving sparsely populated areas receive a minimum annual allocation and can qualify for a financial incentive by working across counties to form a larger, more robust regional ADRC.

State and federal funding also support a number of positions devoted to serving tribal members, including TADRS and tribal disability benefit specialists (TDBS) services. Refer to *Figure 13* for ADRC spending by service category.

Figure 11: 2015 ADRC Revenue by Source

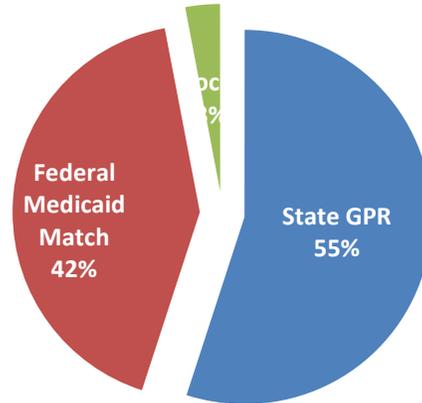
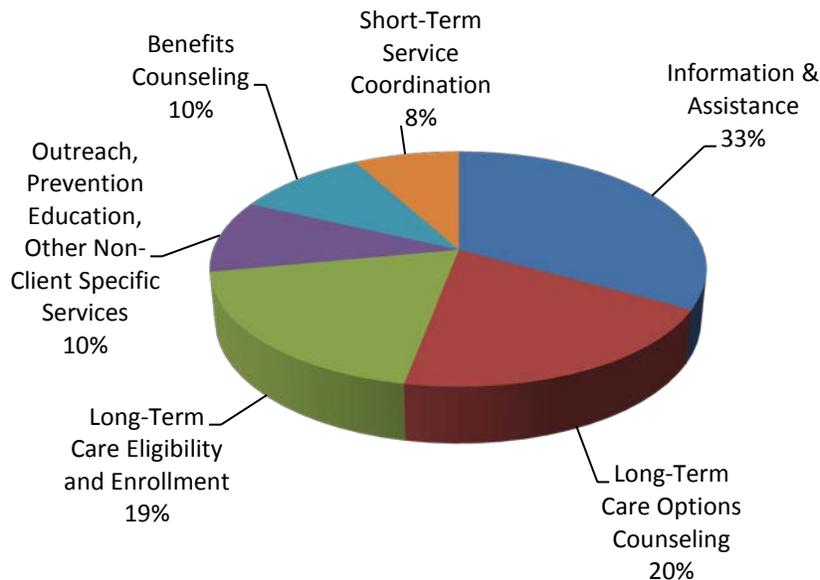


Figure 12: 2015 ADRC Spending by Service Category



References

2015 ADRC Activity Report. Wisconsin Department of Health Services, [Draft pending publication].

Disability Benefit Specialist Services 2015 Summary Report. Wisconsin Department of Health Services, April 2016.

Elder Benefit Specialist (EBS) Program Services CY 2013 Summary Report. Wisconsin Department of Health Services, May 2014.

Eligibility and Enrollment Workgroup Executive Summary: Recommendations for Eligibility and Enrollment. Wisconsin Department of Health Services, May 2011.

Flowers, Amy, Ph.D., Statewide Customer Satisfaction Research 2008-2015. Analytic Insight, August 2016.

Population Projection Vintage 2013, Wisconsin Department of Administration, 2013.

Wisconsin Dementia Care System Redesign: Reflecting on the Accomplishments. Wisconsin Department of Health Services, P-01555, August 2016.