ADRC

Aging & Disability Resource Center Advisory Committee

Jefferson County Human Services Department
Health/Human Services Conference Room
1541 Annex Road
Jefferson, WI 53549

Tuesday, June 4, 2013
1:00 PM

Committee Members: Nancy Haberman, Chair; Carol Battenberg, Dan Krause, Jim Mode, Marian Moran, Georganne Mortensen, Earlene Ronk & Mary Ann Steppke

1. Call to Order
2. Roll Call
3. Certification of Compliance with Open Meetings Law
4. Review Agenda
5. Public Comment
6. Approval of 5/7/2013 Minutes
7. Communications
8. Advocacy
    a. Elder Benefit Specialist Updates
    a. State-by-State Snapshot of Poverty Among Seniors
    b. Network Notes, Greater WI Agency on Aging Resources, Inc.
9. ADRC Report
    c. Family Care & IRIS Expansion
    d. Family Care Geographic Service Areas
10. ADRC Conference Report
11. Volunteerism
    e. 2013 Banquet Surveys & 2014 Entertainment
    f. National Community Service Bulletin

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

ADRC Aging & Disability Resource Center Advisory Committee

12. Transportation
    g. Medicaid Non-Emergency Medical Transportation Brokerage Update
    h. Community Transportation Association of America Study of Brown Cab
13. Set next meeting date and possible agenda items
14. Adjourn

The Committee may discuss and/or take action on any item specifically listed on the agenda

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

ADRC

Aging & Disability Resource Center Advisory Committee
Minutes of Meeting

Tuesday, May 7, 2013

Call to Order

The meeting was called to order by Haberman at 1:00 p.m.

Roll Call

Present: Carol Battenberg, Dan Krause, Marian Moran, Jim Mode, Georganne Mortensen, and Mary Ann Steppke.

Also Present: Sue Torum and Sharon Olson, ADRC staff.

Certification of Compliance with Open Meetings Law

Torum certified compliance.

Review Agenda

The agenda was reviewed.

Public Comment

None

Approval of 4/2/13 Minutes

A motion to approve the 4/2/13 minutes was made by Steppke and seconded by Mortenson. The motion passed unanimously.

Communications

None

Advocacy

The net effect of sequestration is not yet known at the county level; however, due to census and the reallocation methodology for distributing funding, many counties are already experiencing significant funding decreases. A chart showing this was handed out and members were encouraged to contact their federal legislators asking them to end sequestration. These cuts would be on top of those that 45 counties are already experiencing and it will have an extremely detrimental effect on the Senior Dining Program.

ADRC Report

Olson reviewed a PowerPoint presentation that compared the ADRC's last Quality Assurance Review with 2012 data that has been collected through surveys. Over 200 surveys were handed out, and a fraction (30+) was returned. In comparing the results to the 2010 review, it appears that ADRC customers are still experiencing a high level of satisfaction.

This data is used to determine ongoing Aiming for Excellence Projects.

Year of Elder Abuse Prevention

2013 is the Yea of Elder Abuse Prevention and the PowerPoint that the Abuse/Neglect I-Team is working on was briefly reviewed. The first program will be held at the Jefferson Senior Center in June.

Health Care Reform 2013 Provisions:

Information from the Henry J. Kaiser Foundation on Health Care Reform was handed out and discussed. There are 15 total provisions being implemented in 2014 and 11 are already in effect. The provisions are as follows:

- **State Notification Regarding Exchanges:** WI has opted of operating a state-based exchange.
- **Closing the Medicare Drug Coverage Gap:** Phases in subsidies for brand name medications to reduce co-insurance.
- **Medicare Bundled Payment Pilot Program:** This is a pilot program that bundles payments to cover various services.
- **Medicaid Coverage of Preventive Services:** Increases matching payments for preventative services in Medicaid.
- **Medicaid Payments for Primary Care:** Increases payments to 100% for two years.
- **Itemized Deductions for Medical Expense:** Increases the threshold from 7.5% of adjusted gross income to 10%.
- **Flexible Spending Account Limits:** Limits the contributions to $2,500/year.
- **Medicare Tax Increase:** Increases the tax rate on earnings over $200,000 for individuals and couples whose income exceeds $250,000.
- **Employer Retiree Coverage Subsidy:** Eliminate the tax deduction for employers who received Medicare Part D drug subsidy payments.
- **Tax on Medical Devices:** Imposes an excise tax of 2.3% on the sale of any taxable medical device.
- **Financial Disclosure:** Requires transparency in dealings between health entities.
- **CO-OP Health Insurance Plans:** Creates Consumer Operated and Oriented Plans to foster the creation of non-profit, member-run health insurance companies.
- **Extension of CHIP:** Extends funding for the Children's Health Insurance Program.
- **Medicare Disproportionate Share Hospital Payments:** Reduces disproportionate allotments and payments.

Honoring Choices – ADRC Conference Presentation

Members reviewed and commented on the PowerPoint Presentation that Torum will be presenting at the ADRC Conference next week.

Update on the SouthWest Family Care Alliance Meeting 4/30/13

This managed care organization will join the Care WI in offering the Family Care Benefit to county consumers beginning 8/1. The biggest difference between the two is how they are organized. Care WI is a private non-profit organization and SouthWest FCA was created by counties under a provision in state statute that creates "long term care districts." While the state contract is no different between MCO's, the care philosophy appears to be subtly different.

The organization is undergoing a name change to avoid confusion since the organization is expanding beyond the southwest portion of the state; they say that this will be done by 8/1.

There are provider meetings occurring across the region to introduce them to SWFCA and develop the provider network.

Set next meeting date and possible agenda items

The next meeting will be on June 4, 2013. Discussion will include more on advocacy, the state budget, sequestration, nutrition and transportation.

Adjourn

A motion to adjourn was made by Moran, seconded by Mode and passed unanimously.

Respectfully submitted,

Susan Torum, Manager
Aging & Disability Resources Division

ELDER BENEFIT SPECIALIST (EBS) PROGRAM SERVICES
CY 2012 SUMMARY REPORT

Elder Benefit Specialists serve individuals 60 or older in obtaining or preserving public or private benefits. There is at least one EBS serving each of Wisconsin's 72 counties and 11 Native American Tribes. In total, there are currently 101 Elder Benefit Specialist positions, including 5 advocates in Milwaukee County.

This yearly report provides a synopsis of statewide statistical information for the EBS Program, such as number of client cases, monetary impact of services, type of services, clients' demographics, and outcome of closed cases.

NUMBERS SERVED IN 2012

Number of Cases (Each client may have more than one case)	Number of Information-Only Contacts (No case opened. Brief Contact)
56,884 new cases were opened	121,720
56,557 cases were closed	
9,703 cases remain open as of 12/31/2012	

MONETARY IMPACT OF EBS SERVICES IN 2012

Monetary Impact is an estimate of the value of benefits obtained or retained with help from a benefit specialist.

- Estimated statewide impact of EBS service $101,212,463.00
- Federal funds accounted for 77.3% of benefits gained with help from an EBS
- State funds and other funding sources accounted for 13.6% and 9.1% respectively
- Average monetary impact of each EBS was $ 1,002,103.59

CLIENT CHARACTERISTICS - Includes all clients with new cases opened in 2012

Client Age Range		Client Gender		Client Race	
60-69	40.9%	Female	63.9%	American Indian	1.1%
70-79	29.9%	Male	36.0%	Asian	.2%
80-89	22.7%			African American/Black	2.3%
90-99	5.8%			Native Hawaiian/Pacific Islander	.3%
100+	.2%			Hispanic	1.3%
				Other	.4%
				Missing / Unknown	1.5%

PERCENTAGE OF CLIENTS WITH INCOME AT or UNDER THE FEDERAL POVERY LEVEL (FPL)

100% of FPL for a family of 1 = $10,890; family of 2 = $ 14,710; family of 3 = 18,530)

27.9% of clients served were at or below 100% of the FPL, and 69.8% were above this threshold.

ISSUES ADDRESSED IN EBS CASES (A single case may involve multiple issues)

ISSUE	% of Cases
Health Insurance Benefits	74.26%
Income Benefits	8.72%
Long Term Care Programs	2.48%
Housing	8.44%
Consumer Issues	1.07%
Surrogate Decision Making	.65%
Elder Rights	.18%

OUTCOMES OF CASES*

Level	Total Number of Cases
Medical Paperwork/Claims Assistance Provided	238
Forms/Documents Completed - Successful Outcome	13,406
Forms/Documents Completed - unsuccessful outcome	490
Investigated, Action Taken - Successful Outcome	3,730
Investigated, Action Taken - Unsuccessful Outcome	566
Approved at Application	5,438
Denied at Application - Not Appealed	91
Approved at Reconsideration	69
Denied at Reconsideration - Not Appealed	15
Approved at ALJ / Fair Hearing Stage	20
Denied at ALJ / Fair Hearing Stage	2
Settlement at Negotiation without Litigation	37
Referred to Legal Services Corporation	27
Referred to Private Pro-Bono Attorney	39
Referred to Private Not Pro-Bone Attorney	57
Other Referral	879
Client Withdrew - Lack of Contact	615

*An additional 1,481 cases were closed in Milwaukee County - but could not be assigned to a corresponding outcome category because Milwaukee uses a different outcome system.

TRAINING AND TECHNICAL ASSISTANCE FOR EBS

Initial and ongoing training is provided by Attorneys from the Greater Wisconsin Agency on Aging Resources (GWAAR), SeniorLaw and Wisconsin Judicare. Attorneys also provide substantive case supervision.

In addition, as State Health Insurance Assistance Counselors, EBS avail themselves of training opportunities that are offered throughout the year through the Centers for Medicare and Medicaid Services.

A State-by-State Snapshot of Poverty Among Seniors: Findings From Analysis of the Supplemental Poverty Measure

May 20, 2013 | Zachary Levinson, Anthony Damico, Juliette Cubanski and Patricia Neuman

REPORT APPENDICES ENDNOTES

During recent deficit reduction discussions, policymakers have debated whether to increase Medicare beneficiaries' contributions toward their medical care and reduce the cost of living adjustment to Social Security benefits. Having a clear picture of the extent of poverty among seniors, both nationally and at the state level, is important in the context of these debates. Traditionally, the Census Bureau has estimated poverty rates using the "official" poverty measure, which was created in the early 1960s. Some have expressed concern that the official measure is outdated and does not accurately reflect individuals' incomes or financial resources.

