

ADRC ADVISORY COMMITTEE MEETING

WEDNESDAY, October 14, 2020

1:00 P.M.

Call: 312-626-6799

Meeting ID: 824 5816 4812

**Note: This is a
Teleconference**

Join Zoom Meeting <https://us02web.zoom.us/j/83775029235?pwd=UkcvU3phVHkzMUI3OHNyVmh3d1QvZz09>

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AGENDA

1. Call to Order and Welcome
2. Approval of Agenda
3. Election of the ADRC Advisory Committee Vice-Chair
4. Approval of Minutes from the July 08, 2020 meeting
5. Citizen Participation
6. Old Business
 - A. COVID-19 and ADRC office procedures
 - B. 2019 Carryover and DCS Funds Update
7. New Business
 - A. Review and Discussion of County Administrator's ADRC-COA Integration Recommendation *
 - B. Quality review-Key Performance Indicators
8. Statistical Information *
9. Complaints and Appeals
10. Success Stories *

11. Committee Member Comments

12. Next Meeting Dates:
January 13, April 14, July 14, Oct 13, 2021

13. Adjourn

* Denotes Attachment

Committee Members unable to attend, please contact Jennifer Thompson
(Rock County ADRC/APS Division Manager) at 741-3684.

The County of Rock will provide reasonable accommodations to people with disabilities. Please contact us at 608-757-5510 or e-mail countyadmin@co.rock.wi.us at least 48 hours prior to a public meeting to discuss any accommodations that may be necessary.



**ROCK COUNTY AGING AND DISABILITY RESOURCE CENTER (ADRC) ADVISORY COMMITTEE
July 8, 2020**

Call to Order and Introductions: Ms. Thompson called the meeting of the Rock County Aging and Disability Resource Center (ADRC) Advisory Committee to order at 1:00 p.m. on July 8, 2020 via Zoom.

Committee Members Present: Carrie Glover, Pam Bostwick, Gregg Schneider, Harold Luther, and Tom Moe.

Committee Members Absent: Tom McCool and Rob Wilkinson

Staff Members Present: Jennifer Thompson, Director of the ADRC, Melissa Kooiman, Supervisor of the ADRC, Diane Jones, I&A Specialist of the ADRC, and Cori Marsh, Dementia Care Specialist of the ADRC.

Others Present: Tim Wellens, ADRC State Regional Quality Specialist

Approval of Agenda: Ms. Glover moved to approve the agenda, seconded by Mr. Luther. APPROVED.

Election of the ADRC Advisory Committee Chair: Ms. Glover moved Election of the ADRC Advisory Committee Chair to the floor; seconded by Mr. Luther. APPROVED

- Ms. Thompson stated the need to fill the position of Chair for this committee. Mr. Moe nominated Rob Wilkinson, who is currently Vice Chair. Mr. Luther moved to accept the nomination, pending Mr. Wilkinson's approval; seconded by Ms. Glover. APPROVED

Approval of Minutes: Mr. Schneider moved to approve the minutes from January 8, 2020, seconded by Mr. Luther. APPROVED

Citizen Participation: None.

Complaints and Appeals:

- Ms. Kooiman advised that the ADRC has received one appeal and one complaint. The hearing for the appeal will be at 2pm today. The appeal relates to a consumer whose screening resulted in them not qualifying for IRIS. The complaint received relates to an error on a consumer's SSIE paperwork. The complainant opted to work with DHS directly; however, no further action has occurred at this point. The ADRC has completed additional training in regard to completing paperwork moving forward.

Old Business:

- A. ADRC/COA Integration:
- Randy Terronez had planned to be in attendance today to speak on this topic. Ms. Thompson will follow up with him and relay information back to the Committee.

New Business:

- A. COVID-19 Update
- Since the middle of March, the doors at the ADRC have been closed to the public. All staff, except for the Administrative Assistant, have been working from home. Communication between consumers and staff has continued. There have been some technical issues involving ADRC phone lines that ROCK-IT has been attentive in resolving. Recent feedback indicates issues with ADRC phone lines have improved. Ms. Thompson encouraged Committee members to route any issues they may learn about to her directly.
 - Ms. Marsh, the ADRC Dementia Care Specialist, has continued to provide support to consumers virtually, continuing support group schedules through Zoom.

