

**Resource Center**  
**Expansion Committee**

**Wisconsin Council on  
Long Term Care Reform**

**Final Report**

**April 2005**

**Report of the Resource Center Expansion Committee  
to the  
Wisconsin Council on Long Term Care Reform**

The charge of the Resource Center Expansion Committee was to advise the Department, through the Council on Long Term Care Reform, on realistic strategies for developing a statewide system of Aging and Disability Resource Centers (ADRCs) that are highly visible and trusted sources of information about prevention strategies, community resources and long-term support options for people who are elderly or have a disability, that serve all people, whether they have resources to purchase their own services or need help doing so, and that serve as the single entry point to publicly-funded LTC programs. (See Appendix 1 for the full charge to the Committee and the timeline for its work.)

The Committee met monthly from February 2004 through January 2005. Members brought considerable expertise from a variety of perspectives and were very dedicated to this work. (See Appendix 2 for the list of members.)

The Committee reviewed and revised the Vision for Aging and Disability Resource Centers and developed recommendations on the essential services of Resource Centers and standards for each of those services. It also advised the Department of Health and Family Services on development of its proposal for a federal grant to expand ADRCs to additional counties in the state.

The Committee brought its recommendations in various topic areas to the Council for approval as they were completed. The final set of recommendations was modified and approved by the Council on April 8, 2005 and the Committee was discharged with thanks for their good work. All of the recommendations in this report are as approved by the Council.

## **What is the vision (picture of success) for Aging & Disability Resource Centers?**

The WI Council on Long Term Care Reform lays forth the vision for Aging & Disability Resource Centers (ADRC's) in their charge to the Resource Center Expansion Committee.

Aging and Disability Resource Centers are successful when the residents of Wisconsin have statewide access to ADRC's that are highly visible and trusted sources of point in time information about and advocacy for:

- prevention strategies,
- community resources,
- benefits counseling and
- long-term support options

for persons who are elderly or have a disability (physical, developmental and mental illness), that serve all people, whether they have resources to purchase their own services or need advocacy doing so, and that serve as the single entry point to publicly-funded LTC programs. Resource Centers provide individualized services that adapts to the values, cultures, local needs and interest the population served.

This charge is based on the work of the previous Long Term Care Council, DHFS, the hundreds of consumers, providers, stakeholders, agency staff, and county government in developing the original redesign proposals of 1997 and 1999. The goals for reform of the Long Term Care System (then as well as today) are:

|          |   |
|----------|---|
| Access:  | Improve people's access to services   |
| Choice:  | Give people better choices about the services and supports available to meet their needs                              |
| Quality: | Improve the overall quality of the long term care system by focusing on achieving people's health and social outcomes |
| Economy: | Create incentives and ability for providing and purchasing cost-effective alternatives.                               |

The Aging & Disability Resource Center goals within this framework are (and were):

- Are attractive, accessible, non-bureaucratic, non-threatening and welcoming to the whole community.
- Reach and serve a broad base of elderly people and people with disabilities, regardless of income (no means testing) or condition (not only those with health or long term care needs)
- Provide reliable and objective information about a broad range of community resources of interest to elderly people and people with disabilities and help people get access to them when needed and wanted through advocacy and assistance

- Delay or prevent the need for long term care services and/or public funding for them
- Enable people to make informed, cost-effective decisions about long term care
- Identify people at risk and with needs and connect them to services
- Serve as the single entry point for publicly funded long term care
- Provide outreach and services to young people (age 17 ½ years) with disabilities as they transition from the school system to the adult service system
- Conserve personal resources, health and independence

**What are the basic services that need to be provided by or under contract with an agency to be called an Aging & Disability Resource Center in Wisconsin?**

### **CORE SERVICES**

The following services are those required under contract by DHFS for the counties currently operating Aging & Disability Resources Centers under Family Care (both the CMO and non-CMO counties). The Committee recommends that these continue to be the essential services for all future Resource Centers.

○ **Information & Assistance**

The Resource Center provides information and assistance to the target populations, their friends, family and caregivers and the general public.

▪ **Linkage to Public & Private Resources**

The Resource Center shall link individuals who appear to be eligible to receive or interested in receiving Medicaid, SSI, SSI-E, food stamps, Medicare, Social Security and SSDI to the county, state and/or federal agencies responsible for determining the individuals' eligibility to receive these benefits.

