Wisconsin Owns Wellbeing: Background for Regional Learning Exchanges

Since 2020, safety net providers have been reacting to a steady stream of crises, mirroring how health care functions primarily as a sick care system. Wisconsin Owns Wellbeing (WOW) is about reclaiming agency in setting our own proactive vision for the future and building collaborative actions we can take today to make that vision more probable.

Vision:

A statewide group of partners voted to adopt a working vision and agreed that the vision will continue to evolve through subsequent regional and statewide engagement. The working vision reads:

> *Wisconsin will have a statewide wellbeing system that optimizes health. This will be accomplished through:*
>
> - *a strong and well-developed workforce;*
> - *accessible and integrated resources in all communities; and*
> - *long lasting, creative, and collaborative relationships with local communities.*

Background: Why Now?

Four organizations representing Wisconsin's safety net (Rural Wisconsin Health Cooperative, Wisconsin Department of Health Services, Wisconsin Association of Free & Charitable Clinics, and Wisconsin Primary Health Care Association) were approached by Roots & Wings Foundation to imagine working together differently. Given our aging population, our ongoing workforce challenges, and increasing social, economic, and political pressures on our nonprofit and safety net organizations, these four organizations thought the time was right to imagine a different future together.

What's more, House Resolution 1 will have major impacts on Wisconsin, bringing new opportunities and challenges with the $50 Billion Rural Health Transformation Program (RHTP) launching in 2026 and the addition of Medicaid work requirements in 2027, among other major policy changes. The time is ripe for action.

A View from 30,000 Feet: Statewide Leaders Meeting - December 2, 2025

The WOW Collaborative hosted a meeting of leaders of statewide or regional organizations to engage in initial future thinking, using tools designed by the Institute for the Future. Statewide leaders brainstormed **drivers**, those long-term directional impacts like the current of a river, and **signals**, one-time or small innovations that could become something that alters the current.

- **What If** wellbeing was our north star, instead of crisis response?
- **What If** most people had the supports they needed to live healthy lives?
- **What If** technology enabled us to work smarter, not harder, to reimagine work?
- **What If** we had the resources to do what we do best and trust that others were doing what they do best?

Leaders considered Social, Technological, Economic, Environmental, and Policy (STEEP) **drivers** that are impacting us.

SOCIAL	TECHNOLOGICAL	ECONOMIC	ENVIRONMENTAL	POLITICAL
• Social isolation • Misinformation • Eroding trust • Increased mutual aid networks • Increased home caregiving	• AI • Remote patient monitoring • Remote work • Uneven broadband access	• Widening income gap • Alternative economic models (coops, land trusts) • Wealth transfer • Universal basic income pilots	• Climate change • Extreme weather	• Polarization • Advocacy mobilization (e.g., older adults) • Efforts to protect democracy • Increased civic engagement

Leaders researched **signals** by exploring a prompt about the future of safety net services. Each group elevated a top signal to the group for consideration: Aging, Benefit cliffs, Funding cuts, Traditional health insurance, and Wellbeing. Leaders then used an exercise called "riding two curves" to explore the current system, what signals are pointing to the future system, and what assets we could carry forward to develop the new future.

5 Regional Learning Exchanges in 2026

Five Regional Learning Exchanges will take place across Wisconsin in 2026, starting where the statewide leaders left off. Building from visioning conducted in December 2025, the WOW Collaborative will host five Regional Learning Exchanges in 2026. During each Regional Learning Exchange, participants will:

1. Celebrate and learn from community collaborations already operating in the region
2. Discuss priority issues, challenges, and opportunities in the region, connecting them to broader state and national trends
3. Begin to develop strategies to grow or enhance collaboration at all stages of development
4. Identify ways that statewide partners can better support and learn from local partners to make meaningful collaborative impact, regionally and statewide
5. Build and strengthen relationships across organizations

Register today for the event that best matches your service area!

- **Jan. 27, 2026: Market on River, Chippewa Falls**
- **Feb. 17, 2026: Lake of the Torches, Lac du Flambeau**
- **Mar. 4, 2026: St. Norbert College, De Pere**
- **Mar. 19, 2026: Baraboo Arts, Baraboo**
- **Apr. 15, 2026: Waukesha Area Technical College, Pewaukee**

The Wisconsin Owns Wellbeing (WOW) Collaborative

A Long Path Opportunity

Carrie Molke, Director
Bureau of Aging and Disability Resources
January 13, 2026

Overview

- “Safety-net” providers have been responding to a steady stream of health/social care crises.
- The WOW Collaborative aims to reclaim agency in setting our own proactive vision for the future and building collaborative actions we can take today to make that vision more probable.

Leaders and Sponsors

- Rural WI Health Cooperative
- WI Association of Free and Charitable Clinics
- WI Primary Health Care Association
- WI Department of Health Services, Division of Public Health

- Funded by Roots and Wings Foundation

WOW Collaborative Vision

- Developed on December 2, 2025, by a group of Wisconsin health/social care leaders.
- “Wisconsin will have a statewide wellbeing system that optimizes health. This will be accomplished through:
  - A strong and well-developed workforce
  - Accessible and integrated resources in all communities
  - Long-lasting, creative, and collaborative relationships with local communities.”

Five Regional Learning Exchanges

- Celebrate and learn from community collaborations already operating in the region
- Discuss priority issues, challenges, and opportunities in the region, connecting to broader state and national trends
- Begin to develop strategies to grow or enhance collaboration at all stages of development
- Identify ways that statewide partners can better support and learn from local partners to make meaningful collaborative impact, regionally and statewide
- Build and strengthen relationships across organizations

Five Regional Learning Exchanges

- January 27 in Chippewa Falls (Western)
- Feb 17 in Lac du Flambeau (Northern)
- March 4 in De Pere (Northeastern)
- March 19 in Baraboo (Southern)
- April 15 in Pewaukee (Southeastern)

Register at:
www.rwhc.com/Wisconsin_Owns_Wellbeing

REFRAMING AGING+ DISABILITY

WISCONSIN

Reframing Aging & Disability in Wisconsin

Vision

Our vision is a Wisconsin where everyone, at every age and ability, is respected, valued, supported, and belongs.

Mission

We are committed to ending ageism and ableism in Wisconsin. Our mission is to advance a fair and complete story about aging and disability: one that values every person, at every stage of life, and every ability. Through reframing our communication and expanding our mindsets, we improve quality of life for all of us.

REFRAMING AGING+ DISABILITY WISCONSIN

Who We Are

- **Project Management Team**

- **Advisory Committee**
- **Champions**
- **Community of Practice**

Ageism and Ableism Defined

Ageism is a form of discrimination where people are mistreated based on their age. It is rooted in a lack of knowledge, prejudice, and stereotypes. Despite being a form of discrimination, ageism is often not taken seriously, and it is even considered one of the last socially acceptable prejudices. - NIH, 2024

Ableism is the discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior. At its heart, ableism is rooted in the assumption that disabled people require 'fixing' and defines people by their disability. Ableism classifies entire groups of people as 'less than,' and includes harmful stereotypes, misconceptions, and generalizations of people with disabilities.