- Rock County remains in Phase Two of reopening. Staff will continue to work from home and refrain from face-to-face visits, unless supervisory staff determine it is needed. Personal Protective Equipment (PPE) is available for use.

B. 2019 Carryover and CARES Act Funds

- Ms. Thompson advised that the ADRC received additional CARES Act Funds totally approximately \$17,000. Amount of excess 2019 funds were distributed across the state proportionately to their population. Potential uses for these funds include:
 - stools for staff to utilized during home visits
 - document scanners/readers or a phone app to capture documents
 - phone headsets
 - “Alexa” type devices for use by staff and consumers (a project team is researching/coordinating this possibility)

Statistical Information*:

A. Call Numbers:

- Ms. Thompson updated call-related graphs included in committee member packets. She explained the reason for inflated 2018 numbers – ADRC was listed as the Job Center on Google so were experiencing a large increase in call volume. Additional charts in the packet document services that ADRC provided through calls over the last four years (2016-2019), noting the large hike reflects when Family Care started in Rock County (July, 2016). Chart information also reflects that the ADRC larger consumer group served is predominantly age 60 and over, followed by consumers with physical and mental disabilities.

Success Stories:

- Ms. Thompson shared that Cori Marsh received a framed “thank you” from one of her support groups that expressed the wonderful support she has provided them. This was also submitted to the HSD Employee Recognition Committee and resulted in her receiving an HSD IMPACT Award. This is the first time a staff member has been recognized twice! Ms. Thompson also commented that she received complimentary feedback from consumers about top notch service provided by Nicole Zimmerman and Jill Hrycay, Sage Duval and Ann Howell.

Committee Member Comments:

- Mr. Schneider commented that he liked the idea of using Alexa. His mother recently passed away and no one was allowed to visit, but through Alexa, family members were able to communicate with her. He also wanted to share that people who were working and receiving disability income were not allowed to collect unemployment or any of the additional COVID dollars because they were receiving disability income.

Next Meetings:

- October 14, 2020 at 1:00 p.m. in the Job Center Conference Room D-E 1900 Center Avenue, Janesville, Wisconsin or via Zoom.

Adjourn: Meeting was adjourned at 1:52 p.m. on a motion by Mr. Moe, seconded by Mr. Luther. APPROVED.

Respectfully submitted,


Kathleen Wellnitz, Secretary

NOT OFFICIAL UNTIL APPROVED BY COMMITTEE



DATE: October 8, 2020

TO: Education, Veterans, and Aging Services Committee
Human Services Board
Council on Aging
ADRC Advisory Committee

FROM: Josh Smith 
County Administrator

RE: ADRC – Council on Aging Integration Recommendation

Background

In early 2019, the retirement of the director of the Council on Aging provided the opportunity to study the feasibility of combining the senior services of the Council on Aging with the Aging and Disability Resource Center.

Separate but related, the decision to move Human Services programs to 1717 Center Avenue led to the decision for the Council on Aging to be co-located with the future office space of the ADRC as both programs' clients were similar.

In May 2019, the County Board established an Aging Services Integration Review Advisory Committee to look into whether to integrate the Council on Aging and the ADRC. The Study Committee consisted of ten members:

- half representing the Council on Aging (three citizens and two County Board members serving on the Council on Aging and/or Education, Veterans and Aging Services Committee); and
- half representing the ADRC Advisory Committee (four citizens and one County Board member serving on the ADRC Advisory Committee and/or Human Services Board).

The Advisory Committee was chaired by then County Board member Phil Owens who also represented the Council on Aging and Education, Veterans and Aging Services Committee.

A consultant was hired utilizing state funds to assist the Advisory Committee with its charge. The purpose of this project was to gather and analyze information, gather input, and discuss the opportunities and concerns with regard to integration.