○ **Short Term Care Coordination**

The Resource Center has a short-term care coordination system in place to assist individuals and their families in arranging for services, assisting in crisis and helping to maximize private resources, when available. These services are separate from but work in conjunction with options counseling, outreach and I&A within the ADRC and APS and other systems outside of the ADRC.

○ **Outreach and Public Education**

The Resource Center conducts an ongoing program of marketing, public education and outreach to its target population(s), including people who are isolated or otherwise hard to reach, community agencies, and service providers in its county or service area to inform them of the availability of its services.



- **Family Care/Publicly Funded Long Term Care Access**  
Resource Centers shall ensure access to the Family Care benefit (in counties where CMO's exist) or other publicly funded long term care (non-CMO counties) that works for consumers, county agencies, enrollment consultants, and DHFS.
- **Advocacy**  
Resource Center shall provide advocacy both formal and informal to persons in need of assistance in accessing benefits and/or services to meet their needs.
- **Community Needs Assessment**  
Resource Centers shall track and communicate gaps in local services and facilitate community responses to address these service gaps; and monitor community needs assessments done by other.

Many of the services described above have been developed and defined over the last five years of Resource Center operations and form the basis of the current contracts between DHFS and Resource Centers.

### **SERVICE STANDARDS FOR CORE SERVICES**

The Committee recommends the following service standards for core services identified as essential to the operation of an Aging and Disability Resource Center (ADRC) in Wisconsin. Service standards are designed to support consistency and continuity in service delivery.

#### **Information & Assistance**

The Resource Center provides information and assistance to the target populations, their friends, family and caregivers and the general public. The process of providing information & assistance services includes: listening to the inquirer(s), assessing their needs, linking or supporting the inquirer(s) to connect with service providers or gain information to meet the identified needs and following-up with the inquirer (or service provider) to determine if the needs were met.

**Performance Goal:** People receive information and assistance to get what they need.

#### **Service Standards:**

Information & Assistance can be provided in person (home visit and walk-in), over the telephone, via email or other forms of written correspondence.

- **Rapid evaluation of the contact.** Determine the issue leading to the inquiry, the knowledge and capacities of the inquirer, and the urgency of the situation, in order to determine how to approach the information giving service.
- **Provide individuals with useful information.** Provide information, which is updated at least annually, about services, resources and programs that will assist people to experience daily life with dignity and security, maximizing their opportunities for self-sufficiency, and choice.

- **Information is retrieved from the resource center’s resource database.** Entries in the database shall contain an established core set of data elements (e.g. name of agency, address, description of service etc.). The responsibility for maintaining the database may be sub-contracted with another agency, provided they meet the ADRC standards. The resource center must have in place a published inclusion/exclusion policy. Information contained in the resource database shall be organized according to established classification system (service taxonomy) and can be retrieved based on the classification system and/or keywords. The use of a style guide or manual to support consistency in the database is desirable.
- **Documentation.** The resource center shall document interaction that occurs between the Information & Assistance Specialist, the inquirer and any collateral contacts (referral agencies, medical providers, inquirer’s family and others) in the client file or record. Documentation should follow a consistent format (DAP: data, assessment, plan or SOAP: subjective, objective, assessment, plan or another format). Client notes should be clear; abbreviations kept at minimum and follow agency policies. The client record should also contain initial and ongoing communication; each entry should be dated and signed by the author. Data gathered that is from the inquirer (name, address, telephone number, age, gender, marital status, race/ethnicity, poverty status etc) should be included in the client record. Inquirers are not required to share any demographic or otherwise identifiable information as a condition of receiving Information & Assistance services. Inquirers may choose to remain anonymous.
- **Areas of information and assistance.** Provide information and assistance on the following areas at a minimum:
  - Adult protective services, abuse, neglect, domestic violence, and financial exploitation;
  - Living arrangements related to long-term care (e.g., information and assistance to people considering a move due to health, disability or frailty);
  - Disability and long-term care related services (e.g., in-home support, care management, respite, equipment, training, transition planning, independent living skills, caregiver issues, death and dying issues);
  - Paying for long-term care related services (e.g., public programs, long-term care insurance, other private resources);
  - Health (e.g., recuperative care, disease, conditions, dementia, health, health promotion, medically related care);
  - Mental health, alcohol and other substance abuse;
  - Employment, training and vocational rehabilitation;
  - Financial and other basic needs (e.g., benefits, Medicaid, Medicare, health insurance, food, poverty, money, shelter, paying for medical care and medications);
  - Transportation;
  - Nutrition (e.g., congregate meals, home-delivered meals, counseling);
  - Home maintenance (e.g., chores, yard work, home safety);
  - Legal issues (e.g., tax laws, powers of attorney, guardianship, consumer rights, advocacy, discrimination, complaints and grievances); and,
  - Education, recreation, life enhancement, volunteerism