In response, the Census Bureau released an alternative measure for the first time in 2011, known as the supplemental poverty measure, which defines income and poverty differently than the official measure. The Census Bureau has reported that poverty rates among the elderly (those ages 65 and older) are higher under the supplemental poverty measure (15%) than under the official poverty measure (9%), which is due in large part to the fact that the former deducts health expenses from income.[1]

This analysis looks beyond the national data to examine results by state. The brief describes the two measures of poverty and examines the share of seniors living in poverty and the share of seniors with modest incomes (defined here as below 200 percent of poverty), by state, under both measures, based on pooled data from the 2009 to 2011 Current Population Surveys.

Key Findings

Seniors Living in Poverty, by State:

- The share of seniors living in poverty is higher in every state under the supplemental measure than under the official measure,[2] and at least twice as high in 12 states: California, Colorado, Connecticut, Hawaii, Massachusetts, Maryland, Minnesota, New Hampshire, New Jersey, Nevada, Wisconsin, and Wyoming.
- The share of seniors living in poverty under the supplemental measure is especially high in some areas. Based on the supplemental measure, about one in four seniors (26%) are living in poverty in DC and roughly one in five seniors are living in poverty in six states: California (20%); Hawaii, Louisiana, and Nevada (19%), and Georgia and New York (18%).

Seniors with Incomes Below 200 Percent of Poverty, by State:

- Nationally, nearly half of all seniors (48%) live with incomes below 200 percent of the poverty threshold under the supplemental measure, compared to 34 percent under the official measure.[3] The share of seniors with incomes below 200 percent of poverty is higher under the supplemental measure in every state than under the official measure.[4]
- Under the supplemental measure, at least two-fifths of seniors (40%) have incomes below 200 percent of poverty in 48 states and in DC; using the official measure, this is the case in only six states.
- At least half of seniors have incomes below 200 percent of poverty in 10 states and DC based on the supplemental measure: DC (59%); California (56%); Hawaii (55%); Georgia (54%); Louisiana, New York, Rhode Island, and Tennessee (52%); Florida and Mississippi (51%); and Arizona (50%).

Background

The Census poverty measure is used to provide official statistics of the share of Americans living in poverty.[5] Under this measure, poverty thresholds are set at three times the subsistence food budget from 1963 (adjusted for inflation) and vary based on the size of a family and the age of its members. Among one- and two-person families, thresholds are lower for units with elderly members. For example, in 2011, the poverty threshold (which is different from the "federal poverty level") was $11,702 for an individual under age 65, but $10,788 for an elderly individual.[6,7] When comparing

incomes to this threshold, the Census Bureau includes all monetary income (such as income from a job and Social Security benefits) prior to taxes.[8]

The Census Bureau's supplemental poverty measure is based on recommendations of a 1995 National Academy of Sciences Panel and differs from the official measure in several ways, including the following:

- ***Poverty thresholds.*** The supplemental measure bases poverty thresholds on more recent patterns of expenditures on basic necessities (with a small additional allowance) and adjusts them to reflect homeownership status and regional differences in housing prices. For example, under the supplemental measure, the poverty threshold was about $9,500 for a single homeowner without a mortgage living in Charlotte, North Carolina, but was about $16,300 for a homeowner with a mortgage living in San Jose, California. Unlike the official poverty threshold, the supplemental poverty threshold does not differentiate between adults above and below age 65.[9]
- ***Resources.*** When measuring family resources, the supplemental measure adds to monetary income the value of tax credits and in-kind government benefits (such as food stamps) received. It deducts job-related expenses and taxes from income, as well as out-of-pocket expenses on health care.[10] This last deduction is especially important from the perspective of people ages 65 and older, who devote a substantial portion of their incomes to health expenses. In 2009, half of seniors spent at least 16% of their income on health care.[11]

ILLUSTRATIVE EXAMPLES – COMPARING POVERTY UNDER THE OFFICIAL AND SUPPLEMENTAL MEASURES:

John is a 70 year-old man in Louisville, Kentucky who owns a home with a mortgage and lives alone. In 2011, his sole source of income was $17,500 in Social Security benefits. John had a stroke that year, and incurred substantial out-of-pocket health expenses of $8,000 as a result.

- **Under the *official poverty measure*, John does NOT fall under the poverty threshold.** In determining John's poverty status, this measure only looks at John's income of $17,500, which is higher than the nationwide official poverty threshold of about $10,800 for an elderly individual who lives alone.
- **Under the *supplemental measure*, however, John IS counted as being in poverty, mainly because of his high medical expenses.** In determining John's poverty status, this measure subtracts the value of his medical expenses ($8,000) from his income of $17,500, leaving resources of $9,500. The supplemental poverty threshold for a homeowner with a mortgage living alone in Louisville is about $10,700.

Doris is an 85 year-old widow who rents an apartment in Miami, Florida. In 2011, her sole source of income was $12,000 in Social Security benefits. She spent $500 on out-of-pocket health care expenses.

- **Under the *official poverty measure*, Helen does NOT fall under the poverty threshold.** In determining her poverty status, this measure only looks at Doris's income of $12,000. This is lower than the nationwide official poverty threshold of about $10,800 for an elderly individual who lives alone.
- **Under the *supplemental measure*, however, Helen IS counted as being in poverty because she lives in an area with a high cost of living.** In determining Doris's poverty status, this measure subtracts her medical expenses of $500 from her income of $12,000, resulting in $11,500 in resources. Under the supplemental poverty measure, the threshold for single renters living in Miami is about $13,600. This threshold is higher than under the official measure because the supplemental measure takes local cost-of-living into account, and renters in Doris's area have relatively high living expenses.

Proponents of the supplemental measure argue that it is an improvement upon the official measure because it: provides a more up-to-date standard of the income needed to meet basic needs; adjusts those standards to reflect regional variations in the cost of living; and more accurately conveys the income available to meet those needs by taking into account tax liabilities and credits, in-kind government benefits, and out-of-pocket medical and other expenses.[12]

Others have been critical of the supplemental measure. One criticism is that medical spending is sometimes discretionary, which could imply that the new measure may at times overstate the extent to which medical expenses crowd out spending on basic needs.[13,14] A broader criticism of income-related poverty measures, including both the official and supplemental measures, is that they do not consider the value of families' assets, which could have especially important implications for some seniors.[15] Another limitation of both measures is that they do not consider the risk of facing unaffordable medical expenses in the future, nor the extent to which individuals are insured against those risks.[16]

The poverty rates described in this brief apply to non-institutionalized seniors only, rather than the total Medicare population (which includes younger people with disabilities). The rates presented in this paper are therefore lower than the poverty rates for the Medicare population as a whole because of the exclusion of nonelderly beneficiaries with disabilities (a population with much higher poverty rates than seniors) and the exclusion of seniors residing in facilities, who are more likely to have low incomes than seniors residing in the community.

Findings

Seniors Living in Poverty Nationwide.

The supplemental poverty measure indicates that elderly poverty rates overall and at the state level are much higher than indicated by the official poverty measure. At the national level, this result is largely due to the fact that the supplemental measure deducts health expenses from income, while the official measure does not.[17] Based on pooled data from 2009-2011:[18]

- About one in ten individuals ages 65 and older (9%) have incomes below the poverty level using the official measure, compared to about one in seven (15%) hen using the supplemental measure (see Figure 1). The difference between the measures is not as pronounced among non-elderly adults, and poverty rates among children are actually lower under the supplemental measure than they are under the official measure[19] (although poverty rates are higher among children than seniors under both poverty measures, and considerably higher under the official poverty measure).[20]
- The share of elderly people with incomes under 200 percent of poverty is just over a third (34%) under the official measure, but nearly one-half (48%) under the supplemental measure. Conversely, a smaller share of seniors has incomes *above* 400 percent of the poverty threshold under the supplemental measure than under the official measure (19% compared to 32%).

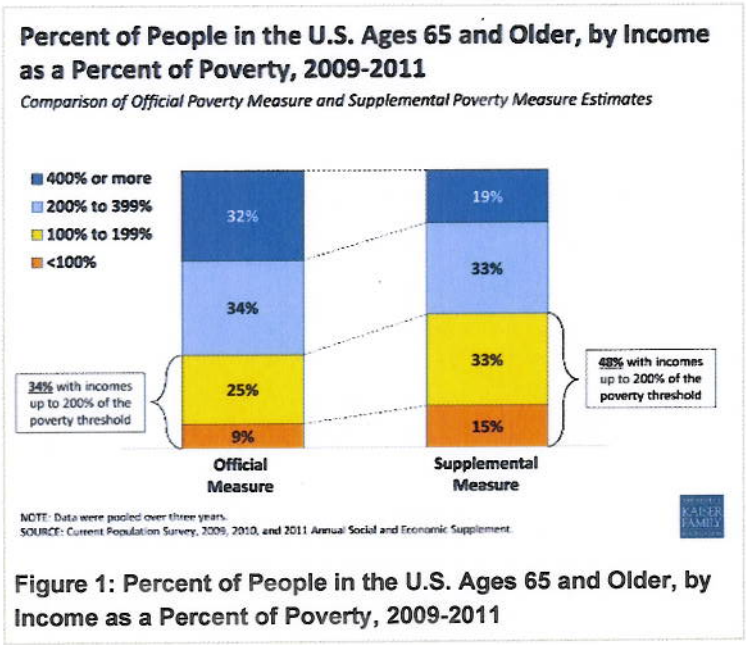

Figure 1: Percent of People in the U.S. Ages 65 and Older, by Income as a Percent of Poverty, 2009-2011

Seniors Living in Poverty, by State.

Poverty rates among seniors are higher in every state under the supplemental measure than they are under the official measure:[21]

- Under the supplemental measure, at least 10 percent of seniors live in poverty in nearly every state (all states but Iowa) and in DC; in contrast, under the official measure, senior poverty rates are below 10 percent in most states (39) (see Figure 2 and Appendix Tables 1-3).
- Under the supplemental poverty measure, 15 percent or more of seniors live on incomes below the poverty level in nearly half of the states (23) plus DC, but under the official measure, senior poverty rates are at or above 15 percent only in DC and Louisiana.