- Access Living, https://www.accessliving.org/

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How ageism and ableism shows up

In multiple forms

- Stereotypes: How we think
- Prejudices: How we feel
- Discrimination: How we act

On multiple levels

- Interpersonal
- Compassionate
- Systemic/Institutional
- Self-directed

Information credit: World Health Organization

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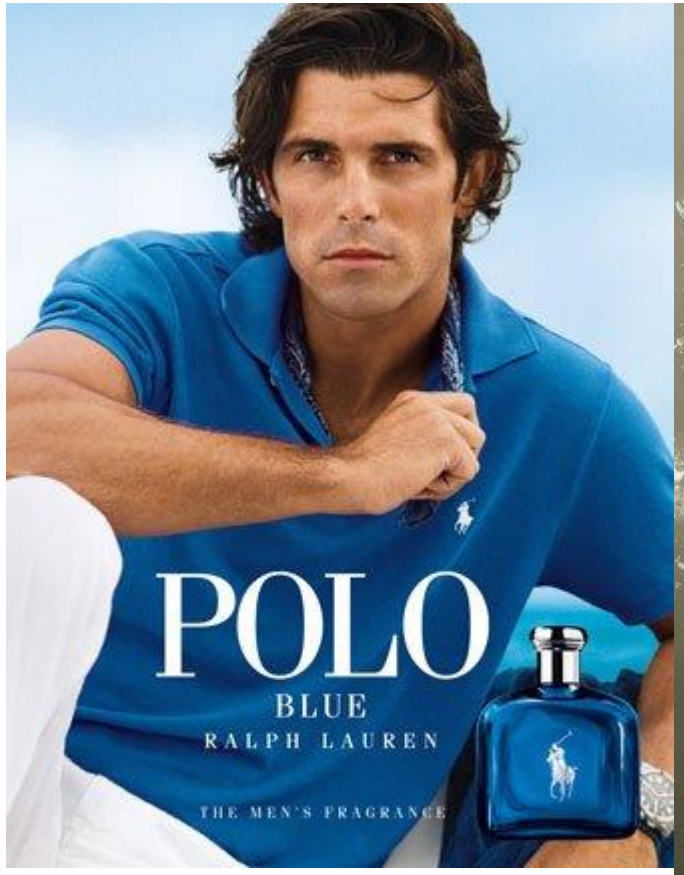
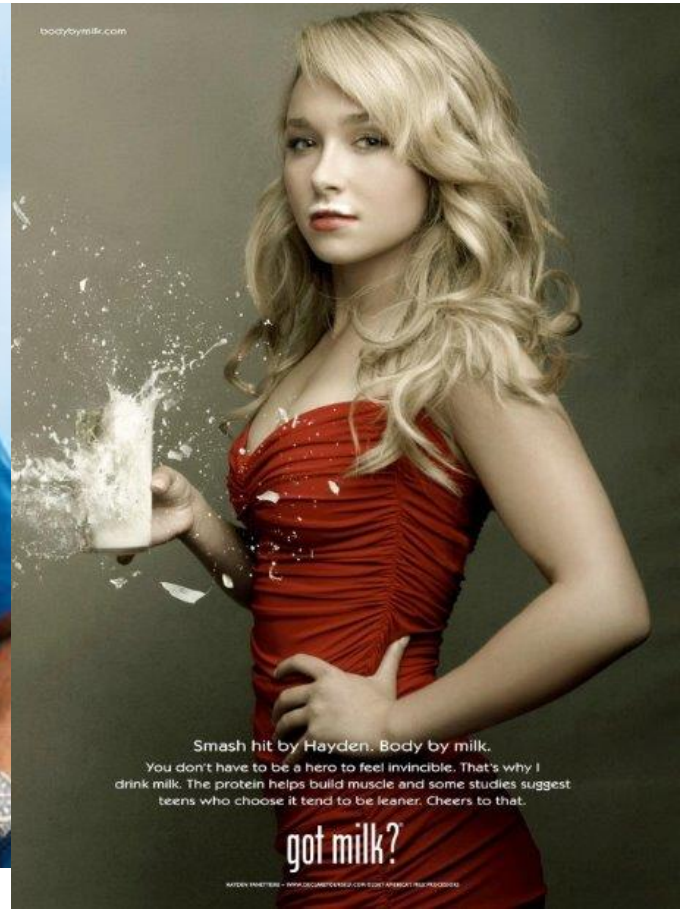
Ageism and Ableism

Why does the distinction matter?

In Advertising





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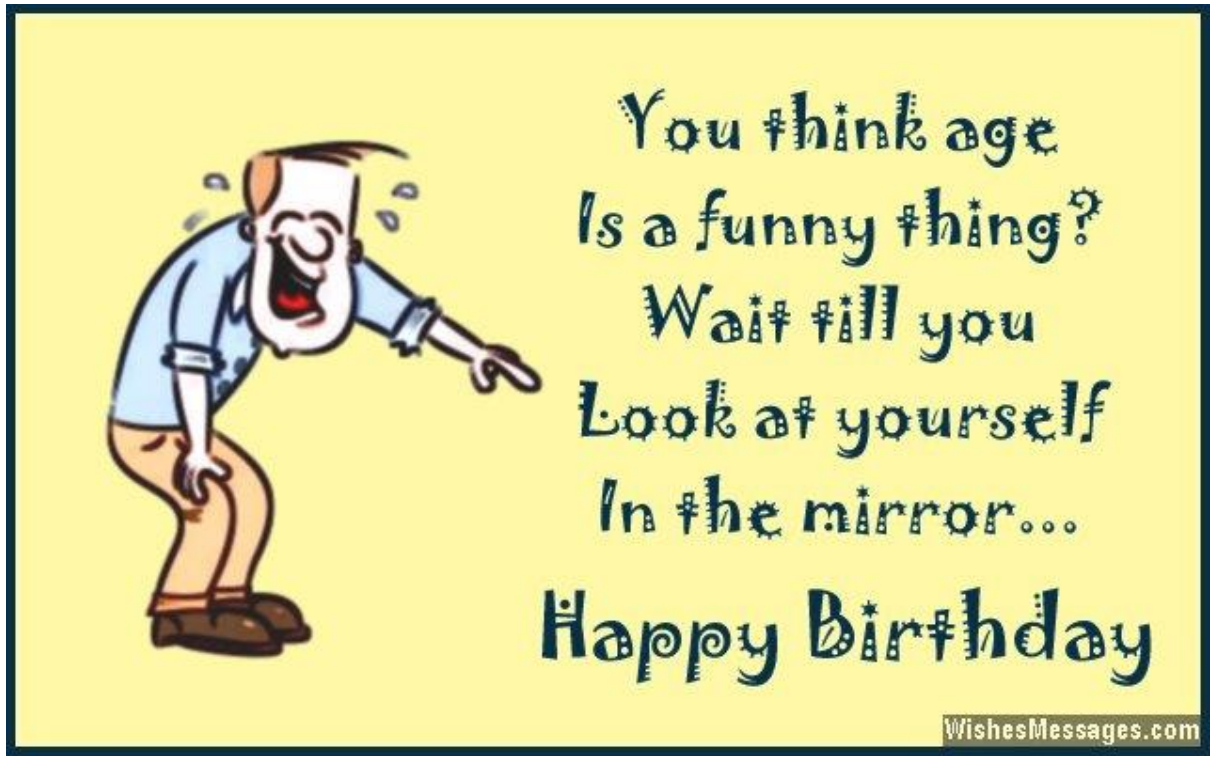
In work and play



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The Need. The Why.