- **Provide counseling on services.** Provide counseling on long-term care services, personal goals and outcomes including a face-to-face meeting if needed. Counseling is generally a more time intensive service than information provision and involves helping consumers evaluate their strengths and preferences, as well as educating them regarding available long-term care services.
- **Provide referral/assistance services.** Determine needs of the inquirer, evaluate appropriate resources, including organizations capable of meeting those needs, assist callers for whom services are unavailable by locating alternative resources, and actively participate in linking the inquirer to needed services.
- **Provide follow-up.** Follow up with people as needed to determine the outcomes and provide additional assistance in locating or using services as necessary. The resource center shall have a written follow-up policy (including advocacy issues).

### **Provide Linkages to Public & Private Resources**

The Resource Center shall link individuals who appear to be eligible to receive or interested in receiving means tested and non-means tested services Medicaid, SSI, SSI-E, food stamps, Medicare, Social Security, SSDI, home health-care, Public Health services and Older Americans Act services to the county, state and/or federal agencies responsible for determining the individuals' eligibility to receive these benefits.

### **Service Standards:**

When individual contacts or is referred to the Resource Center and appears to be eligible to receive or interested in receiving inclusive of but not limited to Medicaid, SSI, SSI-E and food stamps, the Resource shall refer the individual to the county, state and/or federal agencies responsible for determining the individual's eligibility to receive these benefits.

- **Advocate.** Advocate on behalf of individual or groups when needed services are not being adequately provided by an organization within the service delivery system.
- **Availability of Information and Assistance Services.** The Resource Center shall provide information and assistance at hours convenient for the public.
  - The information and assistance service shall provide a phone number, which is toll free to all callers in the Resource Center service area. The phone number shall be published in local telephone books (white and yellow pages)
  - The phone number of the information and assistance service shall be answered with the advertised name of the information and assistance service or the Resource Center.
  - The information and assistance service shall be available continuously for at least eight hours a day, Monday through Friday (except for official county holidays), including the hours from 11:00 a.m. through 2:00 p.m., at times the Resource Center determines are most convenient for the public. In addition, the information and assistance service shall have the capacity to set up an occasional after hours appointment when necessary.
  - During information and assistance service hours, a system shall be in place to ensure that those calling speak directly to a person, as opposed to an answering machine, except during unusual circumstances.

- When fully operational, the Resource Center shall have after hours accessibility either through staff or by contract with other community agencies (i.e. Crisis Hotline, First Call for Help, 211)
- The Resource Center shall ensure that the community it serves has an easily accessed telephone system in place to respond to urgent needs of the target populations. The Resource Center shall ensure that after hours callers to the Resource Center know what to do in the case of an emergency or urgent needs if the Resource Center is closed.
- The Resource Center shall meet state and federal physical accessibility requirements. The Resource Center shall also address accessibility for people with cognitive impairments and be able to provide information and assistance to walk-ins in a private location.
- The Resource Center shall have appropriate signage indicating the presence of the Resource Center on the exterior and interior of the building in which it is located.
- The Resource Center shall have a website (may be part of agency website) designed to communicate its services to the target populations and general population. Information & Assistance services shall be described on the website including contact information (telephone number, hours of operation, email information, etc.). When possible the website shall contain a user friendly, on-line searchable resource database and be accessible to persons with disabilities (“Bobby Approved”).
- The Resource Center shall maintain an approved client tracking software using standards set forth in the state contract.