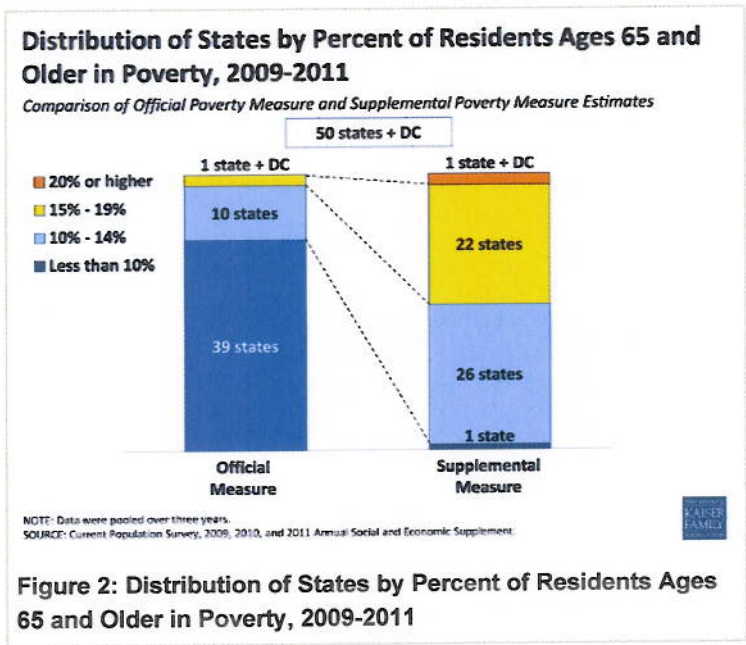

Figure 2: Distribution of States by Percent of Residents Ages 65 and Older in Poverty, 2009-2011

The share of seniors living in poverty under the supplemental measure is especially high in some states:

- In DC, about one in four seniors (26%) live in poverty under the supplemental measure, compared to 16 percent under the official measure (see Figure 3 and Figure 4).[22]
- In California, one-fifth of seniors (20%) live in poverty under the supplemental measure, compared to 8 percent under the official measure.
- Nearly one in five seniors live in poverty in another five states, including Hawaii, Louisiana, and Nevada (19%) and Georgia and New York (18%).

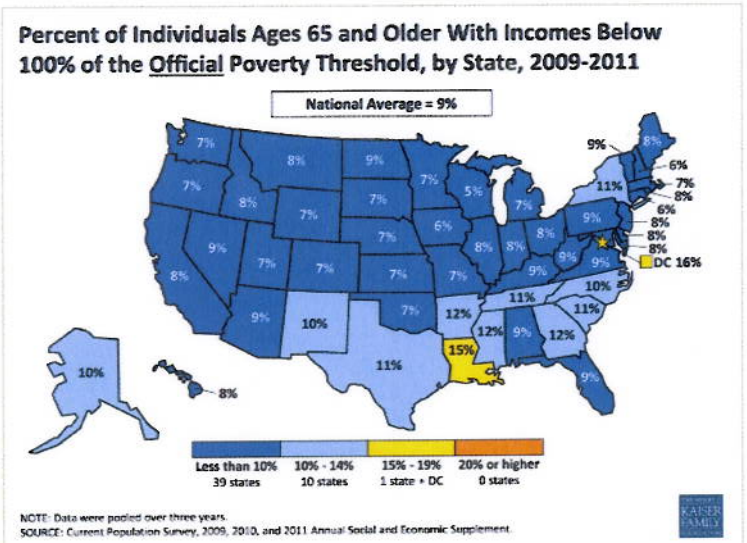

Figure 3: Percent of Individuals Ages 65 and Older With Incomes Below 100% of the Official Poverty Threshold, by State, 2009-2011

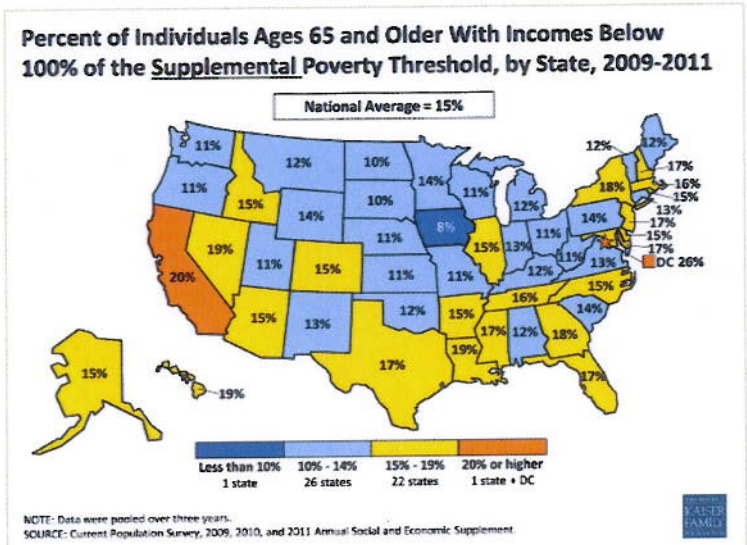

Figure 4: Percent of Individuals Ages 65 and Older With Incomes Below 100% of the Supplemental Poverty Threshold, by State, 2009-2011

While the share of seniors in poverty is higher under the supplemental measure than the official measure in every state, the difference is especially large in some states. For example:

- In 12 states, poverty rates among seniors are at least twice as high under the supplemental measure as they are under the official measure: California, Colorado, Connecticut, Hawaii, Massachusetts, Maryland, Minnesota, New Hampshire, New Jersey, Nevada, Wisconsin, and Wyoming (see Figure 5).
- In New Hampshire, the share of seniors living in poverty is nearly three times as high (17% under the supplemental measure compared to 6% under the official measure).

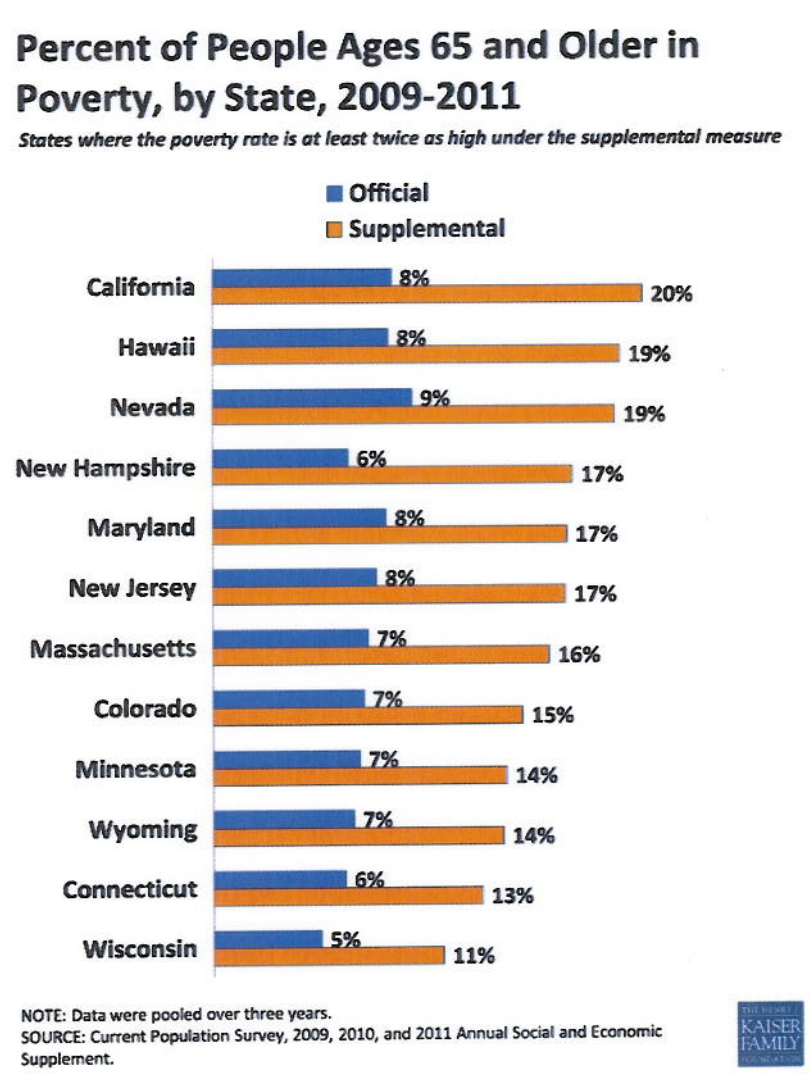

Figure 5: Percent of People Ages 65 and Older in Poverty, by State, 2009-2011

The difference between the official poverty measure and the supplemental poverty measure may vary geographically for several reasons, including state income distributions; differences in housing prices, which are factored into the supplemental poverty thresholds; variations in health utilization and costs, since medical expenses are deducted from income under the supplemental measure but not the official measure; and differences in the generosity of state Medicaid programs, which affects medical expenses.

Seniors with Incomes Below 200 Percent of Poverty, by State.

As is the case with poverty rates, the share of seniors with incomes below 200 percent of poverty is higher under the supplemental measure in every state than it is under the official measure, based on pooled data from 2009-2011 (see Appendix Tables 1-3).[23] Under the supplemental measure, at least two-fifths of seniors have incomes below 200 percent of poverty in nearly every state (all but North Dakota and South Dakota) plus DC. In contrast, under the official measure, this is only the case in six states (Arkansas, Georgia, Kentucky, Louisiana, Mississippi, and Tennessee).

In 10 states and DC, at least half of seniors have incomes below 200 percent of poverty under the supplemental measure. For example:

- In DC, nearly three-fifths of seniors (59%) have incomes below 200 percent of poverty under the supplemental measure, compared to 37 percent under the official measure.
- In California, 56 percent of seniors have incomes below 200 percent of poverty under the supplemental measure, compared to 33 percent under the official measure.
- In Hawaii, 55 percent of seniors have incomes below 200 percent of poverty under the supplemental measure, compared to 30 percent under the official measure.