These often subtle "isms" have created long-term unhealthy social influences on policy development, funding and people.

- Older adults who associated "normal aging" with cognitive and physical health problems are less likely to report that they'd discuss these health concerns with their doctor.
- Those who attribute their ailments to old age, have significantly HIGHER levels of arthritis, hearing loss and heart disease than those who attribute these disabilities to other causes.

(Levy, BR, Slade MD, Kunkel, SR, Stanislav V (2002) Longevity Increased by Positive Self-Perceptions of Aging. Journal of Personality and Social Psychology 83(2): 261-270)

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Shifting our mindset can impact our health!

Positive age beliefs:

- reduces stress
- increases quality of life
- increases longevity (by 7.5 years!)

(Levy BR, Slade MD, Kunkel SR, Stanislav V (2002) Longevity increased by positive self-perceptions of aging. Journal of Personality and Social Psychology 83(2): 261-270)

Older individuals who had more positive self-perceptions of aging at baseline were significantly more likely to practice preventive health behaviors OVER THE NEXT TWO DECADES

REFRAMING AGING+ DISABILITY WISCONSIN

National Center for Reframing Aging

- The nation's leading organization and trusted source for proven communication strategies and tools to effectively frame aging issues.
- Cultivating an active community of individuals and organizations to spread awareness of implicit bias toward older people and influence policies and programs that benefit all of us as we age.
- Led by The Gerontological Society of America (GSA), the National Center acts on behalf of and amplifies efforts of the ten Leaders of Aging Organizations.

FrameWorks Institute

- Nonprofit think tank with the mission to advance the nonprofit sector's capacity to reframe social issues.
- Conducts original, scholarly research on the communications aspects of social and scientific issues.
- Original research conducted by FrameWorks Institute Distributed for educational purposes by the National Center to Reframe Aging
- Used quantitative and qualitative methods (with a sample size of 12,185 people) to develop empirically supported messaging strategies for advocates and communicators working in the aging space.

One thing leads to another

- Changing our communications through intentional framing strategies
  ⬇
- Changes the way we talk about aging and disability
  ⬇
- Which changes our thinking
  ⬇
- Which can lead to beneficial policy and systems change.

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A place to start

Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

(The Kirwan Institute for the Study of Race and Ethnicity)

Simply being **aware** of our implicit bias reduces the "ism".

(Busso DS, Volmert A, Kendall-Taylor N. "Reframing aging: Effect of a short term framing intervention on implicit measures of age bias." The Journals of Gerontology: Series B 74.4 (2019): 559-564.

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Words Matter

Instead of these words and cues:	Try:
"Tidal wave," "tsunami," and similarly catastrophic terms for the growing population of older people	Talking affirmatively about changing demographics: "As Americans live longer and healthier lives . . ."
"Choice," "planning," "control," and other individual determinants of aging outcomes	Emphasizing how to improve social contexts: "Let's find creative solutions to ensure we can all thrive as we age."
"Seniors," "elderly," "aging dependents," and similar "other-ing" terms that stoke stereotypes	Using more neutral ("older people/Americans") and inclusive ("we" and "us") terms

Information credit: National Center to Reframe Aging

Words Matter continued

Instead of these words and cues:	Try:
"Struggle," "battle," "fight," and similar conflict-oriented words to describe aging experiences	The Building Momentum metaphor: "Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities."
Using the word "ageism" without explanation	Defining ageism: "Ageism is discrimination against older people due to negative and inaccurate stereotypes."
Making generic appeals to the need to "do something" about aging	Using concrete examples like intergenerational community centers to illustrate inventive solutions

Information credit: National Center to Reframe Aging

Traps to Avoid

To help your messages be understood as you intend, avoid these communication traps.

- **Individualism**
- **Us vs. Them**
- **Vulnerability**

Information credit: National Center to Reframe Aging

Us vs. Them

Us Vs. Them Trap

- **Older as "other"**
- **Zero sum**
- **Digital Incompetence**

Examples:

- We cannot support everyone. If we increase support for older people, we won't be able to increase support for others.

Information credit: National Center to Reframe Aging

Strategies to Advance

- **Talk about the process of aging as building momentum.**

The ideas we're communication:

- As we age, we gain new insights and experiences that can power up our communities.

What it does:

✓ Inspire a different story about aging
✓ Reduces bias
✓ Steers people away from othering old people

Information credit: National Center to Reframe Aging

Building Momentum

Transporting Boston's most experienced people.

Information credit: [National Center to Reframe Aging]

Strategies to Advance 2

- **Explain the supports we need to live meaningfully as we age**

The ideas we're communication:

- We all rely on a web of services and supports throughout our lives.

What it does:

✓ Steers people away from othering old people

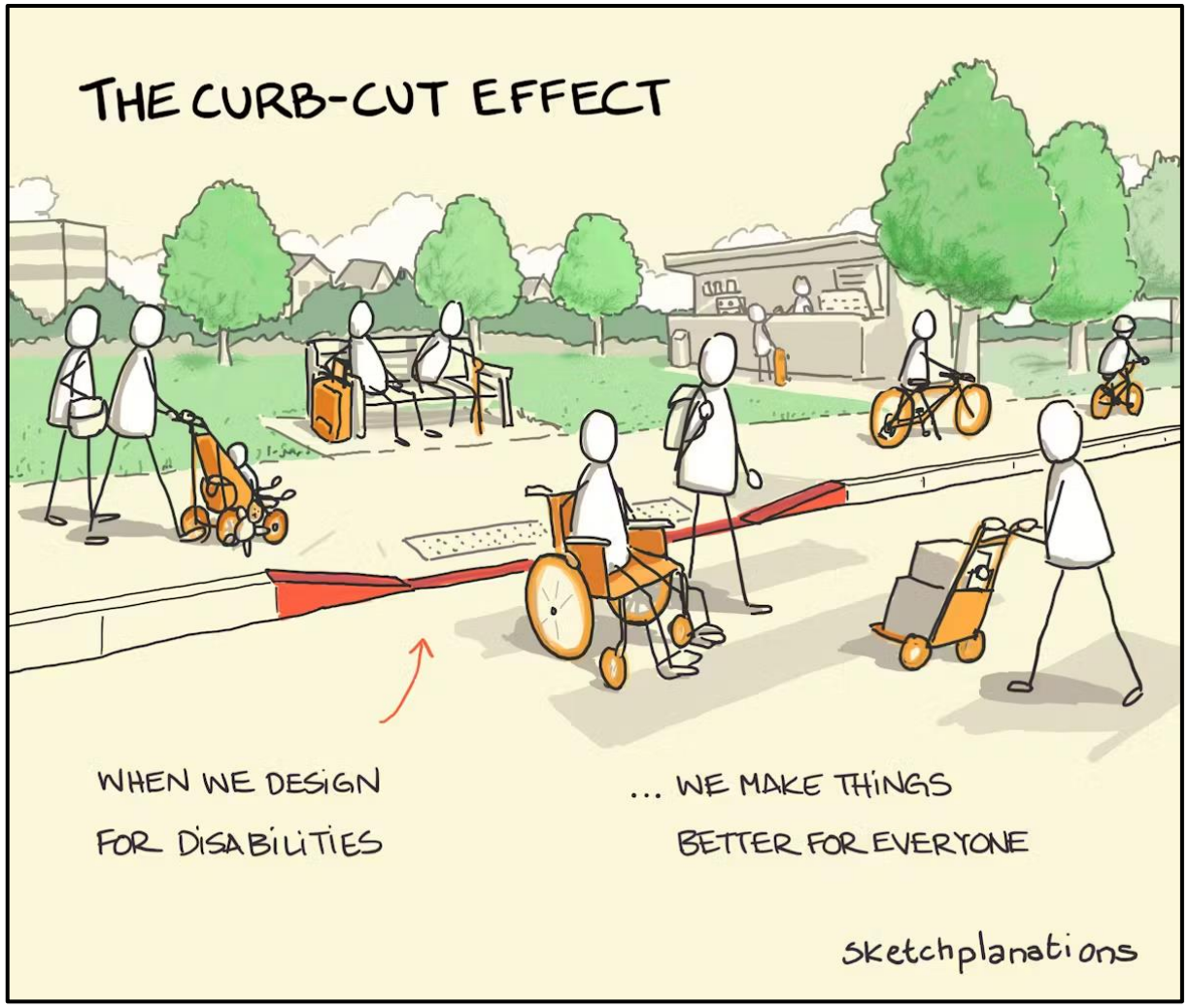
✓ Cultivates understand that what surrounds us, shapes us

✓ Prompts appreciation for the idea that age inclusive policy is good policy for everyone

✓ Cues collective responsibility and benefit

Information credit: National Center to Reframe Aging

The Curb-Cut effect



Strategies to Advance 3

- **Prompt the can- do attitude**

The ideas we're communication:

- We are creative, inventive, problem-solving people. We have solved big problems before, and we can do it again!

What it does:

✓ Steers people away from fatalistic thinking (that nothing can be done)

✓ Encourages solutions-oriented thinking

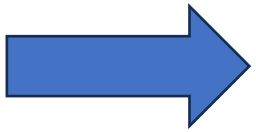
✓ Cues collective responsibility and benefit

Information credit: National Center to Reframe Aging

Wisconsin Examples

PRE: Why a Waitlist for Home-Delivered Meals Is Being Implemented

Every day, older adults in our community depend on Home-Delivered Meals (HDMs) for nourishment, daily safety checks, and the reassurance that someone cares. These meals are often a lifeline that helps older adults remain healthy and independent in their own homes. Unfortunately, the need for meals has grown faster than available funding. Despite federal support through the Older Americans Act, combined with state, local, and participant contributions, the resources simply don't stretch far enough to serve everyone who qualifies.



POST: Fully Funding Home-Delivered Meals Matters

We all want to age with dignity and a sense of agency. Food is a basic human need and a social connector. Local agencies have been delivering meals for over 50 years. **These meals are one of the most effective, community-based prevention strategies available to help Wisconsinites**, age 60 and older age in place. Every day, home-delivered meals (HDMs) provide aging parents, grandparents, veterans, neighbors, and caregivers nourishment, social interaction, and essential safety checks. These meals are a lifeline to **remaining healthy and independent in our own homes as we age**.

Wisconsin Examples 3: https://www.dhs.wisconsin.gov/dph/badr.htm

PRE-Reframing:

- The Bureau of Aging and Disability Resources (BADR) is responsible for the development of policy and the management of programs that serve persons who are elderly, persons with physical disabilities, persons who are blind or visually impaired, persons who are deaf, hard-of-hearing or Deaf-Blind, persons in need of adult protective services and persons who need or receive information about or access to community-based long-term support through an Aging and Disability Resource Center. BADR carries out its responsibilities under contracts with multiple federal agencies in a way that actively promotes individual choice, dignity, relationships, overall health, community participation, self-sufficiency and respect. BADR works closely with other units of the Department of Health Services to implement the long-term care reform proposals that utilize the aging and disability resource centers (ADRCs) as single points of entry.

The Bureau of Aging and Disability Resources (BADR) **moves our state forward in safeguarding our right to participate fully in our community as we age or experience disability**. The Bureau partners with an extensive network of experts and advocates to identify the policies, structures, and systems that can unintentionally work against us as we age or experience disability. Together, we chart a healthier path forward for everyone.

The Bureau works closely with all our partners and other units in the Department of Health Services to develop policies that are **responsive to our needs as we age and/or experience disability and effectively promote continued participation and contribution in the community.**

Small Steps = Big Change

Getting started:
Small edits to fact sheets, social media, newsletters, websites

1. Us vs them (we vs they)
2. Flip the script. Instead of introducing fatalism/scary stats, begin with opportunity.
3. Be thoughtful about the images we use

We are ALL aging!

REFRAMING AGING+ DISABILITY WISCONSIN

Join the Movement!

Reframing Aging & Disability Champions list

Get updates on training opportunities and other resources:
https://wiha.wufoo.com/forms/w152jg3f0s6pwd6/

Training

Thursday, **January 15, 2026** from 12 – 1 pm (tailored to health care professionals, all are welcome)
https://zoom.us/webinar/register/WN_FzVArKUXSISUw0LZUn0HHw

Wednesday, **February 11, 2026** from 9 – 10 am
https://zoom.us/webinar/register/WN_TFO4fZzFSlO81sEKhjRaeQ

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Thank you!