Meetings were held in 2019 with a final report in early fall of that year. The report's recommendations (page 15 of the report) called for:

1. The Rock County COA and ADRC to integrate into one entity:
 - a. This effort's main focus must be on the customer.
 - b. Set aside personal agendas.
 - c. Multiple staff trainings needed monthly. Utilizing experiences from other benchmark counties to establish a training process for moving forward. No need to re-invent the wheel.
2. Develop a marketing strategy for all aging programs and services in the newly integrated entity:
 - a. One brochure, one website, one social media point, one phone number, and advertising that promotes all aging programs and services as one.
 - b. Identification of the potential for additional marketing dollars through ADRC.
 - c. Solicit Donations from health care organizations for additional promotion.
3. Establish an integrated SAMS (software application used by Council on Aging and ADRC) database for tracking purposes.
 - a. Staff need to understand and review customer contacts within the software application.
 - b. Establish contact goals on an annual basis and include them in County budget documents.
4. Establish customer service metrics
 - a. What does excellent customer service mean?
 - b. Define what excellent customer service means and use this as a tool to develop a customer service survey. Review survey metrics with staff every 6 weeks.
5. Strategize on how integration with ADRC can grow state funding for positions.
 - a. Initially, growing the Elder Benefits Specialist FTE, prevention funding, and caregiver support for people with disabilities.
 - b. Implementing a billable hours model across the integrated organization.
6. Identify how the integration will affect advisory boards and oversight committee.
 - a. Identify the structure of advisory boards and what County Board committee will provide oversight.
 - b. Work with Eau Claire and Sheboygan counties to learn about their processes with regard to structure and how their corporation counsels engaged with this effort.
7. Secure additional funding for transportation services.
 - a. Is it possible to expand transportation rides from Beloit to Rockford and Janesville to Madison?
 - b. Determine what funding sources could be secured to expand transportation and write proposals to obtain this funding.

In late 2019 and into early 2020, the report's findings were presented to the respective governing committees and subsidiary committees. At that time, no decision was made as to the preferred organizational structure for integration. Due to COVID-19, progress to recommend an implementation strategy was placed on hold.

Options for Integration

The report clearly outlines the benefits of a combined department, such as being able to share one database of clients. Another important benefit is that a combined department could generate more funding that could be used to expand Elder Benefit Specialist services. Specifically, integration would allow the current Elderly Benefits Specialist function in the COA to capture Medicaid (MA) reimbursement. The COA Elder Benefit Specialist position is currently funded by state monies in the amount of \$53,000. In a merged environment, the position would be able to bill the MA program for MA clients it serves, which would free up the state aging grant funds for other needed areas, including additional Elder Benefit Specialist staff. Currently, this additional revenue cannot be realized as the COA does not have the capability to bill for MA clients.

There are a number of options to consider.

1. Option 1

Status Quo. As co-location has been incorporated into the 1717 Center Avenue project, clients will already see a benefit from services located on the same site.

2. Option 2

Integrate COA with ADRC/Adult Protective Services (APS) under the Human Services Department.

This option would utilize the HSD Administrative Services Division for financial/grant administration support. This would likely result in three separate units (ADRC, COA, and APS). Utilizing existing HSD fiscal and administrative support would free up time of COA staff to focus on providing services.

3. Option 3

Merge the ADRC and the Council on Aging as a separate department outside of the Human Services Department.

This option would require separate fiscal staff for the integrated and larger department to oversee budget, grant reporting, billing, and accounting functions. We would suggest creating a 1.0 FTE Account Clerk position at a cost of \$59,414. Additionally, the APS unit would be transferred to another HSD division. Further Human Resources involvement would be needed to further analyze position and pay grade changes for a stand-alone department.

4. Option 4

Take a more targeted approach by transferring the Elderly Benefit Specialist position from COA to ADRC in order to maximize MA client reimbursement. Leave all else as status quo.