**Staffing:**

The foundation of information and assistance is rapport. Through listening and interviewing skills, information and assistance specialists develop rapport with the inquirer(s). Anyone answering the Resource Center information and assistance phone line shall have the following: thorough knowledge of the mission, operations and referral policies of the Resource Center; general knowledge of the target populations; expertise in phone etiquette; excellent communication skills; ability to recognize and handle special hearing or language needs; ability to recognize emergencies; and knowledge of protocols for handling emergencies.

The Resource Center should have at least one (1) FTE dedicated staff person assigned as an Information and Assistance Specialist.

**Education and Experience:**

- Staff providing information and assistance services shall possess knowledge and skills similar to those required for a Certified Information & Referral Specialist (CRS, CIRS, CIRS-A) through the national Alliance of Information and Referral Systems(AIRS)<sup>1</sup> and shall be competent to provide information and assistance services to the target populations served by the Resource Center.
- In addition to possessing the skills and knowledge described above, a staff member providing information and assistance services shall have either:

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<sup>1</sup> For more information on AIRS, view website at [www.airs.org](http://www.airs.org)

- A Bachelor of Arts or Science degree, preferably in a health or human services related field, and at least one year of experience in working with the type of individuals, such as elderly or individuals with developmental or physical disabilities, who constitute one of the target populations of the Resource Center, or;
- In the event that the staff member lacks such a degree and such experience, approval from DHFS to provide information and assistance services is required. Approval must be requested by the Resource Center no later than fourteen (14) calendar days after the staff member begins to provide these services, and must be based either on the staff member's post-secondary education and experience or on a written plan prepared by the Resource Center, and submitted to DHFS, to give the staff member formal and on-the-job training to develop the skills required to provide these services. This provision may also be applied to assure the ADRC is able to employ individuals with disabilities and/or staff who are bi-lingual.

### **Short-Term Care Coordination**

The Resource Center has a short-term care coordination system in place to assist individuals and their families in arranging for services, assisting in crisis and helping to maximize private resources, when available. These services are separate from but work in conjunction with options counseling, outreach and I&A within the ADRC and APS and other systems outside of the ADRC.

**Performance Goal:** People receive the assistance they need to assure their needs are being met to the degree allowed by existing resources.

#### **Service Standards:**

- Resource Center demonstrates it has staff available to provide care coordination and short-term case management for individuals needing assistance in arranging their own services.
- Resource Center demonstrates it has staff available to work with individuals and their families in stabilizing situations that may threaten their ability to remain independent.
- Resource Center has necessary written agreements in place with other protection agencies to assure smooth transition to agencies designated in state statute and works to coordinate and follow-up to assure necessary actions are taken.
- Resource Center has staff protocols in place to assure cases are short-term in nature.

### **Outreach and Public Education**

The Resource Center conducts an ongoing program of marketing, public education and outreach to its target population(s), including people who are isolated or otherwise hard to reach, community agencies, and service providers in its county or service area to inform them of the availability of its services.

**Performance Goal:** People use the services of the Resource Center.

**Service Standards:**

- The Resource Center demonstrates effectiveness of its marketing and outreach program in comparison to the goals (as set by DHFS). Goals include number of contacts, both initial and follow-up, made with the Resource Center by any means by individuals in the target population(s) and by other people for the purpose of requesting information and assistance for individuals in the target population(s) and/or for the purpose of providing information and assistance to them.
- The Resource Center has an ongoing program of marketing and outreach to its target population(s).
- The Resource Center demonstrates that it can reach all populations in its service area, including but not limited to providing materials that are culturally sensitive and provisions for reaching out to those who have limited English proficiency, either through staff or by contract.
- The Resource Center demonstrates the ability to reach those with visual and hearing impairments by providing materials in alternative formats and alternative communication devices (i.e. TTD).

**Transitional Services.**

The Resource Center shall provide information, assistance and linkages to transitional and planning services for all individuals with disabilities (physical, developmental and mental illness) throughout the life cycle. Children with disabilities may advance into the adult long-term care support system via referral from the children's long-term support system and the school districts. Adults in the long-term care system will advance into the Aging network and be offered services for that phase of life cycle.

**Performance Goal:** If the Resource Center serves individuals with developmental disabilities, mental illness or physical disabilities as one of its target populations, it shall help young adults in these target populations experience seamless entry into the adult long-term care system.