Future Connection information:

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Public Policy Strategist
Bureau of Aging and Disability Resources |
Division of Public Health
Wisconsin Department of Health Services
Phone: 262-317-4941| Email:
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REFRAMING AGING+ DISABILITY WISCONSIN

Age-Friendly Health Systems: Evidence-Based Care for All Older Adults

Presented by Dr. Stacy Barnes
Director, Wisconsin Geriatric Education Center
Professor, Marquette University, College of Nursing

Presentation to the Wisconsin Long Term Care Advisory Council

January 13, 2026

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

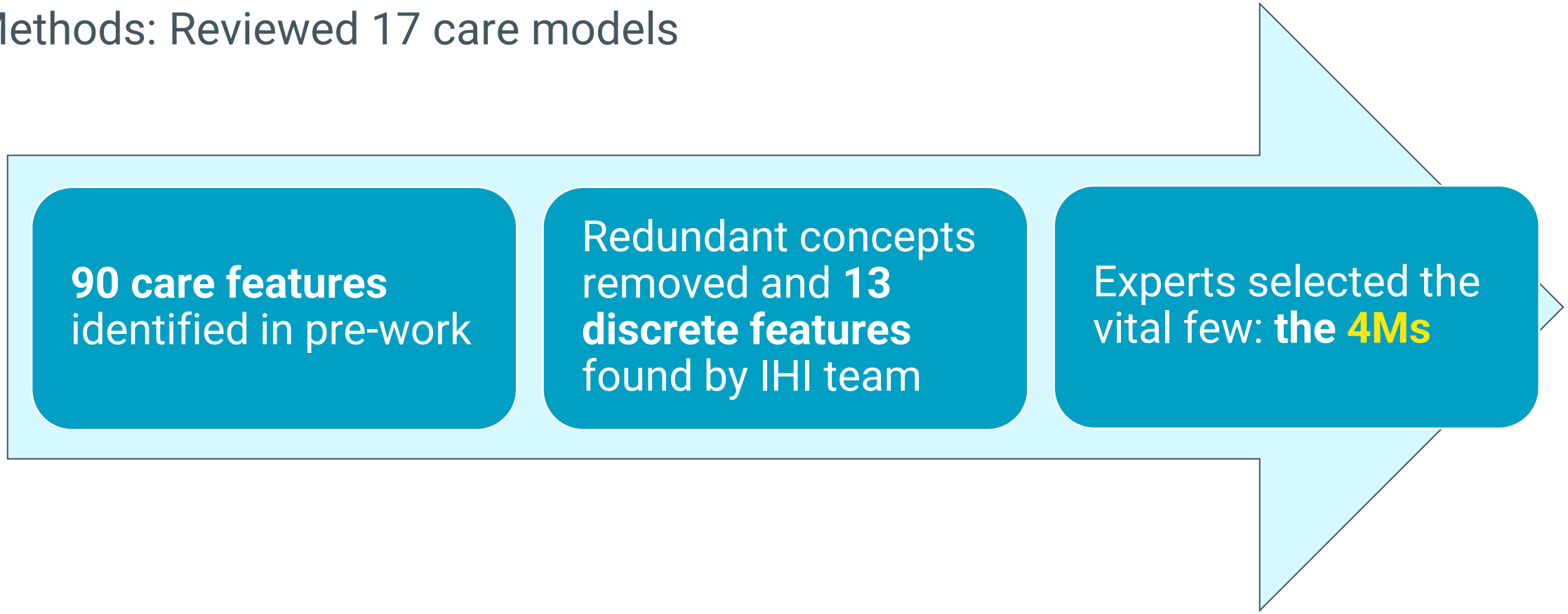
AIM

Build a movement so all care with older adults is age-friendly care:

- Guided by an essential set of evidence-based practices;
- Causes no harms; and
- Is consistent with What Matters to the older adult and their family.

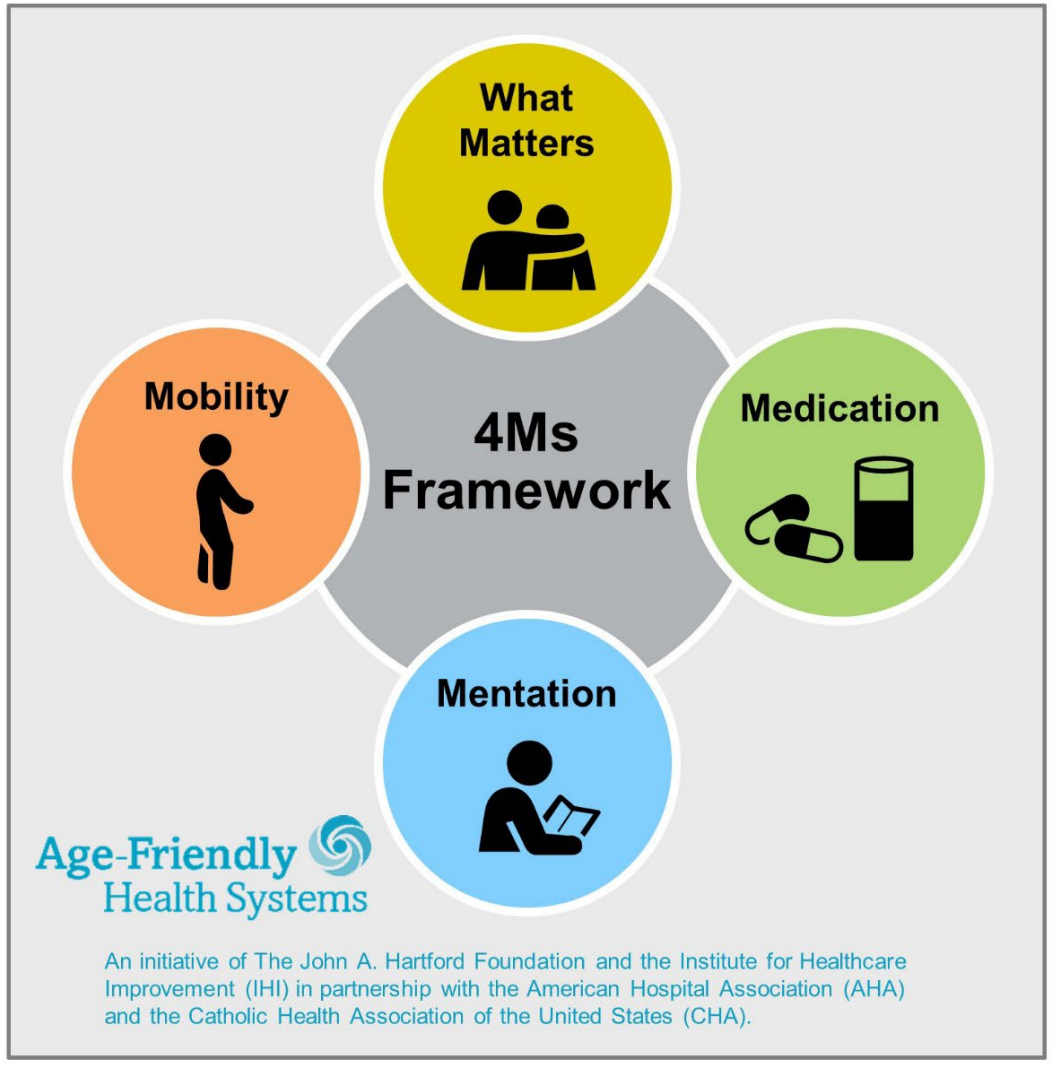
Evidence Based-Practice Changes

Methods: Reviewed 17 care models



Age-Friendly Health Systems

The 4Ms of Age-Friendly Health Care



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Age-Friendly Health Systems

Prototype Testing

Age-Friendly Health Systems
Pioneer

Anne Arundel Medical Center

ASCENSION

KAISER PERMANENTE®

Providence St. Joseph Health

Trinity Health

J Aging Health. 2021 Feb 8;898264321991658. doi: 10.1177/0898264321991658.
Online ahead of print.