Although the share of seniors with incomes below 200 percent of poverty is higher in every state under the supplemental measure than under the official measure, the share is much higher in some states. For example:

- The share of seniors with incomes below 200 percent of poverty is at least 20 percentage points higher under the supplemental measure than it is under the official measure in California, Hawaii, and DC.
- This is also true in Maryland, where nearly one-half of seniors (48%) have incomes below 200 percent of poverty under the supplemental measure, compared to just over one-quarter (27%) under the official measure.
- The difference is also greater than 20 percentage points in Connecticut, where 46 percent of seniors have incomes below 200 percent of poverty under the supplemental measure, compared to 26 percent under the official measure.

Discussion

During recent deficit reduction discussions, policymakers have put forth a variety of proposals to reduce Federal spending that would affect people on Medicare, including options that would shift costs onto beneficiaries by increasing the program's cost-sharing requirements or premiums and that would reduce Social Security benefits over time. This analysis provides context for that debate. Based on the Census Bureau's supplemental poverty measure, the poverty rate among people ages 65 and older is higher than is reflected in the official poverty measure, and is particularly high among seniors in some states. With notable differences between the two measures, there is ongoing interest in assessing these methods for measuring poverty and the implications of each measure for public policy.

Under the supplemental poverty measure, which deducts health spending from income, poverty rates could increase if beneficiaries were required to pay higher cost sharing or premiums for Medicare. Medicaid would cover new cost-sharing requirements for some people, but many low-income beneficiaries do not receive Medicaid coverage. Proposed reductions in Social Security benefits, such as imposing a slower rate of growth on benefits by using the chained Consumer Price Index in the cost-of-living update,[24] would be expected to contribute to higher poverty rates among older seniors under both the supplemental and official measure over time. The supplemental measure suggests that a greater share of seniors may already be struggling financially than is conveyed by the official measure.

Methodology

This analysis uses the 2009-2011 Current Population Survey March Annual Social and Economic Supplement (CPS ASEC) for the official poverty figures, as well as the recently-released Supplemental Poverty Measures (SPM) Public Use Research Files – which are derived from the CPS ASEC – for the supplemental poverty figures.[25] Data were pooled across the three years to enable estimates and comparisons at the state level. To achieve consistency across the three years of data, the analysis used the revised 2009 and 2010 SPM files, which are weight-adjusted to the decennial 2010 Census. Standard errors were calculated using the replicate weights and a Fay's adjustment. All reported statistics have a cell size of at least one hundred observations and a relative standard error below 30 percent.

The poverty rates described in this brief may differ from estimates reported elsewhere for a variety of reasons. One reason is because this analysis only includes individuals ages 65 and older. Poverty rates are much higher among non-elderly Medicare beneficiaries with disabilities, which means that poverty rates are higher among the total Medicare population (including both the elderly and non-elderly people with disabilities). The CPS ASEC also does not include seniors residing in institutions, who are more likely to have low incomes than seniors residing in the community. In addition, this analysis compares the incomes of family units to poverty thresholds, consistent with the approach defined by the official and supplemental measures (although each defines families somewhat differently). Relying on a unit of measurement other than family units could produce different poverty rates. For example, health insurance units tend to smaller than family units, and poverty rates may be much higher when based on the former. Finally, the Census Bureau poverty thresholds analyzed in this brief are different than the Health and Human Services (HHS) "poverty guidelines" (also known as the "federal poverty level") used by some programs to determine income eligibility, although the HHS poverty guidelines are a simplified version of the Census poverty thresholds.

The authors gratefully acknowledge feedback on this brief from Dr. Trudi Renwick, Chief of the Poverty Statistics Branch with the Housing and Household Economic Statistics Division of the U.S. Census Bureau.

Supplemental Poverty Measure: Appendices

Greater Wisconsin Agency on Aging Resources, Inc.

Spring 2013

Network notes

Helping leaders in aging succeed

GWAAR Launches Elder Law & Advocacy Center

If you've been in and around the aging network over the past year, you are no doubt aware that there has been a great deal of change in legal services programs for Wisconsin seniors. The culmination of all these changes is the creation of the Elder Law & Advocacy Center (ELAC) – a new department at the Greater Wisconsin Agency on Aging Resources (GWAAR) that houses the Guardianship Support Center and Benefit Specialist Supervising Attorneys (BSSAs) for the Elder Benefit Specialist (EBS) Program. Attorney Kate Schilling is manager of the Legal Services Team at the center and continues in her role as a BSSA to EBSs in 16 counties. Attorneys Nate Vercauteren, Rosa Plasencia, and Meghan McAllister round out the staff of supervising attorneys for the program covering an additional 49 counties (Judicare serves the tribes and SeniorLAW serves seven counties in southeastern Wisconsin).

In addition, the Guardianship Support Center, led by managing attorney and former BSSA Molly Fellenz, is now housed in the ELAC to provide information and assistance on issues related to guardianship, protective placement, advance directives, and more. We asked Attorney Kate Schilling about the transition:

It's been whirlwind of a year for you and the rest of the ELAC staff. What impact has that had on the EBS and GSC programs?

It's been both challenging and rewarding. Supervising attorney changes are difficult for the EBSs because there is a significant learning curve with this job. Even though an attorney may have experience with elder law and/or public benefits, the job requires an in-depth understanding of how the benefit programs overlap and impact or influence each other. This learning generally takes place through handling

GWAAR's ELAC staff *(from left)*: Kate Schilling, Molly Fellenz, Nate Vercauteren, Meghan McAllister, Rosa Plasencia.

individual cases and getting hands-on experience. To compound the situation, several seasoned EBSs retired recently taking with them years of experience that takes time to replace so that has an impact on the program too. Thankfully, most of our EBSs stay with the position for many, many years, but when there is turnover, it can be a challenge for clients who have developed warm, long-term relationships with their EBSs. In fact, many EBSs report that they feel like minor celebrities in their counties where a trip to the grocery store or church regularly leads to conversations with clients who stop them to ask benefit questions. It's a great indicator of the comfort-level clients have with their EBSs and the trust older people have in the program.

As for the Guardianship Support Center, we have a new manager in Attorney Molly Fellenz. Molly is a former BSSA and private practice attorney so she brings a great deal of courtroom and public benefit experience to the position. Having the GSC back together with the legal services program is a huge benefit to both programs because so many of the issues overlap.

continued on page 5

GWaar

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State Budget Bill: Major Impacts on Programs for Seniors

And what you can do about it

As most in the network know, the Governor's state budget proposal affects several programs that older people in Wisconsin rely on. The aging network has been out in force at Joint Finance Committee public hearings around the state making a case for funding programs that support older people in Wisconsin. Here's how the budget bill may impact programs for older people in Wisconsin.

Older Americans Act Programs

As a result of shifts in Wisconsin's low-income elderly population, elderly nutrition, health promotion, family caregiver support, and supportive services programs are experiencing funding cuts in some counties while others receive increases. Over 40% of all Wisconsin counties will see a decrease of 5%; 28% are faced with double-digit funding cuts.

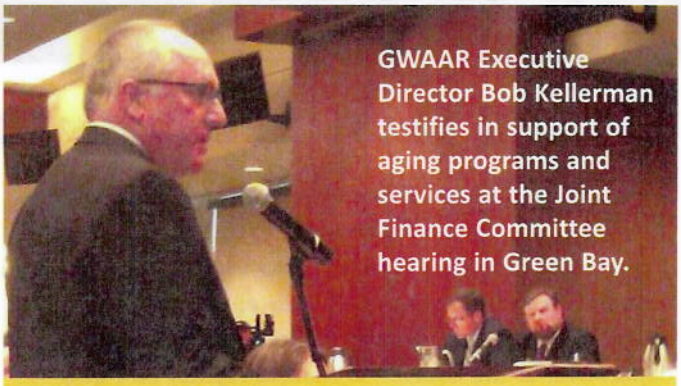
For the first half of 2013, the Wisconsin Department of Health Services allocated general purpose revenue (GPR) funds to cover some of the losses resulting from these population shifts, but for programs to continue at 2012 funding levels, the state biennial budget must include additional funding. An additional $1.76 million in GPR in the 2013–2015 budget is needed to hold counties harmless through June 30, 2015.

Family Care

The budget proposes to defer expansion of Family Care while maintaining funding for those already enrolled in the program. Currently, seven counties in northeastern Wisconsin – Brown, Door, Kewaunee, Marinette, Menominee, Oconto, and Shawano – have adopted county board resolutions and are ready to implement Family Care. By not continuing long-term care reforms, Wisconsin misses out on the significant cost savings provided by the program. Based on early estimates, bringing Family Care to this region would result in a net savings of $2,648,628 in the first biennium alone and 1,200 individuals who are currently on the waiting list could be served.

Elderly & Disabled Transportation

Again, due to shifting in the state's elderly and disabled populations, many counties received a decrease in funding for the 85.21 specialized transportation program. A state budget increase of $678,000 in GPR over the biennium would keep Wisconsin counties that lost funding in 2013-2014 from falling below their 2012 funding levels. The state statute [85.21(3)(f)] can be updated to prevent this problem from happening again by keeping funding levels from dropping below the 2012 amounts. Equally critical to transportation programs is keeping transit programs in Wisconsin in the segregated transportation fund to maintain a stable, dedicated funding source.



GWAAR Executive Director Bob Kellerman testifies in support of aging programs and services at the Joint Finance Committee hearing in Green Bay.

What Can You Do?

1) Contact your state legislators

2) Encourage board, commission, and other stakeholders to contact state legislators

To find and contact your state legislators, go to **www.legis.wisconsin.gov** and click on "Who Represents Me?" **OR**, call the legislative hotline at **(800) 362-9472.**

Find documents and other materials to support advocacy efforts on these issues here: http://www.gwaar.org/advocacy-and-grassroots-resources1/information-and-training-for-advocates/advocacy-materials.html

Visit the GWAAR website regularly for updates on legislation and advocacy initiatives including information on specific programs, county-by-county funding changes, and support materials for local advocacy efforts.