**Service Standards:**

- Outreach to young adults with disabilities transitioning to the adult long-term care system.
- Resource Center shall provide accurate information about the types of services, resources, and programs to support individuals with disabilities when they reach adulthood. The Resource Center is not responsible for providing information or counseling on services for children with disabilities.
- At least annually, the Resource Center shall provide information to all school districts in its service area regarding the availability of the Resource Center services, and inviting referrals for Resource Center services to assist students in making the transition to the adult long-term care system.
- The Resource Center shall provide the 51.437 Board, the county human services department, and the department of community programs (where these entities exist in the service area) and school districts with information about the services of the Resource Center.

- The Resource Center shall provide information to families regarding services available to them through the LTC Children's Waiver Program.

### **Benefits Counseling**

The Resource Center shall provide or ensure access to benefits counseling to any individual who belongs to any one of its target populations.

#### **◆ Elderly Benefits Counseling**

**Performance Goal:** Older people receive information about, and assistance in, applying for public and private benefits for which they are eligible.

#### **Service Standards for Elderly Benefits Services Staffed by the Resource Center:**

- o Provide accurate and current information on a comprehensive array of private and government benefits and programs as defined by DHFS;
- o Provide information and technical assistance about how to access benefits;
- o Assist potential applicants for Medicaid, benefits administered by the Social Security Administration, food stamps, and long-term care to locate and gather verifying data, both financial and non-financial;
- o Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
- o Provide information on consumer rights, complaint, grievance and appeals processes;
- o Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, as well as beyond;
- o Negotiate on behalf of individuals with long-term care organizations, service providers, or the state regarding disputes over long-term care services;
- o Make appropriate referrals for employment-related counseling and services;
- o Consult with legal back-up personnel working for or with or under contract to the Elderly Benefit Specialist Program to determine appropriate interpretation of law or regulation and appropriate action to assist in resolution of concerns;
- o Initiate investigations to gather needed factual information to pursue advocacy duties;
- o Provide representation, as appropriate, for older people as needed in administrative hearings as well as in other formal or informal grievance steps;
- o Refer to legal backup personnel working for or with or under contract to the Elderly Benefit Specialist Program for consideration of representation in judicial proceedings;
- o Identify concerns and problems of older people and related system-level issues and present that information to appropriate entities.

#### **Service Standards for Elderly Benefits staffed by other than the Resource Center:**

- o The Resource Center shall have a contract, memorandum of understanding, or similar agreement with the organization providing Elderly Benefits services indicating that the Elderly Benefits Specialist shall perform the activities

described above and that individuals shall be able to see or telephone or otherwise make contact with the Elderly Benefits Specialist at a place and time that is convenient for individuals.

#### ◆ **Disability Benefits Counseling**

**Performance Goal:** People with developmental and/or physical disabilities, or mental illness (ages eighteen (18) through fifty nine (59)) receive information about, and assistance in, obtaining or retaining public or private benefits for which they are eligible.

#### **Service Standards for Disability Benefits Counseling Staffed by the Resource Center:**

- o Provide accurate and current information on a comprehensive array of private and government benefits and programs as defined by DHFS.
- o Provide information and technical assistance about how to access such benefits;
- o Assist potential applicants for private and government benefits and programs as defined by DHFS to locate and gather verifying data, both financial and non-financial;
- o Provide information on consumer rights, complaint grievance, and Appeals processes;
- o Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, as well as beyond;
- o Make appropriate referrals for employment and other disability-related counseling and services, e.g., Pathways to Independence, Independent Living Centers, Benefits Planning, Assistance and Outreach, Wisconsin Coalition for Advocacy, DVR;
- o Consult with legal back-up personnel working for or with or under contract to the Disability Benefits Specialist Program administered by DHFS to determine appropriate interpretation of law or regulation and appropriate action to assist in resolution of concerns;
- o Initiate investigations to gather needed factual information to pursue advocacy duties;
- o Provide representation, as appropriate, for individuals with developmental and/or physical disabilities, or mental illness as needed in administrative hearings as well as in other formal or informal grievance steps;
- o Refer to legal backup personnel working for or with or under contract to the Disability Benefit Specialist Program administered by DHFS for consideration of representation in judicial proceedings; and,
- o Follow Wis. Admin. Code, which states that “a benefit specialist may not disclose information about a client without the informed consent of the client, unless required by law”.