Future of Advisory Bodies

Presently, state and/or federal regulations require the County to have several advisory committees composed of predominantly citizen volunteers. These include:

1. **Council on Aging Advisory Council** consisting of 15 members representing a cross-section of seniors and/or service providers for the senior population. The Rock County Council on Aging Advisory Board's main objectives are to advise and assist the staff of the County Aging Unit and the Education, Veterans & Aging Services Committee (policy body), and to advocate on behalf of the older population living in Rock County. In doing so, members provide information to the public about the aging experience and about resources for, and within, the aging population. Members assist in representing needs, views and concerns of older individuals in local decision-making and assist older individuals in expressing their views to elected officials and providers of services. Terms are 3 years, with the option of serving two consecutive terms.
2. Members of the Council on Aging Advisory Council also serve as the **Council on Aging Nutrition Advisory Board**. Over 50% of the membership is composed of individuals over age 60. Other members are advocates for older adults and their family members. Terms are 3 years, with the option of serving two consecutive terms.
3. Per the Council on Aging Mobility Management program, the **Transportation Coordinating Committee** was established in 2013. This advisory body develops and administers the Public Transit-Human Services Coordination Plan, advocates on behalf of transportation-disadvantaged populations, reviews and comments on federal and state human service transportation capital assistance applications, and reviews passenger transportation plans for Rock County. Membership consists of up to 16 members with representation from the County Board; County Aging Unit; County Department of Human Services; public, proprietary and non-profit transportation providers; County Mobility Manager; area planning organizations; elderly and disabled citizen advocates and consumer and agency advocates; and health care, medical or medically related organizations/individuals. Members serve 3-year terms.
4. The **ADRC Advisory Committee** meets quarterly and provides strategic direction to ensure fidelity to the ADRC mission. This committee advocates for older adults and adults with physical or intellectual/developmental disabilities as well as represents and promotes the ADRC and the services it provides to the community. An ADRC is required to have a governing board that reflects the ethnic and economic diversity of the geographic area served by the ADRC and at least 1/4 of the members of the governing board shall be individuals who belong to a client group served by the resource center or their family members, guardians, or other advocates. The proportion of these board members who belong to each client group, or their family members, guardians, or advocates, shall be the same, respectively, as the proportion of individuals in this state who receive services under s.46.2805 to 46.2895 and belong to each client group,

Recommendation

It is my recommendation that the County implement Option 2, integrating the COA and ADRC under the Human Services Department. I believe this is the best option not only because it maximizes MA reimbursement, which could lead to expanded Elder Benefit Specialist services, but also because it utilizes the already existing fiscal and administrative support staff in HSD. This will keep administrative costs lower by not having to hire additional accounting staff and allow COA and ADRC staff to spend more time on programming, communication, marketing, and other strengths.

Timeline

I would suggest the following timeline:

October 2020—The two advisory committees and two governing committees discuss the recommendation.

November 2020-January 2021—The two governing committees and the County Board consider a resolution to integrate,

January 2021-August 2021—The COA and ADRC prepare for the move to 1717 Center Avenue and develop an integration plan. This would include working with Eau Claire and Sheboygan counties, as identified in the Advisory Committee's report, to learn about their processes used for integration and developing a communication strategy for clients. Any further organizational structure changes would be submitted as part of the 2022 budget request. Part of the integration plan would also include a recommendation for advisory committee oversight that meets state statutory requirements and the needs of the represented constituencies.

September 2021-December 2021—Following the move, finalize plans to begin operation as a joint entity as of January 1, 2022.

- Third Quarter 2020

Who made contact (Caller Type):

No. of Calls	Caller Type
1,204	(Self)
264	11-Legal Decision Maker
199	12-Caregiver
714	13-Relative/Friend/Neighbor/Comm Mbr
963	14-Agency/Service Provider
985	15-ADRC Contacted Consumer/Designee
875	16-ADRC Initiated Collateral Contact
252	99-Other
5456	Total

Topic Categories discussed during call:

No. of Calls	Topic Category
268	Abuse and Neglect
84	Adaptive Equipment
4	Addictions
2	ADRC Complaint
135	Alzheimer's and Other Dementia
23	Ancillary Services
3	Animals
127	Assisted Living (AFH, CBRF, RCAC)
5	Budget Assistance
172	Caregiving - Adult CG of Elder or Early Dementia
7	Caregiving - Elder CG of Child or Disabled Adult
11	Caregiving - Non-Elder CG of Dsbld Non-Elder Adult
95	Community I&R
19	Complaints (other)
7	COVID-19
8	Education
4	Emergency Preparedness
45	Employment
23	End of Life
81	Food
120	Health
6	Health Promotion
592	Home Services
299	Housing
28	Income Maintenance

- Third Quarter 2020

87	Insurance
177	Legal Services
24	MDS Section Q Referrals
35	Medical Home Care
122	Mental Health
13	Non MDS Section Q
73	Nursing Home
68	Other
3,608	Public Benefits LTC Programs
866	Public Benefits, Other
10	Recreation/Socialization
1	Referral for Evaluation
13	Referral for Financial-Related Needs
7	Referral for Private Pay Options
4	Taxes
131	Transportation
1	Unmet Need – Assisted Living (AFH, CBRF, RCAC)
1	Unmet Need – Funding – Long Term Care Services
1	Unmet Need – Home Care
2	Unmet Need – Housing
2	Unmet Need – Prescription Drug Assistance
1	Unmet Need – Transportation
1	Unmet Need – Utility Assistance
25	Veterans
1	Volunteer Opportunities
113	Youth in Transition
5447	Total

ADRC Activity:

No. of Calls	ADRC Activity
1,732	Administrative (Select exclusively.)
453	Attempted Contact (Select exclusively.)
24	Community Partners (Select exclusively.)
5	Complaints/Advocacy
19	Customer Initiated Follow-up (Select exclusively.)
233	Long-Term Care Functional Screen
3	Memory Screen
1	Outreach/Marketing (Select exclusively.)
164	Provided Assistance with MA Application Process
9	Provided Brief or Short-Term Service Coordination

- Third Quarter 2020

15	Provided Disenrollment Counseling
156	Provided Enrollment Counseling
340	Provided Follow-up
2,569	Provided Information & Assistance
196	Provided Options Counseling
28	Referral to ADRC
5451	Total

Consumer Age Group:

No. of Calls	Consumer Age Group
17	100 - 150
306	17 - 21
1,737	22 - 59
3,355	60 - 99
5415	Total

Referred By:

No. of Calls	Referred By
22	ADRC Presentation
50	Called Before
2	Friend/Family
2	Home Health Agency
30	Internal Referral
7	Other Agency
1	Physician
114	Total

Disability:

No. of Calls	Disability
620	00-Alzheimer's/Irreversible Dementia
676	01-Developmental/Intellectual Disability
2,818	02-Elderly: Age 60 or Older
931	03-Mental Health
2,026	04-Physical Disability
175	05-Substance Use
346	06-Unknown (Select exclusively.)
5425	Total