Chippewa Valley Timebank

The concept of trading time and talents rather than money has been around for a long time. But it is only recently that process has been formalized into what we know as time banks. And at a time when public funds are dwindling and financial resources are in short supply for many people – particularly those on fixed incomes like older people – the concept of time banking makes lots of sense as an affordable way to keep older people independent longer. That's one major reason the Chippewa Valley Timebank (CVTB) was launched in October 2012 – one of 13 time banks in Wisconsin. Based in the Aging & Disability Resource Center (ADRC) of Eau Claire County (which also serves as it's fiscal agent), the CVTB is a separate organization managed by its members and a board of directors. The time bank is a collaboration of the ADRCs of Chippewa, Dunn, and Eau Claire Counties; Triniteam caregivers; Center for Independent Living; the Greater Wisconsin Agency on Aging Resources (GWAAR); and community members who work in the aging and disability fields. A grant from GWAAR helped get the project started and the funds were used to hire a part-time coordinator and launch a public awareness campaign.

How it works

Members of the time bank list services they are willing to do for others as well as things they would like to have done for themselves. Members then view each other's offers and requests and are able to connect with each other to obtain a desired service. When a service is completed the hours are documented and "banked" in the time bank database. These time dollars are then exchanged for services from other members. Exchanges don't just happen between two people, but amongst all of the members of the time bank.

Currently, the CVTB has more than 100 members and many involved organizations such as the Chippewa Valley Airport, Eau Claire Parks and Recreation, Menomonie Public Library, Globe University, and Stepping Stones of Dunn County (food pantry and volunteer organization).

"We believe the time bank will offer additional opportunities for elders, their caregivers, and people with disabilities to receive services that will help them remain independent at home longer – especially people who do not meet qualifications based on financial need or functional screen," says GWAAR Older Americans Act Consultant Jane Mahoney, who is president of the CVTB. "It is also a new way to recruit volunteers for nutrition, transportation, and prevention programs as well as simply offering unique volunteer opportunities to older and disabled people. The time bank helps connect volunteers with people in need and rewards them for volunteering."

What's next?

The CVTB is working on creating a process that accepts donated hours from members who are willing to share their earned time. These hours can then be given to ADRC clients who are not in a position to earn hours. A great example is an ADRC volunteer and time bank member earning time dollars transporting home-delivered meals and then donating those hours back to the ADRC. The hours can then be given to those same individuals who received the meals. It's like double volunteering. This project is also being presented to local hospitals with the hope that they would be able to give hours to patients upon discharge.

The main work of the time bank now centers on marketing, recruiting members, encouraging exchanges, and finding volunteers for the time bank itself. Everything is currently being done by volunteers, but those supporting the time bank are hopeful that a grant from Otto Bremer Foundation will be accepted in late spring to hire another coordinator.

To learn more about CVTB, go to:
www.chippewavalleytimebank.org/about_us.aspx

Find a time back in your area: *www.community.timebanks.org*

Turning Budget Challenges Into Unifying Tools to Promote Grassroots Advocacy

With the state budget battle heating up, it's critical that older people take part in the process to ensure their needs and concerns are addressed. Older people will be looking to the aging network for information and leadership to help them understand the consequences of the budget bill and to help them articulate their concerns. While GWAAR is taking steps to ensure grassroots advocacy is coordinated and supported (*see article at right*), following are tips for aging network professionals to organize and motivate people to speak out.

Inform

It's tempting to want to provide volumes of information to older people and their families so they can be fully informed about issues that concern them. That may be important for your boards and commissions, but for the average person, an abundance of complex information can be too much to absorb. It's more important to provide information that is meaningful and resonates with people. Try to make the information you provide simple, factual, and easy for anyone to convey to others. GWAAR has created some resources to help communicate advocacy issues. Find them at: http://www.gwaar.org/advocacy-and-grassroots-resources1/information-and-training-for-advocates/advocacy-materials.html

Engage

Once people understand the issues and what's at stake for them, they may need help knowing when, where, and how to express their concerns. Regular communication is key. Let people know in advance when hearings and critical votes are scheduled in the legislature and who they need to contact to make an impact. Encourage efforts to write letters-to-the-editor of your local paper or engage local reporters to cover the issue as a news story.

Maintain

One of the big benefits of any advocacy effort is that you find and identify new people who are passionate, vocal advocates. Don't let the relationships you build through advocacy fall away after the effort is over. Find ways to cultivate and maintain the contacts you've made by providing volunteer opportunities and other outlets for creativity and activism.

GWAAR Creates New Advocacy & Public Policy Coordinator Position

"We all know that older people are their own best advocates and when motivated, can be an overwhelming force for change," says Bob Kellerman, Executive Director of GWAAR. "Our role will be to give them the information and the tools and encourage them to get involved."

That's the impetus behind a newly-created position charged with assisting counties and tribes in educating and organizing older people to participate in grassroots advocacy efforts statewide.

The Advocacy & Public Policy Coordinator will be the agency lead at GWAAR in identifying and influencing public policy that impacts older people throughout the state. The incumbent will track legislative and policy developments at the federal, state, and local levels; analyze the effects on older people, the services they rely on, and the agencies that provide those services; and engage, inform, and mobilize the aging network around those issues using a coordinated strategy.

Grassroots Focus

Reinvigorating Wisconsin's grassroots advocacy movement is a major objective of the new position. The coordinator will help organize and maintain a grassroots advocacy network based within county and tribal aging units and Aging & Disability Resource Centers in the GWAAR planning and service area and establish a legislative education curriculum designed for older people and the professionals who work with them.

"This will be a high-profile position at our agency," says Kellerman. "Developing relationships and providing hands-on training and support for coordinated grassroots advocacy efforts — from making legislative contacts to preparing testimony — will have both an immediate and long-range impact on the future of programs and services for older people in the state."

Interviews for the position are taking place now; Kellerman expects to have the position filled in June. For more information, contact Bob Kellerman at bob.kellerman@gwaar.org or call (608) 243-5672.

GWAAR Updates

Wisconsin Elder Law Basics and Benefits

GWAAR staff have been hard at work creating a new publication designed to serve as a handbook for information on legal and benefit-related issues. The new *Wisconsin Elder Law Basics and Benefits* book will contain information on Medicare, Medicaid, home and community-based services, BadgerCare, tribal health services, veterans benefits, Social Security, Supplemental Security Income, long-term care insurance, dental coverage, and more. Stay tuned for updates on when and how you can get your copy.

Change Leader Academy Process Improvement Training

The Change Leader Academy is coming to Wausau this summer. The ADRC of Central Wisconsin is hosting the two-day training to be held June 24-25 at the ADRC building in Wausau.

The training is free of charge and lunch and refreshments will be provided. Travel, lodging, and meal expenses are the responsibility of the training participant. Space is limited, so please return registration forms no later than Friday, June 14. Registration forms are available on the GWAAR website at: http://www.gwaar.org/for-professionals/process-improvement.html

Fax or e-mail your registration form to Mike Glasgow at (262) 821-4445 or michael.glasgow@gwaar.org.

GWAAR Congratulates New BADR Director

GWAAR congratulates Carrie Molke on being named the new Director of Wisconsin's Bureau of Aging and Disability Resources (BADR). Her experience with Wisconsin's long-term care system and dedication to customer service makes her well-positioned to meet the needs of Wisconsin seniors.

"With Carrie's commitment to process improvement and quality assurance, we anticipate that she will bring an innovative approach to guiding the aging network into a new era," says Bob Kellerman, GWAAR executive director. "We look forward to her leadership as we collectively rise to meet the challenges and capitalize on the opportunities of a growing aging population in Wisconsin."

2013 PSA Meeting Dates

July 24 - Madison
July 30 - Wausau
October 23 - Madison
October 29 - Wausau

Elder Law & Advocacy Center, continued from page 1

How has moving to an area agency on aging impacted legal services programs?

Being part of GWAAR has brought tremendous resources and credibility. GWAAR's strong relationships with county and tribal aging programs – as well as other non-profits, advocacy organizations, and government and local officials – have been invaluable as we work to establish our new identity in the network and create new collaborative opportunities.

Transportation, nutrition, caregiving, and many other issues come up regularly as they relate to benefits counseling. Having colleagues at GWAAR that specialize in these program areas ensures that we have up-to-date information and logistical support.

What's on the horizon?

Ultimately, I hope to expand our services and make them more accessible. There's a lot we can do to increase our outreach efforts both at the local level and through collaborations with the State Bar of Wisconsin, elder law section of attorneys, and the private bar. We would also like to develop a network of pro bono attorneys across the state that could assist us or take on some of the court cases that are referred to our program, but are outside a reasonable travel distance. We also intend to do some additional pro bono work in local communities such as drafting simple wills or POAs for clients during off-site clinics.

Finally, we are committed to providing the most current information on the Affordable Care Act and health care exchanges. EBSs (and others in the aging network) will need to have the most up-to-date information available to be sure we are giving clients accurate and actionable information.

I'm really proud of the progress we've made since transitioning to GWAAR and appreciate all the support and encouragement we've all received from our colleagues in the aging network. I haven't been part of the network for very long, but now understand why Wisconsin is so often held up as an example of the very best in aging programs and services for older people.

La Crosse's Caregiver Coach Program

Wisconsin's aging network has long been aware of the special needs of family caregivers. To assist caregivers, the La Crosse County Caregiver Coalition developed a new program to better connect caregivers with community resources in La Crosse and recently launched the Caregiver Coach Program. The program establishes a confidential referral system between the memory care units of the two local health care facilities, the local chapter of the Wisconsin Alzheimer's Association, and the La Crosse County Aging Unit to inform, assist, coach, and support family caregivers.

We asked Amy Brezinka, Caregiver Coach Program Coordinator at the La Crosse County Aging Unit, for her perspective on the new program:

What are some of the common characteristics of the caregivers you've encountered thus far?

The caregivers I've met with have expressed that they feel overwhelmed. They are not sure what they need, but know they can't do it alone anymore.

Many also express a feeling of being isolated. They feel that their friends and family don't understand how hard it is to be a full-time caregiver and are overwhelmed with decisions and guilt about wanting more time for themselves – especially those who live with the care-receiver.

You just got this program started in La Crosse County. What kind of feedback are you getting from program participants thus far?