If and as time permits, the following may be provided:

- o Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
- o Negotiate on behalf of individuals with long-term care organizations, service providers, or the state regarding disputes over long-term care services; and,
- o Identify concerns and problems of individuals with developmental and/or physical disabilities and related system-level issues and present that information to appropriate entities.

**Service Standards for Disability Benefits counseling staffed by other than Resource Center:**

The Resource Center shall have a contract, memorandum of understanding, or similar agreement with the organization providing Disability Benefits Specialist services indicating that the Disability Benefits Specialist shall perform the activities described above and that individuals shall be able to see or telephone or otherwise make contact with the Disability Benefits Specialist at a place and time that is convenient for individuals

**Training and Qualifications:**

- The Disability Benefit Specialist shall attend and successfully complete initial and ongoing training as required by DHFS
- A Bachelor of Arts or Science degree, preferably in health or human services related field, and at least one year of relevant experience; or,
- In the event that Disability Benefit Specialist lacks such a degree and such experience, approval from DHFS to provide disability benefit counseling services, where such approval is discretionary on the part of DHFS, must be requested by the Resource Center no later than fourteen (14) calendar days after the Disability Benefit Specialist begins to provide these services, and must be based on either the Disability Benefit Specialist's post-secondary education and experience or a written plan prepared by the Resource Center, and submitted to DHFS, to provide the Disability Benefit Specialist additional training beyond that described above. This provision may also be applied to assure the ADRC is able to employ individuals with disabilities and/or staff who are bi-lingual.

**Emergency Response**

The Resource Center shall assure that people are connected with the appropriate providers of emergency services.

**Performance Goal:** People receive immediate advice and assistance in a crisis situation.

**Service Standards:**

- When a situation involving an immediate risk is identified, the Resource Center shall make appropriate contact with emergency services.
- The Resource Center may provide Adult Protective Services or other emergency services if it has the authority and capacity to do so.

- The Resource Center shall assure that emergency calls to the Resource Center are responded to promptly 24 hours a day, seven days a week. At a minimum, after hours phone calls shall be answered with a message instructing callers whom to contact in case of emergency (e.g., 911). Preferably, after hours calls will be forwarded to and answered by a person who can refer callers as necessary in emergency situations.

### **Elder Abuse and Adult Protective Services**

The Resource Center identifies person(s) who may be in need of elder abuse and/or adult protective services; and ensures access to elder abuse and/or APS systems.

**Performance Goal:** People are assured timely access to the services they need to be free from abuse and neglect.

#### **Service Standards:**

- The Resource Center shall ensure that individuals have access to elder abuse services, under s. 46.90, Wis. Stats., and adult protective services, under Ch. 55, Wis. Stats. Services to which the Resource Center shall ensure access include, but are not limited to:
  - Abuse and neglect investigations;
  - Assistance in obtaining physical custodial care, housing, medical care, medications, and food;
  - Voluntary or court ordered protective services under Ch. 55, Wis. Stats., when needed to protect an individual or protect others from the individual;
  - Facilitate linkage with law enforcement, domestic violence, mental health services, and emergency detention under Ch. 51, Wis. Stats., when needed;
  - Guardianship;
  - Watts reviews; and,
  - Representative payee.
- If the Resource Center is not the agency administering elder abuse and/or adult protective services, the Resource Center shall be responsible for establishing a memorandum of understanding with the county agency or agencies responsible for elder abuse and/or adult protective services regarding referrals, investigations and coordination of services (example: I-Team).
- The Resource Center shall make referrals to the elder abuse and neglect agency and the adult protective services agency (as appropriate), and the Resource Center shall receive and act on referrals from elder abuse and neglect agency and the adult protective services agency;
- The referrals from the Resource Center shall put the person directly in touch with the elder abuse or neglect agency and/or adult protective services agency (as appropriate), without requiring the person to initiate another contact; and,
- If the person being referred to the elder abuse and neglect agency or the adult protective services agency (as appropriate) is age 60 or older, he or she shall be referred through the elder abuse and neglect process as specified in s. 46.90 Wis. Stats.