Evidence for the 4Ms: Interactions and Outcomes across the Care Continuum

Kedar Mate [1], Terry Fulmer [2], Leslie Pelton [1], Amy Berman [2], Alice Bonner [1], Wendy Huang [3], Jinghan Zhang [3]

Affiliations + expand

PMID: 33555233 DOI: 10.1177/0898264321991658

Free article

Abstract

Objectives: An expert panel reviewed and summarized the literature related to the evidence for the 4Ms-what matters, medication, mentation, and mobility-in supporting care for older adults. **Methods:** In 2017, geriatric experts and health system executives collaborated with the Institute for Healthcare Improvement (IHI) to develop the 4Ms framework. Through a strategic search of the IHI database and recent literature, evidence was compiled in support of the framework's positive clinical outcomes. **Results:** Asking what matters from the outset of care planning improved both psychological and physiological health statuses. Using screening protocols such as the Beers' criteria inhibited overprescribing. Mentation strategies aided in prevention and treatment. Fall risk and physical function assessment with early goals and safe environments allowed for safe mobility. **Discussion:** Through a framework that reduces cognitive load of providers and improves the reliability of evidence-based care for older adults, all clinicians and healthcare workers can engage in age-friendly care.

Keywords: goal-directed care; quality; safety.

Today: More than 300 published articles evaluating aspects of the 4Ms Framework

Visit: www.ihi.org/Engage/Initiatives/Age-Friendly-Health-Systems/Pages/In-the-News.aspx

Age-Friendly Health Systems

More than 5,800,000+ older adults have been reached with 4Ms care in the U.S.

As of December 2025

Age-Friendly Health Systems

Two Levels of Recognition from IHI

5,109

Hospitals, practices, convenient care clinics, and nursing homes have described how they are putting the 4Ms into practices

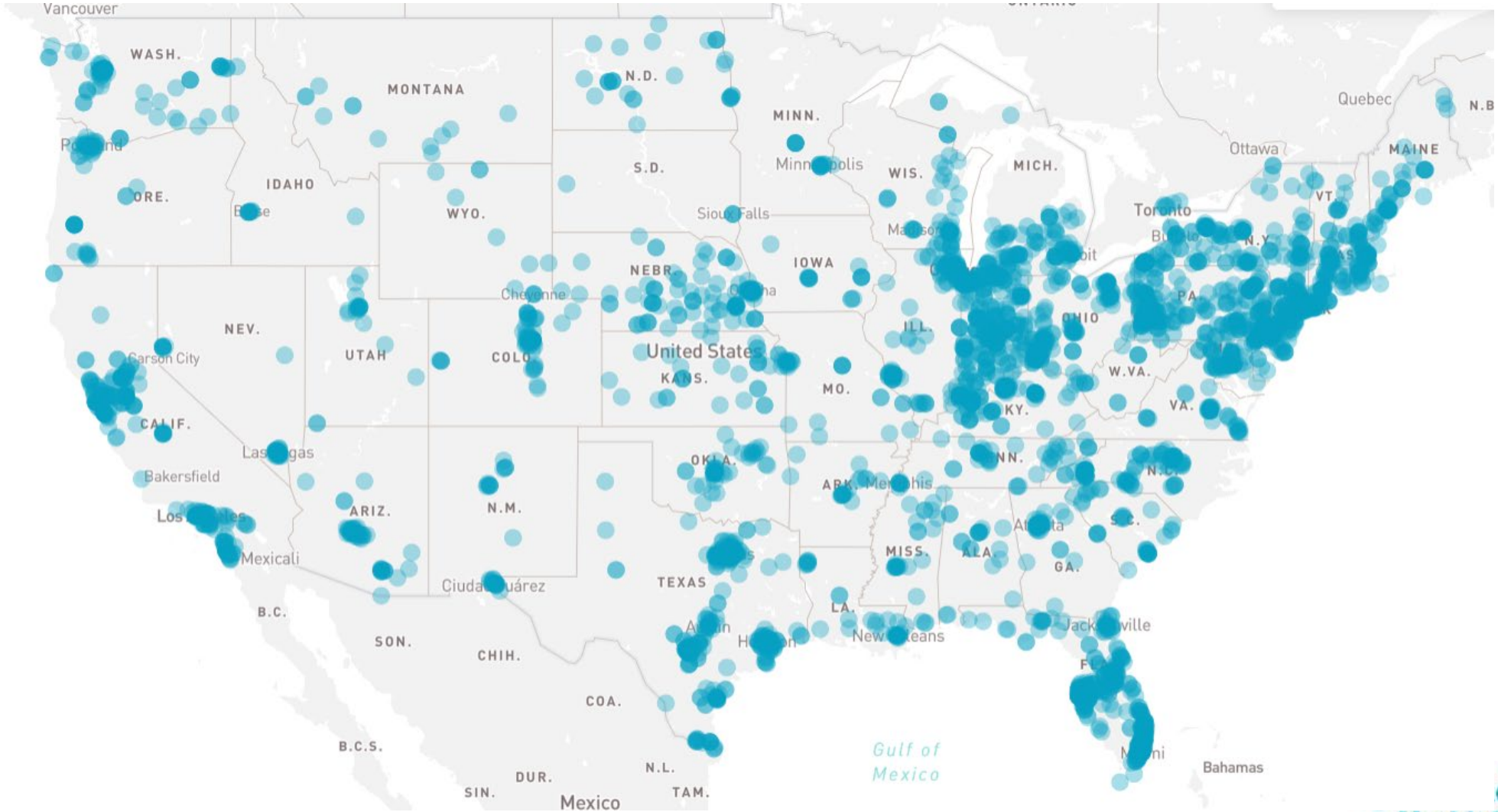
2,467

Hospitals, practices, convenient care clinics, and nursing homes have shared the count of older adults reached with 4Ms care for at least three months

Updated as of April 1, 2025

Age-Friendly Health Systems

Map of Recognized Age-Friendly Health Systems



dly Health Systems

Global Reach of Age-Friendly Health Systems

Learners from **53 countries** have taken IHI's Age-Friendly Health Systems Open School course

Countries with recognized participants:

- Australia
- Brazil
- Ireland
- Lebanon
- Portugal
- Qatar
- Saudi Arabia
- South Korea
- United Arab Emirates
- United States

[View an interactive map of recognized Age-Friendly Health Systems sites.]

Age-Friendly Health Systems

Outcomes: Cedars-Sinai Medical Center

In the first year of a program for older adult inpatients with fractures:

- **11% reduction in length of stay**
- **$300,000 direct cost-savings**
- 41% reduction in surgery time

Projected $1 million savings as the program expands to serve 300 patients/year

In Los Angeles, CA. [Read the Issue Brief from the American Hospital Association.]