Caregivers are very appreciative of meeting with me face-to-face and having the opportunity to tell me their story. They seem to be reassured to know that I will keep in touch with them weekly, bi-weekly – or however often they choose – to offer continued support on their caregiving journey.

One caregiver in her 80's is just beginning the process of exploring housing options for her 92-year-old spouse who had a traumatic brain injury five years ago. They live in a large home and their children live outside the state. She understandably feels overwhelmed with decisions and knows she needs to plan for the future. We plan to visit a memory care facility together and I will help by listening, taking notes, encouraging her to ask questions, and helping her process information as she makes decisions for her future.

I also met with a caregiver who did not live in La Crosse County, but was trying to help her mother who just had surgery, get connected to services. With the help of co-workers in the Aging Unit, I was able to set up home-delivered meals and install an emergency-response system the same day we met. The daughter was so appreciative and felt better about leaving her mother in her home knowing that services were in place.

I feel very fortunate in my new role as a caregiver coach to be able to take baby steps with the caregiver – meeting them where they are on their journey and assisting them as needed over time with resource information and connections.

What kind of outcomes have you noticed thus far?

It's clear to me that as caregivers share their stories, they appreciate just having someone listen to, encourage, and support them. To date, I have meet with 10 caregivers and have connected them to services such as: home-delivered meals, emergency response systems, support groups, housekeeping services, and RSVP handyman services.

Any challenges in getting this up and running?

One major challenge is the fact that people don't identify themselves as caregivers. They see themselves as a spouse, partner, son, daughter, neighbor, friend, but don't realize they are really a caregiver and could avail themselves of some of these services.

What kind of new insights do you have about working with family caregivers?

I see how critical it is to help caregivers overcome their feelings of loneliness and isolation. I recently met with two caregivers, both women in their 80's, who told me they feel very alone. Most of their friends have already passed away or are not in good health and their children do not live close by and are busy with families and careers. In the months ahead I plan to further explore and develop new programs to connect caregivers with one another – providing support, as well as, fun social opportunities that offer a well-deserved break to caregivers.

As more and more people age in place and the number of family caregivers grows, I think it is beneficial for counties to try new ways to connect caregivers to the support and resources they need. Our program is really new, but I hope that eventually it can become a model for others to support the caregivers in their areas.

For more information, contact Amy Brezinka, Caregiver Coach Program Coordinator at the La Crosse County Aging Unit, at (608) 785-3460 or abrezinka@lacrossecounty.org.

Opinion: The King is Dead, Long Live the King

by Tom Frazier

I recently had the opportunity to attend the American Society on Aging (ASA) Conference in Chicago. It is a large event with 2,500 attendees and hundreds of speakers and workshops. I was able to attend on a press pass representing *50 Plus News Magazine*. One of the best benefits of attending national conferences is the chance to get away from daily activities and reflect about things you do not usually take the time to do.

I came away from the conference with the thought that there is a vacuum of leadership and advocacy at the national level for elders. Two speakers in particular got me to thinking about this problem. First, Kathy Greenlee, Assistant Secretary for Aging at the federal Department of Health and Human Services, talked about the new Administration of Community Living which replaced the Administration on Aging. What was shocking to me was how blithely she admitted the reorganization was done covertly and announced without anyone in the aging network (hundreds of area agencies on aging and providers of services) being allowed input or discussion about the decision. So, suddenly there is no longer an Administration on Aging administering the federal Older Americans Act (OAA). The irony is that the law mandates advocacy for older people, but the agency that administers it didn't allow older persons or their advocates to comment on the decision to remove *aging* from the Administration on Aging. To add insult to injury, the OAA has not been reauthorized since 2010 and reauthorization is not a priority for the foreseeable future.

Second, Ken Dychtwald, President and CEO of Age Wave, and a person who has been studying and speaking about aging for 30 years, made some remarks about Social Security that got my attention. While in general his message is positive, he talks about Social Security as an *entitlement*, and implies that the large number of people on Social Security is a negative thing. He has been quoted as saying we should, "unhinge old age entitlements from the obsolete marker of 65, and 'index' them to rising longevity," and "turn off the 'third rail' and stop powerful special-interest groups from blockading thoughtful debate about this much-needed course-correction." In my opinion, the debate has not been blockaded and it has not been very thoughtful.

Add to the above reflections the fact that there are those in Congress, led by Wisconsin's own Paul Ryan, who propose to privatize Social Security and Medicare while cutting benefits and raising age eligibility. Now, even President Obama has proposed a budget to decrease the Social Security Cost of Living Adjustment (i.e., Chained CPI), and further means-test Medicare benefits in the name of deficit reduction, despite the fact that Social Security has never added one penny to the deficit. Social Security used to be the "third rail" of politics (touch it and you die politically), but there no longer seem to be any political consequences for touching it.

In the past there were leaders who would strongly challenge politicians who proposed to cut Social Security and Medicare benefits. I am thinking specifically of Maggie Kuhn (founder of the Gray Panthers) and Claude Pepper (former Congressman from Florida). But who do we have today? The only name that comes to mind is Senator Bernie Sanders from Vermont who has vigorously opposed the Ryan and Obama budgets. And, from all the national organizations, can you name any of the leadership of those organizations that are visible, effective advocates for the elderly? My guess is that you cannot. I'm not saying that these organizations are not effective, just that in general, there are no visible advocates like Pepper and Kuhn.

The phrase "the king is dead, long live the king" refers to the transfer of sovereignty which occurs instantaneously at the moment of death. Claude Pepper died in 1989 and Maggie Kuhn died in 1995, but unfortunately, we have not been able to say "long live the king" (or queen) since a vacuum in leadership and advocacy for elders remains after their deaths. We need a new king or queen to fill the void.

Tom Frazier is former Executive Director of the Coalition of Wisconsin Aging Groups (CWAG). A resident of Dane County, he is a long-time advocate and current contributor to 50 Plus News Magazine.

GWAAR encourages the exchange of ideas around issues impacting older adults. The comments expressed in the Opinion section of GWAAR's Network Notes do not necessarily reflect any stated or board-adopted position taken by GWAAR. Send comments to info@gwaar.org.

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About GWAAR . . .

The Greater Wisconsin Agency on Aging Resources, Inc., is a nonprofit agency committed to supporting the successful delivery of aging programs and services in 70 counties and 11 tribes in Wisconsin.

As one of three area agencies on aging in the state, we provide aging lead agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin.

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FAMILY CARE & IRIS EXPANSION

Creating Equity in Wisconsin's Long-Term Care System: Commitment to Family Care & IRIS

BACKGROUND

People with disabilities often need supports for basic daily tasks, such as help getting dressed, making meals and other household chores, as well as transportation to get to work and to medical appointments. With those supports, many can live in their own homes, work, maintain their health, and participate in community life. Without those community-based supports, many people with disabilities are isolated, end up in costly institutional care – such as nursing homes – and use more high-cost emergency room care.

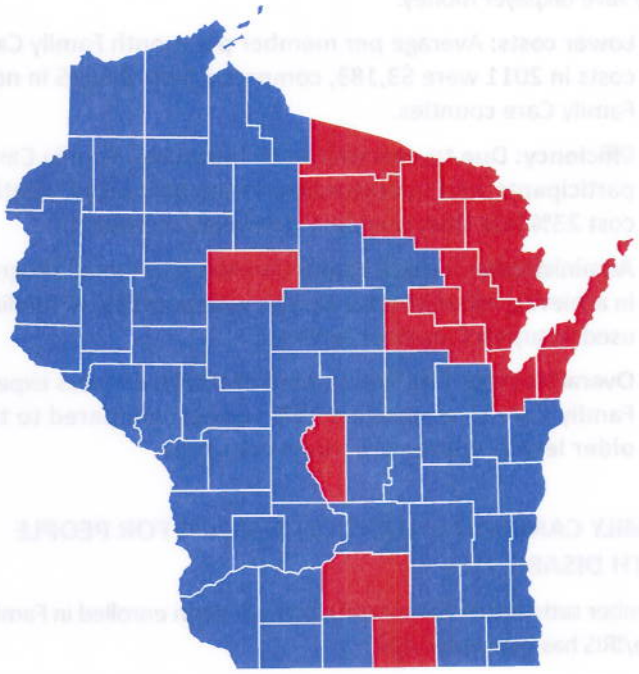
Family Care/IRIS were designed to address the strong institutional bias in Wisconsin's legacy long-term care system that guaranteed supports only when a person entered an institution. Family Care/IRIS are nationally-recognized, innovative long-term care programs focusing on prevention and community-based supports that keep people in their homes and communities and out of costly institutional care, while also ending what were often decades-long wait lists for basic supports. Since 2007, Family Care/IRIS has expanded from 5 to 57 counties and now supports 43,000 Wisconsin residents who are elderly or have disabilities. In those years, the programs have proven to be cost-effective, have received high satisfaction ratings from participants, have increased the number of people self-directing their own care and living at home instead of in institutions, and have ended years-long county wait lists for needed support.

Family Care/IRIS expansion rolled out over a period of time, with new counties opting in each year since 2007. However, a freeze on long-term care expansion in 2011 left the 15 remaining counties hanging in the balance. Seven counties in northeastern Wisconsin and Rock County each adopted resolutions to begin implementation of Family Care/IRIS but have yet to be given the green light to move forward. Since the freeze, these counties have been left with lists of people waiting and no promise of Family Care/IRIS any time in the next biennium.

The inequity of residents in counties where the Family Care Benefit is available having more immediate access to services relative to counties where it is not, is clearly not defensible and must not persist.

- Door County Board of Supervisors Resolution
(Passed Jan. 29, 2013)

WAITING FOR FAMILY CARE/IRIS



Map depicts (in red) the 15 counties in Wisconsin where people do not have access to Family Care/IRIS supports; their residents continue to wait.

WISCONSIN COUNTY	PEOPLE WAITING
Brown	537
Dane	418
Rock	225
Marinette	145
Oconto	138
Door	78
Vilas	30
Shawano	22
Adams	21
Oneida	20

WISCONSIN COUNTY	PEOPLE WAITING
Kewaunee	16
Menominee Tribe	14
Forest	7
Taylor	4
Menominee	1
Florence	0
Oneida Tribe	0
TOTAL	1676

Table uses the most recent DHS data to depict the number of people in Wisconsin's 15 counties and 2 tribes who are waiting for Family Care/IRIS.

