PROCEEDINGS OF THE AGING & DISABILITY RESOURCE CENTER OF BROWN COUNTY BOARD MEETING **September 25, 2008**

PRESENT: Sup. Bill Clancy, Donajane Brasch, Tom Diedrick, Patricia Finder-Stone, Judy Parrish, Libbie Miller, Pat Cochran

EXCUSED: Ethel Macaux, Jean Kiefer

ALSO PRESENT: Sunny Archambault, Arlene Westphal, Debra Bowers, Snooky Zuidmulder, Tom Eggebrecht, Amie Bastian

PLEDGE OF ALLEGIANCE.

Chairperson Diedrick called the meeting to order at 8:30 a.m.

ADOPTION OF AGENDA: A motion was made by Ms. Miller and seconded by Ms. Parrish to adopt the September 25, 2008 agenda. **MOTION CARRIED.**

APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF August 28, 2008: Ms. Miller moved and Ms. Brasch seconded to approve the minutes of the regular meeting of August 28, 2008. **MOTION CARRIED.**

FINANCIAL REPORT:

A. **REVIEW AND APPROVAL OF THE AUGUST 2008 REPORT:** Ms Archambault reported that we are on target at present and should be close to target at the end of the year. We are under spent in Falls Prevention as Kewaunee did not hire until close to the end of the year and those dollars can be carried over to next year.

Ms. Miller moved and Ms. Cochran seconded to approve the August 2008 FInancial Report. **MOTION CARRIED.**

B. **REVIEW AND APPROVAL OF RESTRICTED DONATIONS:** There were no Restricted Donations.

FAMILY CARE PRESENTATION – TOM EGGEBRECHT, HSD: Mr. Eggebrecht introduced himself as Director of Community Programs with Human Services. His role encompasses overseeing Inpatient Services, Divisions Operations, and Community Services. Mr. Eggebrecht presented a power point presentation on Family Care that was developed for the Human Services Board and the County Board.

He began by explaining that Family Care in Wisconsin is the redesign in the way public funded long term care (LTC) services are delivered. At present the Brown County Human Services Department is comprised of a Psychiatric Hospital, Behavioral Health, Child Welfare, Economic Support, Juvenile Justice, Long-Term Care and Nursing Homes. LTC is provided based on the functional and financial eligibility for services for the elderly, the physical disabled and the developmental disabled. These services include supportive home care, community based residential facilities, day services, adaptive aids and nursing. Stakeholders impacted by LTC Reform include both staff and consumers.

LTC staff are comprised of 2 supervisors, 5 nurses, 45 case managers, 63 nursing home beds, 117 contracted agencies. There are now 1574 active consumers receiving LTC services with 803 persons on the waiting list.

The 803 people on the waiting list is the number one reason why the LTC system needs to be redesigned. The question is: "How did we get here?" In 1974 we began providing state-funded, county operated community services. In 1981 the Community Options Program (COP) was created to serve people in their homes and keep them out of nursing homes. In 1983 the Community Integration Program (CIP) was created to reintegrate persons into non-institutional settings. Although a working system is in place, reform is necessary due to increasing costs and decreasing funding, an aging population, and growing waiting lists.

The Family Care Concept is to get more care under management, provide incentives for positive outcomes, and use the savings to serve more people. The current system gives entitlement to nursing home care but has long waiting lists for community care. In addition, community care has many funding sources with specific restrictions of what services can be funded. Family Care would give entitlement to both community-based and nursing home care, blend the funding sources into a single funding stream and offer an expanded, flexible benefit package.

In 1999 the state began funding pilots in Family Care and Partnerships. Family Care manages long term care and works with medical providers to better coordinate LTC and medical services. Partnership manages both long term care and medical care. Reported results from these pilots indicated that Family Care showed an average savings of $452 per month, reduced the use of institutions, and maintained health and functioning. Under Family Care, the state would contract with a Care Management Organization (CMO) and pay a capitated rate for each eligible person enrolled. The CMO would manage costs within the average rate and would be required to meet state contract requirements.

The two major components of Family Care are the Aging & Disability Resource Center (ADRC) and the Care Management Organization (CMO). ADRCs are the entry way into the public LTC system. They will be responsible for determining eligibility, providing information & assistance about LTC services and other public benefits, and options counseling. The CMO will provide services through a managed care model. CMOs will receive a prepaid capitated payment for each participant and will need to provide needed services for their enrolled consumers.

A county, a group of counties, a LTC District, tribes, private corporations or any combination working under a contract agreement can apply to perform as a CMO. There are now three models operating in Wisconsin: Family Care Basic provides LTC benefits only; Family Care Plus coordinates LTC and Medical Assistance benefits; and Family Care Partnership coordinates LTC, Medical Assistance, and Medicare benefits.

Before the state designates an entity as a CMOs, they must demonstrate that they have the capacity to provide cost effective services, to achieve defined service outcomes, to meet the mental health needs of enrollees, and to provide nursing as well as care manger support. They also need to show that they have the business capacity to provide the following: information management, strategic planning, network development, claims processing, quality management system, and sufficient executive and supervisory staff. To be considered as a

CMO you must have liquid reserves to meet the needs of enrollees for a minimum of three months, the ability to readily hire new staff, and the ability to manage fluctuations in enrollment.

Based on these solvency and risk factors, Brown County would need $12 million of liquid reserve to become a CMO. All counties must contribute funds to support Family Care-whether they choose to operate Family Care or not. For Brown County, this would mean a tax levy of $2 million annually to support Family Care. The application process to become a CMO requires a County Board resolution, a separate governing board, a 3 year business plan and evidence of consumer and stakeholder involvement. Brown County will need to make decisions on its role, the governance model, the benefit package, its business partners, and future infrastructure support. Right now, staff are investigating a partnership with Kewaunee and Oconto Counties to establish a Long-Term Care District. The District would then need to hire a director and administrative staff, case management staff, and identify IS support. The County Board will make the final determination of how Family Care is implemented.