- Resource Centers shall be knowledgeable about domestic violence and how to access emergency services designed to address these victims. Staff shall identify situations for potential domestic violence, and facilitate referrals to the appropriate domestic abuse resources.

### **Prevention & Early Intervention Services**

Resource Centers shall assess the person's situation to identify risk factors and opportunities for prevention and early intervention; develop linkages with, and refer people to public health agencies and other entities that have a public prevention and early intervention focus and; obtain/develop and maintain information on risk and safety issues for use in public education, information and assistance, and other prevention & early intervention activities.

**Performance Goal:** People's need to access comprehensive long-term care services is delayed or prevented. People are helped in retaining or improving functioning where possible.

#### **Service Standards:**

- The Resource Center shall maintain information on risk and safety issues.
- As a routine part of information and assistance and long-term care options counseling, the Resource Center shall assess the person's situation to identify risk factors and opportunities for prevention, early intervention, and health literacy education.
- The Resource Center shall develop linkages with, and refer people to, public health agencies and other entities that have a public prevention, early intervention, disease management and/or health literacy focus.
- If the Resource Center receives DHFS funding for prevention purposes, it shall provide prevention and early intervention services consistent with its application and award notification.
- Staff providing prevention and early intervention services shall be knowledgeable about preventable causes of disability and institutionalization, and shall be able to identify risk factors and appropriate prevention and early intervention strategies.

### **Long-term Care Options Counseling**

The Resource Center shall provide long-term care options counseling and short-term service coordination to any individual who belongs to any one of its target populations.

**Performance Goal:** People have the information they need to make informed choices about long-term care options for themselves.

#### **Service Standards:**

- The Resource Center shall provide long-term care options counseling to the individual in one or more face-to-face meetings unless the individual prefers to have some or all of this counseling done by some other means, including, but not limited to, telephone, mail or e-mail;

- The Resource Center shall provide long-term care options counseling at a time and date and in a location that is convenient for the individual, including but not limited to, the individual's home or apartment.
- The Resource Center shall allow an individual to have other people, including, but not limited to, family members or friends, present when the Resource Center provides long-term care options counseling, if the individual requests to have other people present. ADRC staff shall permit these people to assist by providing information about, and/or obtaining information for, the individual to the extent and in the manner desired by the individual.
- The Resource Center shall ask an individual, or, when applicable, the individual's guardian of the person or activated power of attorney for health care, to sign a release of information form for any confidential record that the Resource Center needs to examine.
- The Resource Center shall comply with all applicable federal and state laws and administrative rules concerning confidentiality and shall keep these records, along with the signed release of information forms for them, in the file the Resource Center has on the individual.
- The Resource Center shall not knowingly misrepresent or knowingly falsify any information it obtains from or provides to the individual during the course of providing long-term care options counseling. The Resource Center shall also verify the information it obtains from or about the individual with the individual's medical, educational and other records as appropriate to ensure its accuracy.
- Long-term care options counseling shall be appropriate to the needs of the individual for long-term care benefits and services and does not attempt to persuade the individual to choose to participate in any particular long-term care program or system
- The Resource Center shall make sure that this counseling informs the individual, at a minimum, of all the following:
  - The full range of long-term care options available to the individual, including, but not limited to, home-care, community services, case management services available through long-term care waiver programs, Care Management Organizations or other programs that may be available in Resource Center service areas, such as PACE, the Wisconsin Partnership Program, and other similar organizations or programs, residential care and nursing home care.
  - The sources and methods of both public and private payment for long-term care services, the Medicaid fee-for-service system and of the functional and financial criteria for receiving long-term care services and for participating in the Medicaid fee-for-service system;
  - The various factors that the individual might want to consider when choosing among the various long-term care programs and benefits, including, but not limited to, the advantages and disadvantages of these programs and benefits for the individual with respect to the quality, compatibility with the individual's preferred lifestyle and residential setting, the outcomes of the most importance to the individual, costs, available resources, and estate recovery.

## **Functional Screen**

The Resource Center shall have a contract, memorandum of understanding, or similar agreement with the organization administering the initial WI Long-term Care Functional Screen to determine eligibility for publicly funded long-term care benefit(s).

In addition, the Resource Center, if it so chooses may also administer the functional screen as part of its process for providing long-term care options counseling.