So many people call into our agency every day looking for help with long-term care services that end in comments like, "you mean I can go into a nursing home, but can't get services in my home even though they are much less expensive?"

- From February 2013 Brown County ADRC Newsletter

FAMILY CARE/IRIS EXPANSION IS GOOD FOR WISCONSIN'S ECONOMY

The Family Care/IRIS programs have already demonstrated that they save taxpayer money.

- **Lower costs:** Average per member per month Family Care costs in 2011 were $3,183, compared with $3,815 in non-Family Care counties.
- **Efficiency:** Due to new efficiency measures, Family Care participants who have enrolled in the past eight months cost 23% less than previously enrolled members.
- **Administrative savings:** Family Care has made great progress in achieving administrative savings with over 95% of funding used to support member services.
- **Overall savings:** The Department of Health Services expects Family Care to generate a 15% savings compared to the older legacy waiver programs over time.

FAMILY CARE/IRIS EXPANSION IS GOOD FOR PEOPLE WITH DISABILITIES

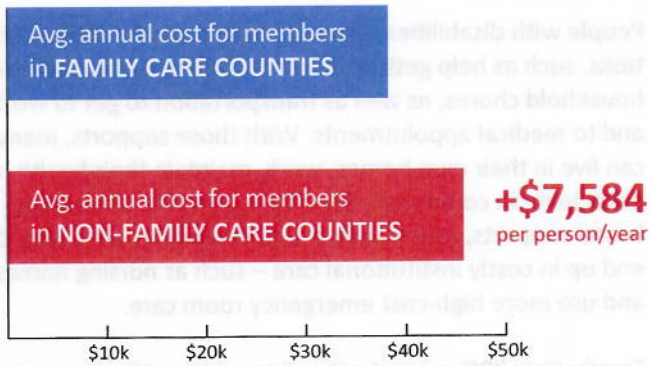
Member satisfaction for people who have been enrolled in Family Care/IRIS has been very high.

- A 2009 report on IRIS showed very few people (1.1%) chose to leave the program, further indicating their satisfaction.
- In 2009, eight managed care organizations distributed satisfaction surveys and received over 3,600 responses. They found nearly 94% of Family Care consumers were satisfied with their services.

RECOMMENDATION

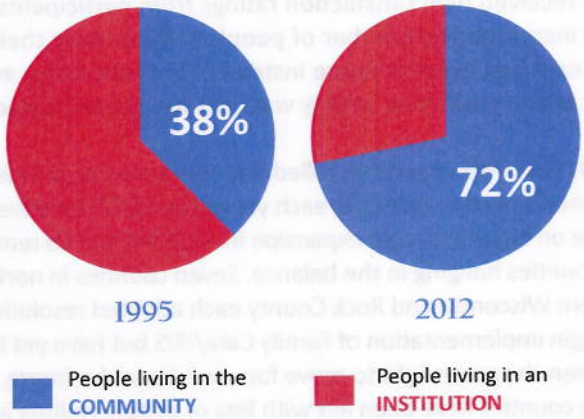
The Survival Coalition of Wisconsin Disability Organizations supports statewide equity in long-term care supports for all people with disabilities in Wisconsin, regardless of where they live. Policymakers should end wait lists for community-based long-term support and services by expanding and fully funding Family Care/IRIS statewide. Currently, eligible individuals on wait lists have access to costly institutional services, but no access to supports to live in their community.

COST SAVINGS with FAMILY CARE



Graph depicts average per member per year cost for people in Family Care counties and non-Family Care counties in 2011. People in non-Family Care counties cost $45,780 per year and people in Family Care counties cost $38,196 per year, a difference of $7,584 per person. Using these averages, serving the 537 people waiting in Brown County would ***cost Wisconsin taxpayers $4,072,608 more*** *in one year than if they were served in Family Care.*

LIVING in the COMMUNITY



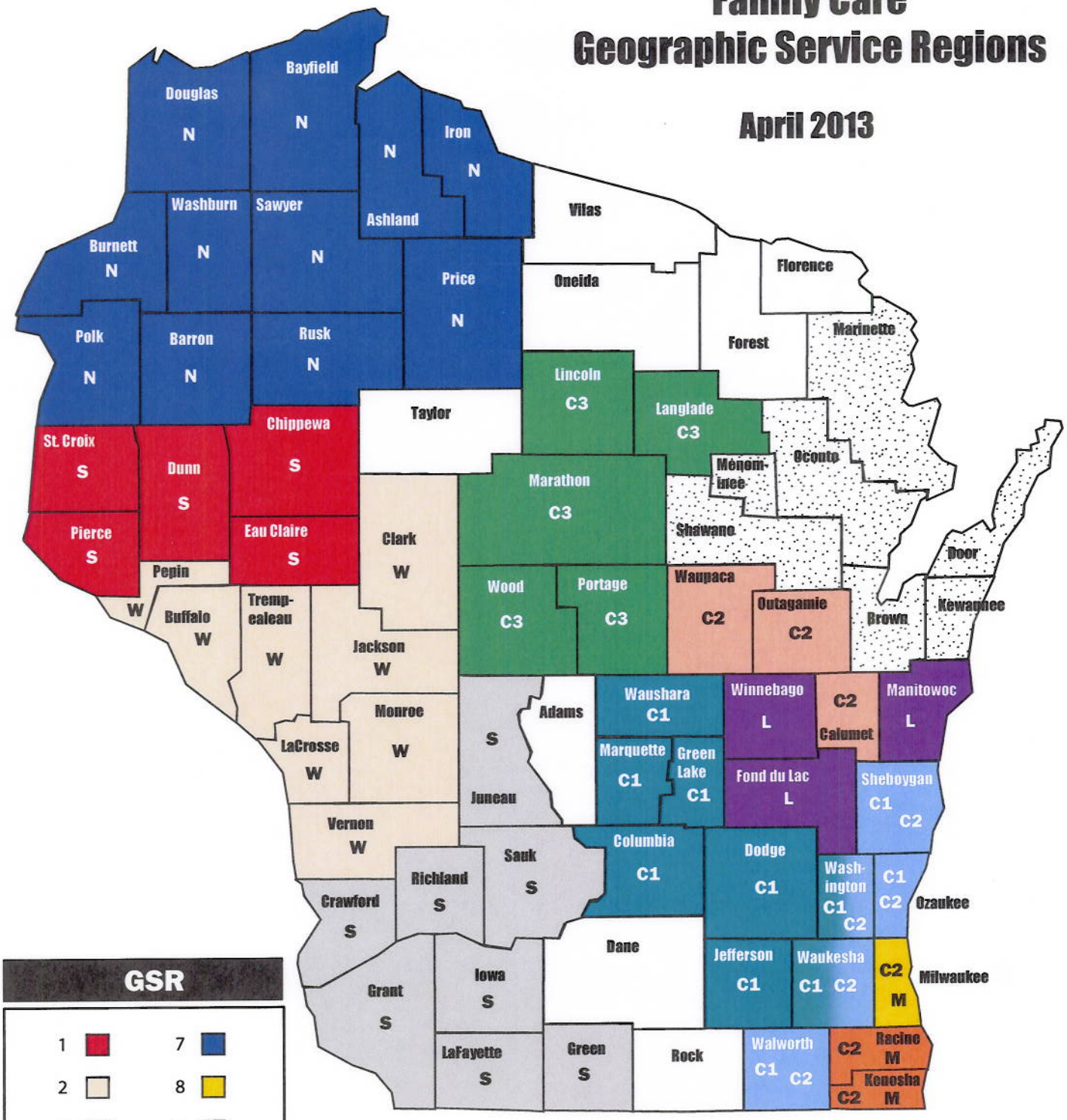
Family Care has fulfilled its promise of serving fewer people in institutions and nursing homes and supporting them to live in their own homes and communities (a change from 38% to 72% from 1995 to today), which is where people want to be and where supports are more cost-effective.

Wisconsin BPDD
Wisconsin Board for People with Developmental Disabilities

disabilityrights | WISCONSIN

Family Care
Geographic Service Regions

April 2013



GSR

1	7
2	8
3	9
4	10
5	11
6	

NEW Planning Consortium (Awaiting expansion approval)

Legacy Waiver County

MCO

C1	Care Wisconsin	**M**	Milwaukee County Dept. of Family Care
C2	Community Care, Inc.	**N**	NorthernBridges
C3	Community Care of Central Wisconsin	**S**	Southwest Family Care Alliance
L	Lakeland Care District	**W**	Western Wisconsin Cares

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SURVEY RESULTS ON VOLUNTEER BANQUET – 2013

Total Surveys: 63

1. **Do you like that we pick themes each year?**

Yes: 60 No: 3

Comments: very much, my first year, I must have missed that you had a "theme" or I would have "dressed the part", you do such a great job every year Beth!!, not necessary, this year was not told before, enjoy – do you enjoy the extra work it's your choice.

2. **Do you like that we offer entertainment?**

Yes: 55 No: 8

Comments: love them! I don't like that so many people leave before or when the entertainment starts; not sure how hard or costly it is to get entertainment, very good, very good; enjoyed very much, everyone can enjoy the entertainment, excellent & informative, I always have to leave early for choir practice, not necessary, just music is always nice, music during the meal would be nice, sometimes.

3. **Would you prefer door prizes instead of entertainment?**

Yes: 18 No: 45

Comments: entertainment is enjoyed by everyone, light background music, not enough (door prizes) for each person; entertainment reaches us all, everyone can enjoy entertainment, it's up to the committee, we need FUN!, either way is ok with me, have no preference, either way, sometimes.

4. Do you enjoy the meal selections?

Yes: 63 No: 0

Comments: very much; the caterer also, fair, always good!, meals always delicious; would like something other than cake, excellent, (3) very good, great meal!, food was great, especially from Bon Ton, beef was superb!, delicious, (2) excellent meal; Bon Ton is so good!, my first time attending; meal was excellent.