Age-Friendly Health Systems

Nursing Home: Good Samaritan Society-Quiburi Mission

Records what matters to residents on paper, kept in a binder in the CNA work area for easy reference

Screens quarterly for dementia and depression

Offers physical therapy, an exercise class, and facilitated walks to the dining room

Reduced rate of antipsychotics medications from 20.4 to 4.7 percent

In Benson, Arizona. Read the case study.

Age-Friendly Health Systems

Outcomes: Providence Health

Provider champions were trained in 12 primary care clinics.

For patients 65+ at the clinics:

- **2-7% decrease in hospitalizations**
- 2x as likely to be screened for fall risk and cognitive impairment
- 4x more likely to receive fall-risk interventions

"These have been my best weeks since I left chief resident year. **I'm more connected to my colleagues,** more confident in my patient care, more hopeful about the future of medicine."
–Trained provider champion

In Oregon. Read the Issue Brief from the American Hospital Association.

Age-Friendly Health Systems

Patient Experience: Anne Arundel Medical Center

Increased documentation of patient wishes to 24%

During the height of the pandemic:

- Decreased social isolation by connecting patients virtually with family members
- 82nd percentile HCAHPS score
- **92nd percentile patient satisfaction** for older adults

In Annapolis, Maryland. Read the Issue Brief from the American Hospital Association.

Age-Friendly Health Systems

Thank You

Need Help Getting Started or Have Questions?

Institute for Healthcare Improvement

Email the Age-Friendly Team at afhs@ihi.org

IHI.org/AgeFriendly

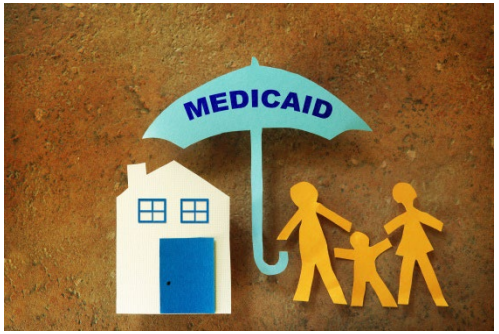
Age-Friendly Health Systems

Technology in Long-Term Care

Nicole Schneider, PhD
Assistant Administrator of Benefits & Service Delivery
Division of Medicaid Services
Wisconsin Department of Health Services

Technology Currently Used in Long-Term Care

The following service categories may be used to purchase and support technology in Medicaid funded long-term care programs:



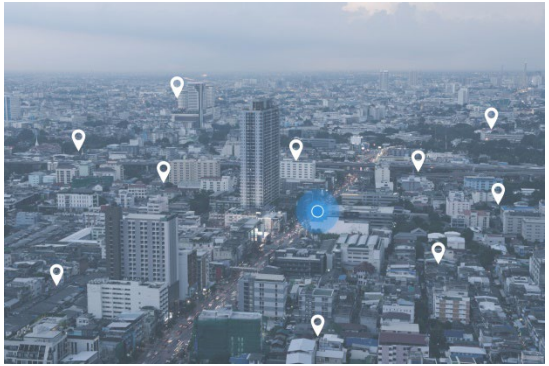
- Assistive Technology (AT)
- Adaptive Aids
- Communication Aids
- Personal Emergency Response System (PERS)
- Remote Supports

Assistive Technology

- An item, piece of equipment or product system, whether acquired commercially, modified or customized, that is used to increase, maintain or improve functional capabilities at home, work and in the community.
- A service that directly assists a member in the selection, acquisition, or use of an assistive technology device.

Examples of Assistive Technology

Rages from low tech items to high tech items



Assistive Technology includes Adaptive Aids

- Controls or appliances that enable individuals to increase the ability to perform Activities of Daily Living (ADLs)
- Control the environment in which they live
- Enable individuals to access, participate, and function in the community
- Vehicle modifications that allow the vehicle to be used by the individual to access the community

Examples of Adaptive Aids

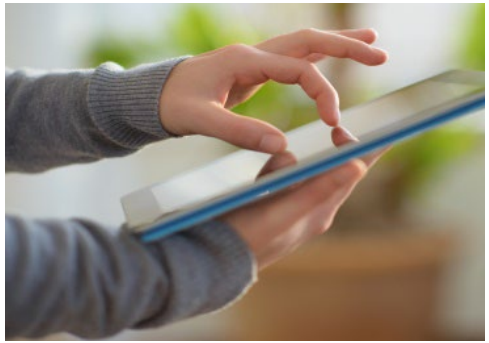
Voice-controlled door locks, wireless trackball mouse, wireless mini computer keyboard, voice activated personal assistant controlled devices, and “Smart Home” Technology.

Communication Assistance

- Devices needed to assist with hearing, speech, communication, or visual impairment.
- Devices which help the individual communicate with service providers, family, friends, and the general public.
- Results of improved communication:
  - decrease the reliance on paid staff
  - increase personal safety
  - enhance independence
  - improve social and well-being.

Examples of Communication Aids

Laptop computer, voice to text software, eye movement control or voice control for devices, speech devices, talking devices

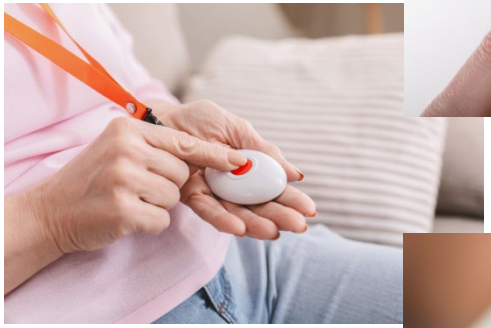


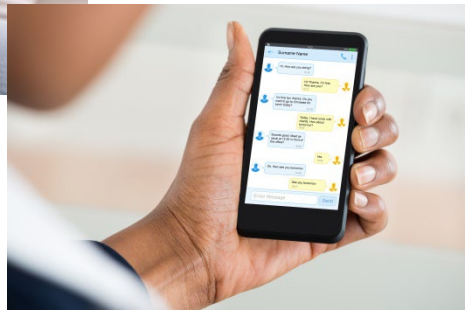
PERS

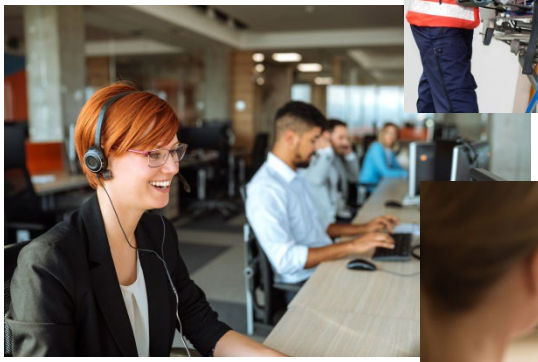
PERS: Personal Emergency Response System

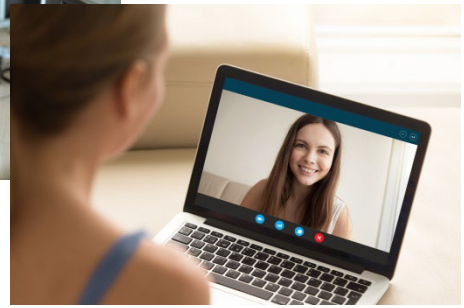
- Service that provides immediate assistance.
- Due to events of a physical, emotional, or environmental emergency.
- Through a community-based electronic communication device.