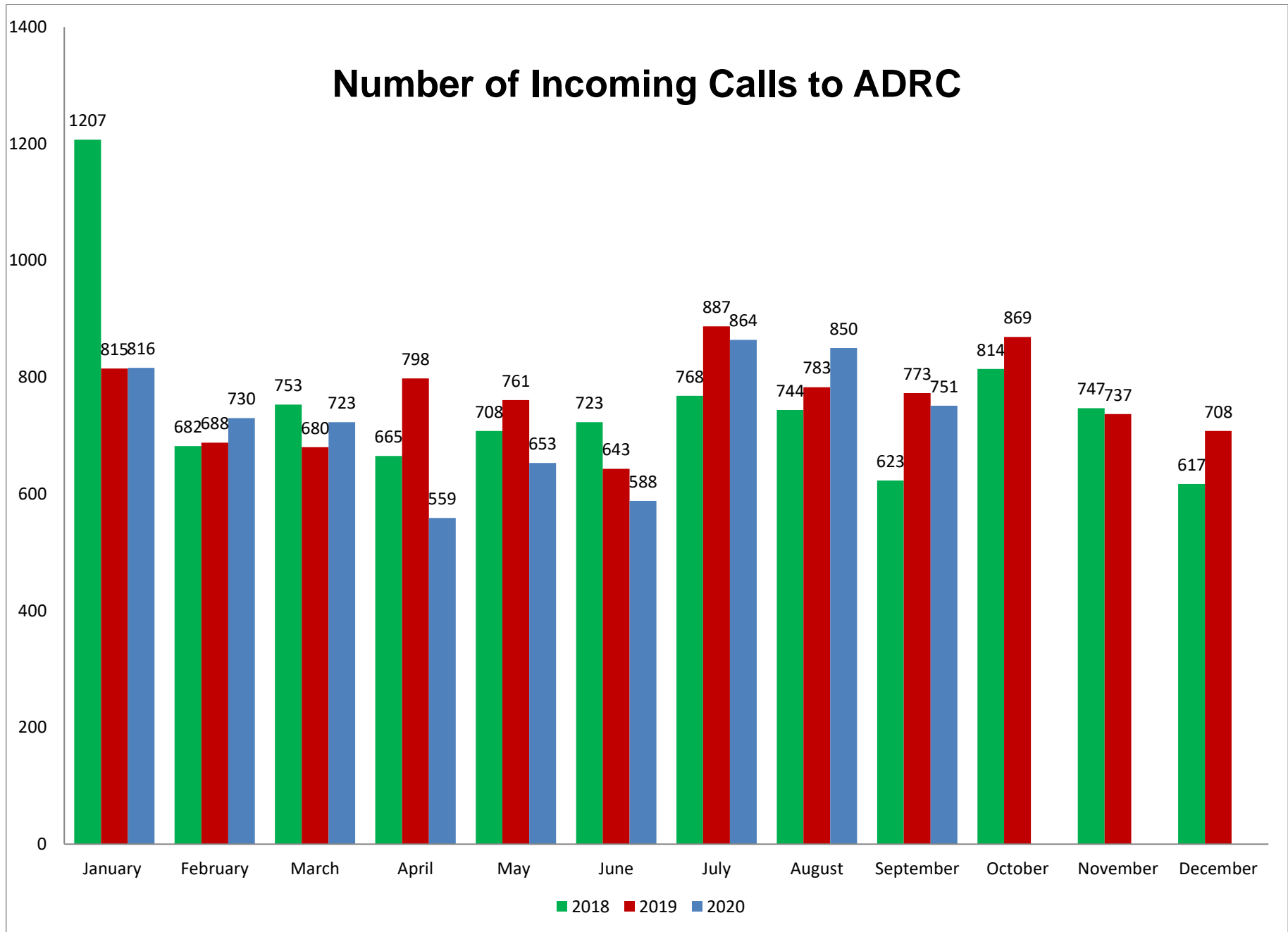
Monthly Total

No. of Calls	Total Minutes	Month

- Third Quarter 2020

1,695	31,301	July, 2020
1,881	39,970	August, 2020
1,880	84,854	September, 2020
5456	156125	Total

Number of Incoming Calls to ADRC



Letters to share with ADRC committee:

Hi Jennifer,

My name is XXX XXX, and I recently worked with Jill Hrycay to get my Medicare setup. I want to let you know that she was a complete pleasure to work with. I am only 39 y/o, and Medicare is all new to me. She was so helpful in describing my plan options, helping me pick out a plan that would be best for health needs, and enrolling me in the plan. She was very nice on the phone, extremely patient answering my questions and giving me information that I could not find on my own.

I just wanted you to know she is a 5-star employee in my eyes, and wanted to let you know that.

Sincerest regards,

XXX XXX

Jamie,

Thank you again for all of your help with this. As I've said (probably every time we talked) you have been the most professional knowledgeable and helpful person I have dealt with in the last year pertaining to all of mom's coverages and care. It's rare to find people with that quality and I really do appreciate it.

You are fantastic at what you do and they're lucky to have you and we are lucky also.

Enjoy your weekend too,