In conclusion, Mr. Eggebrecht noted that the Governor's plan is to have Family Care statewide by 2011. Brown County's current thinking is to have a proposal submitted to the County Board in 2009 for its consideration for possible implementation in 2010.

ADD LIFE COORDINATOR UPDATE: Ms. Zuidmulder introduced herself as the Add LIFE Coordinator for the Aging & Disability Resource Center and has held that position since February 2006. Prior to this she was the coordinator for the ADRC's homebound meals program housed at Resurrection Lutheran Church. Her primary responsibilities are to ensure the smooth day–to-day operations of the center, making sure people feel they are in a safe and secure environment and that they are served well. Ms. Zuidmulder has developed a calendar in Outlook to help with room scheduling allowing for greater use of the building. She noted that we are heavily booked not only during daytime hours but also in the evenings and many weekends. She currently has two outstanding receptionists who have transitioned well with all of the recent changes to the ADRC. They both do multi-tasking and have strengths that complement each other. In 2007 the center served 46,600 seniors, people with disabilities, and caregivers. We have already served 46,700 in 2008 and are starting to feel we are at our capacity in order to provide quality service for those who enter the center.

Ms. Zuidmulder highlighted the following Add LIFE Center programs and activities she offers through collaboration with organizations throughout the community:

- Works with NWTC to offer sewing, art and computer classes.
- Works with the YMCA to offer exercise classes.
- Plans trips through Mayflower Tours bringing in revenue to the ADRC.
- Arranges for speakers, classes and seminars to meet the social, educational and recreational needs of our seniors and the disabled populations we serve.
- Collaborates with AARP to do tax preparation and this year undertook Stimulus Filings.
- In 2007 Ms. Zuidmulder created the Veterans Program in partnership with the Brown County Veterans Service Office. They meet the 1st Friday of the month and Veterans are provided with an educational program and are invited to stay for a free lunch. Presentations in 2008 included Elder Law and 211 and How It Can Impact Veterans. The Veterans also took a trip to the Veterans Museum at Madison and The High Ground, a Memorial Park in Neilsville, WI. A monthly newsletter is also being published

for Veterans of Brown County and distributed to multiple agencies within Brown County, UW-Green Bay, NWTC, Nursing Homes, Assisted Living Facilities, Veterans Organizations and other who wish to be on the mailing list.

- Continues to work with ADAPT "Peer Group", a program providing educational and social opportunities for developmentally disabled adults.
- Continues to implement the Senior Farmers' Market Nutrition Program. This year we were able to distribute sets of $25 vouchers to over 600 eligible low-income seniors while partnering with the UW-Extension to provide nutrition education. This program takes many hour to implement and records must be maintained for at least three years.
- Partners with health care providers to offer programs of interest to seniors including Foot Care, Stroke Screenings, Heart Specialists, Diabetes, Arthritis, Knee Replacement, Urinary Incontinence, and Hearing Screening.
- Arranges for social activities including holding a Bingo, Pot-Luck & Dance on Sundays, cards several days a week, one day trips, tours through Mayflower, a Fishing Club with a once-a-year fish fry, and partners with US Bank to hold a New Year's Eve Dance.
- Writes articles advertising these programs and creates a monthly programming calendar.
- Facilitates monthly support groups for Parkinson's and Citizens with Hearing and Sight Impairments.
- Helps to facilitate the "Stepping On" Falls Prevention Program.

She shared the results of a survey she put out earlier this year which indicated "transportation" to be the number one problem for the population we serve. Ms. Zuidmulder noted that as our population keeps changing, we must continue to keep changing.

DIRECTOR'S REPORT: Ms. Archambault distributed a copy of the Resolution for the Aging & Disability Resource Center of Brown County to contract with the State of Wisconsin to provide Resource Center Activities for seniors and adults with disabilities. The resolution went before the Human Services Board last evening and will now be going to the Brown County Board.

The Asphalt Replacement/Repair Project for the ADRC Parking Lots will be postponed until spring 2009 at which time the accepted bid from Northeast Asphalt will be $82,380.

The County Executive returned our 2009 Budget making only slight adjustments to Fringe Expenses and IS Charge Backs.

BAY AREA AGENCY ON AGING REPORT: Ms. Finder-Stone reported on the following:

- The Bay Area Agency on Aging met on Monday and discussed the direction of the new agency GWAAR. Bob Kellerman, Director, discussed the interviewing and hiring process. He announced that a new Fiscal Manager has been hired.
- Discussions were held on Family Care and the proposed legislature Bill 3429, to raise the reimbursement mileage rate for volunteers to 41¢ to be adjusted annually.
- Senator Kohl held a hearing to go over some problems people have been experiencing with the 1-800 Medicare Phone Number

ANNOUNCEMENTS: Ms. Brasch reported that the Parity Bill is looking good and should be going through.

NEXT MEETING DATE – OCTOBER 23, 2008: Mr. Diedrick announced that the next Board of Director's Meeting is scheduled for October 23, 2008 at 8:30 a.m. He noted that the November Meeting would fall on Thanksgiving and suggested holding a combined November/December Meeting to avoid the Thanksgiving and Christmas Holidays. The Board, by consensus, agreed on a meeting date of December 18, 2008.

ADJOURN: Sup. Clancy moved to adjourn and Ms. Parrish seconded. **MOTION CARRIED.** The meeting adjourned at 10:20 a.m.

Respectfully submitted,

Arlene Westphal, Secretary