Examples of PERS









Remote Supports

- Enhances or increases a member's independence and ability to live, work, or meaningfully participate in the community by providing real-time support using two-way communication and non-invasive monitoring technology.

Remote Supports

- Non-invasive monitoring technology includes devices, sensors, and communication systems that allow remote support staff to monitor and communicate with members without providing direct physical assistance. Services are provided by trained remote support professionals who deliver live support from a remote location, decreasing reliance on paid onsite staff and avoiding placement in a more restrictive environment.

Examples of Remote Supports

- Devices equipment, software, or communication and monitoring technology used in the context of remote monitoring and support services, including:
- a) Motion, pressure, or temperature sensors
- b) Radio frequency identification
- c) Live audio or video feed
- d) Web-based monitoring systems

Examples of Remote Supports

- e) Automated medication dispenser systems
- f) Other devices that facilitate remote monitoring or live two-way communication.

NOSS
NIGHT OWL SUPPORT SYSTEMS, LLC.

Technology in Action

These videos show examples of different enabling technologies in use:

- Bill: Remote Supports – door sensors, assistance button
- Eric: Remote Supports – camera system, door sensors, alert button
- David & Tony: camera doorbell, medication reminder system, smart home thermostat, in home medical condition monitoring
- Brad: camera doorbell, ipad, kitchen appliance sensors, remote supports

DQA Guidance on Technology

- DQA has a webpage which lists their guidance for use of electronic recording, video monitoring, or filming equipment in assisted living.

- Website for DQA technology guidance

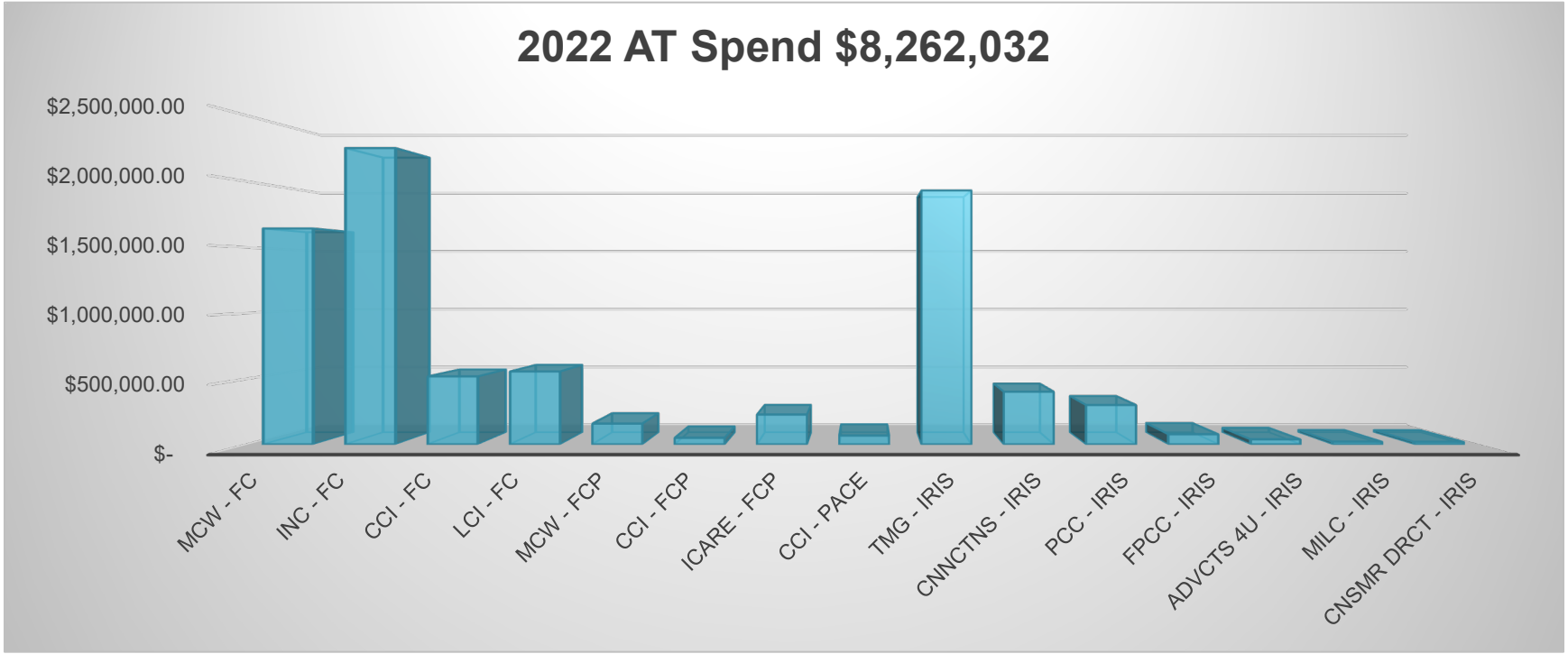
DQA Technology Limitations

- Privacy is a resident right. Wisconsin Stat. § 50.09 and Wis. Admin. Code DHS §§ 83.32(3) applicable to CBRFs and DHS 88.10(3) applicable to AFHs, are specifically related to preserving resident privacy in many areas. Those areas include:
  - health care;
  - treatment (both physical and emotional);
  - living arrangements;
  - caring for personal needs including toileting, bathing, and dressing;
  - visits by spouse or domestic partner;
  - confidentiality of health and personal information and records;
  - private and unrestricted communications; and
  - the right to not be searched when there is a reasonable expectation of privacy.

DQA Technology Limitations

- In addition to this general right of privacy, Wisconsin statutes have identified statutory privacy rights that are specific to an individual's circumstances.
- Wisconsin Stat. ch. 51, Mental Health Act, applies to CBRFs, AFHs, and RCACs if the resident or tenant meets the statutory definition of "patient."
- Patient rights are further identified in Wis. Admin. Code DHS ch. 94, which applies to the resident or tenant living in CBRFs, AFHs, and RCACs if the resident or tenant meets the definition of patient.

Technology Use in LTC 2022



Future Data Collection

DHS will be pulling and analyzing LTC data from 2024 and 2025

- Type of technology being used
- Spend by MCO and ICA
- % of individuals using technology

Questions?

Assistive Technology Resources

- WisTech: WisTech is Wisconsin's assistive technology program funded under the AT Act of 1998; WisTech provides information on selecting, funding, installing, and using assistive technology

https://www.dhs.wisconsin.gov/disabilities/wistech/index.htm