Additional Comments:

I appreciated the info from each department. The information was conveyed concisely & without over explanation. How about a little "publicity" (article in newspaper) w/ acknowledgment for Darlene Schaefer? I do not believe anyone can beat her record! She may so no, but I do believe it would be appropriate & interesting for other volunteers to know. Heavens, you may have had to hire an additional employee without her help! 27 Years! Too late to do it when she is gone!

It was a lovely evening, great food and entertainment and the right amount of time. "Thank you"!

Just a note to say what a good job of explaining things I've heard little about, Denise does a great job!

I like the entertainment only I personally think it was too loud for visiting.

Thank you for the banquets. Everything is great; volunteers who plan and serve are very much appreciated.

You and your co-workers do an "outstanding" job! Thank you for all your work and the evening was enjoyable and delicious. Keep up the great job.

Actually I like the music before and after the meal.

I enjoyed the event.

Thanks for thinking of us. Gratitude is a virtue.

Your punch was good too!

My only comment is it was too crowded. Maybe next year open up more of the Activity Center if possible. Was hard to visit with others.

Very nice, thank you Jefferson County ADRC!

Thanks Beth, my husband and I had a nice time. We enjoyed Bahama Bob as well as the yummy food!

Entertainment is nice while we are eating.

Some time's meals are great. Better food now when first went. Door prizes not bad idea it might be cheaper than entertainment. All depends.

Great food!

Maybe if you combined the money spent on entertainment and decorations you could have a spring theme and give everyone a small potted plant for indoors or outdoors or even a tomato plant.

Cheddar Tots instead of mashed.

Stereo for background music during dinner would suffice.

We certainly enjoy the banquet every year, thank you.

Thank you for your kindness.

Thank you it was a good time.

We wouldn't care if the music was CD's because it is nice to visit with friends, which is more difficult if the music is too loud. It is nice to be appreciated but door prizes aren't necessary. The dinner is great.

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Senior Volunteering at a 10-Year High

FOR IMMEDIATE RELEASE: May 6, 2013

20 Million Seniors Volunteering Nearly 3 Billion Hours – a Value of $67 Billion; Senior Corps Week – May 6–10 – Showcases Impact of Older Volunteers

WASHINGTON, D.C. -- According to new data released today by the Corporation for National and Community Service (CNCS), senior volunteering is at a 10-year high – one in three volunteers is a senior age 55 and older. These men and women tap a lifetime of experience to help those in greatest need. More than 20 million senior volunteers gave nearly 3 billion hours of service, at a value of $67 billion.

"For generations, seniors have been making a powerful impact in their communities, and their service is more important now than ever," said Wendy Spencer, CEO of the Corporation for National and Community Service. "With so many people in need, senior volunteers are making a difference in the lives of children, veterans, elderly, and disaster survivors. Leading the way are more than 360,000 Senior Corps volunteers – dedicated Americans using a lifetime of skills and experience to tackle pressing challenges in their communities."

CNCS also found that the percentage of volunteers who are seniors has steadily increased over the last decade (up six points – from 25.1% in 2002 to 31.2% in 2011). Nearly three-quarters (72.4%) are volunteering informally by doing favors for and helping out their neighbors, seven points higher than the national average.

CNCS – the nation's federal agency and largest grantmaker for service and volunteering – oversees Senior Corps. Senior Corps taps the skills, talents, and experience of more than 360,000 Americans age 55 and over to meet a wide range of community needs through three programs, the

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Foster Grandparent Program, RSVP, and the Senior Companion Program.

Each year, elected officials and community leaders spotlight the impact of Senior Corps during Senior Corps Week, taking place May 6-10 during Older Americans Month. The week will be marked by service projects and recognition events across the country. Already, more than 30 governors have issued proclamations for Senior Corps Week, representing broad support for the vital contribution Senior Corps makes to our communities and nation.

President Obama issued a proclamation last week, which said, "Many seniors are using a lifetime of experience to serve those around them. Even after decades of hard work, men and women are taking on new roles after retirement – organizing, educating, innovating, and making sure they leave the next generation with the same opportunities they had. It is a commitment that shines brightly in programs like Senior Corps..."

In addition to helping others, older volunteers are also helping themselves by living active, healthy lives through volunteering. A growing body of research points to mental and physical health benefits associated with volunteering, including lower mortality rates, increased strength and energy, decreased rates of depression, and fewer physical limitations. With nearly one in every five Americans projected to be age 60 or older by 2030, a great opportunity exists to engage older Americans in service to meet critical community needs.

"Volunteering helps Americans by keeping them active, healthy, and engaged," added Dr. Erwin Tan, Director of Senior Corps at CNCS. "As our nation's older population rapidly grows, we have a tremendous opportunity to unleash the power of older volunteers on our most pressing problems."

Examples of Senior Corps volunteers in action include:

- **Disaster Response in West Texas:** When a fertilizer plant exploded in West, Texas, on April 17, it hit home for the Heart of Texas RSVP volunteers. Many are part of the community and were personally affected by the tragedy, but sprang into action. More than 60 RSVP volunteers joined 20 AmeriCorps members to distribute meals, coordinate volunteers, manage donations, and more in the days and weeks since the explosion.
- **Mentoring children:** At Moody Air Force Base, many military children experience separation anxiety as their parents prepare for deployment. Nine dedicated Foster Grandparents mentor these children to help them through difficult transitions. In 2012, Senior Corps volunteers served nearly 300,000

children through one-on-one tutoring and mentoring to improve their academic performance, self-esteem, and overall social behavior. More than 3,000 children were in military families.

- **Helping Seniors Remain Independent:** One of the most important things to a senior is remaining independent, which can decrease isolation and depression. Retiree Richard Chong likes keeping busy by spending his afternoons as a Senior Companion, driving housebound seniors to doctor's appointments and errands, so they can stay in their own homes. Senior Corps volunteers helped nearly 800,000 elderly Americans remain in their homes in 2012.
- **In Service to Veterans:** In the next five years, more than 1 million service members will face the challenge of transitioning to civilian life. When soldiers are injured, disconnected from communities or facing unemployment, that task is even more difficult. In 2012, Senior Corps volunteers served more than 560,000 veterans. More than 26,000 Senior Corps volunteers are veterans themselves.

For more information about Senior Corps, visit www.Serve.gov.

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The Corporation for National and Community Service is a federal agency that engages more than 5 million Americans in service through its AmeriCorps, Senior Corps, Social Innovation Fund, and George H.W. Bush Volunteer Generation Fund programs, and leads the President's national call to service initiative, United We Serve. For more information, visit NationalService.gov.

GWaar
Greater Wisconsin
Agency on Aging Resources, Inc.

Medicaid Non-Emergency Medical Transportation (NEMT) Brokerage Update

This update follows the NEMT Advisory Council meeting that was held in Madison on Tuesday May 14. Representatives from MTM, the new vendor and DHS were present including Sec. Rhoades who said a few words at the beginning of the meeting emphasizing the importance of a smooth transition.

Go Live information: Medical Transportation Management, Inc. (MTM) is a company based out of St. Louis, Missouri. They have call centers in Texas, District of Columbia, Minnesota, Missouri, Virginia and a new location in Madison, WI. MTM will also have an office in Milwaukee. August 1, 2013 is the Go-Live date for MTM to start providing transportation to Medicaid members eligible for NEMT services. *The phone numbers for the reservation line (1-866-907-1493) and "Where's My Ride" (1-866-907-1494) are the same as those currently being used by LogistiCare. There is an additional phone number to accommodate complaints called the "We Care" line. All Complaints will go through this new phone number, 1-866-436-0457.* The "Where's My Ride" line will be for inquiries about a ride that is late or did not show up, not complaints.

Member & provider notification: A Forward Health Member update will be mailed to about 600,000 MA members the first week in July. Health care providers will also receive an update including the full member update about a week prior to that mailing. MTM is holding individual meetings with providers and will host 6 provider trainings around the state starting in late May through June.

Policy Changes: DHS announced several policy changes at the advisory council meeting.

1. Veterans receiving services at a veteran's facility that could be paid for if provided by a Medicaid and BadgerCare Plus-enrolled provider will be able to receive transportation through MTM to those services at the VA facility.

2. A ride to pick up a prescription that is not in coordination with a medical appointment is allowable, however the member will be urged to combine trips when possible, ride public transit, or order prescriptions through the mail as the first options. Trips to pick-up, repair or fit durable medical equipment continue to be covered.

3. DHS has not had a policy requiring members to use public transit. In the contract with MTM, members will be required to use public transit if they are physically and cognitively able to do so. MTM will employ travel trainers and work with local travel training programs to help members feel comfortable using public transit – fixed route services.

Complaint process:

- There is a separate number to call and log complaints, 1-866-436-0457. Complaints can also be filed online.
- An Ombudsman will be employed by MTM separate from their quality assurance department. This person will be hired with input from DHS
- A new navigator position is being created through contract with Hewlett Packard. The role of this person in the complaints process is still being determined.
- An audit of complaints and the complaint resolution process will be completed 3-4 months after initial implementation.
- DHS also intends to have additional third party oversight through an RFP process which will be determined after implementation.

The contract with MTM was just signed last week and the implementation is happening very quickly.

LogistiCare Transition:
DHS ensured the council they are still actively monitoring LogistiCare and transition planning for some employees to move from LogistiCare to MTM.

Outstanding bills – This is critical! If you, a volunteer driver or provider in your area has unpaid bills with LogistiCare, action must be taken immediately. Although we have heard that some providers still have not received full payment from LogistiCare, recent news releases from DHS indicate LogistiCare has told the state they are up to date on all payments. If this is not the case, contact Shawn Thomas, shawn.thomas@wisconsin.gov at DHS immediately to get resolution. You may also consider contacting your legislator as some have been helpful in receiving complete payment.

MTM has just received access to LogistiCare client data for a smooth transition for those consumers who may already have authorization forms, provider preferences, reoccurring trips or other considerations on file.

NEMT Audit: Rep. Penny Bernard Schaber has requested an audit of the NEMT Brokerage program 3 times and has received bipartisan approach for an audit. Last week, she finally received a response from DHS and that is attached. Sec. Rhoades has ordered an audit, but it is on the procurement process prior to the award to LogistiCare. The audit that was requested was more about determining if the brokerage model and system WI has chosen (per capita payments, statewide network) is cost effective and working the way it should.

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