**Performance Goal:** People have the information they need to make informed choices about long-term care options for themselves.

### **Service Standards:**

- The Resource Center shall conduct the functional screen at a time and date and in a location that is convenient for the individual, including but not limited to, the individual's home or apartment.
- The Resource Center shall allow an individual to have other people, including, but not limited to, family members or friends of the individual, present when the Resource Center conducts the functional screen, if the individual request to have other people present and shall permit these people to assist the individual by providing information about, and/or obtaining information for, the individual to the extent and in the manner desired by the individual.
- The Resource Center shall ask an individual, or, when applicable, the individual's guardian of the person or activated power of attorney for health care, to sign a release of information form for any confidential record that the Resource Center needs to examine.
- The Resource Center shall comply with all applicable federal and state laws and administrative rules concerning their confidentiality and shall keep these records, along with the signed release of information forms for them, in the file the Resource Center has on the individual.
- The Resource Center shall not knowingly misrepresent or knowingly falsify any information it obtains from or provides to the individual during the course of providing long-term care options counseling. The Resource Center shall also verify the information it obtains from or about the individual with the individual's medical, educational and other records as appropriate to ensure its accuracy.
- When an individual makes contact with the Resource Center and expresses an interest in receiving information or advice concerning long-term care options, functional screen or requests to have access to long-term care services; a functional screen shall be administered.
- When a person acting for, or on behalf of, the individual, including but not limited to, a guardian of the person of the individual, a person with an activated power of attorney for health care for the individual or one of the individual's adult relatives, makes contact with the Resource Center and expresses an interest in having the individual receive information or advice concerning the individual's long-term care options or a functional screen assessment; a functional screen shall be administered.

## **Long-Term Care Financial Options Counseling**

The Resource Center shall offer and provide long-term care financial options counseling to its target populations when conducting long-term care options counseling and administering the functional screen.

**Performance Goal:** People have the information they need to make informed choices about long-term care options for themselves.

### **Service Standards:**

- The Resource shall offer an individual to whom it is providing long-term care options counseling or a functional screen whether the individual wants to complete long-term care financial options counseling.
- The long-term care financial options counseling will be conducted through the use of the long-term care financial options counseling form provided by DHFS.
- The Resource Center shall inform the individual that:
  - The individual is under no legal obligation to complete the long-term care financial options counseling form;
  - The purpose of having the individual complete the long-term care financial options counseling form is to give the Resource Center enough information about the individual's financial situation to make a preliminary and unofficial estimate as to whether the individual might be financially eligible for Medicaid, other long-term care financial programs.
  - If the individual completes the financial options counseling form and if the form suggest that the individual might be financially eligible for Medicaid or other long-term care financial programs, and the individual wants to know whether he/she is financially eligible for Medicaid, and other long-term care financial programs, the personal would still need to have the county economic support unit officially determine financial eligibility for Medicaid, other long-term care financial programs
  - The individual would still be free, to have the county economic support unit officially determine the financial eligibility for Medicaid, other long-term care financial programs, if the person completes the long-term care financial options counseling form and the results of this form suggest that they might not be financially eligible.
  - Resource Center staff shall assist an individual who wishes to complete the financial declaration form.
  - If the individual indicates he/she wants to complete the financial declaration form and if other people, including, but not limited to, family members or friends of the individual, are present at the individual's request when the Resource Center is providing the long-term care options counseling, the Resource Center shall permit these people to assist in completing the financial declaration form by providing information about, and/or obtaining information to the extent and in the manner desired by the individual.

## **Staff Qualifications for Long-Term Care Options Counseling and Functional Screen**

**Education and experience:** A staff member who provides long-term care options counseling to and/or administers the functional screen on an individual must meet the following standards:

- o A Bachelor of Arts or Science degree, preferably in a health or human services related field, and at least one year of experience in working with the type of individuals, such as elderly or individuals with developmental or physical disabilities, who constitute one of the target populations of the Resource Center, or, in the event that the staff member lacks such a degree and such experience.
- o Approval from DHFS to provide long-term care options counseling services and/or administer the functional screen, where such approval is required, must be requested by the Resource Center no later than fourteen (14) calendar days after the staff member begins to provide these services, and must be based on either the staff member's post-secondary education and experience or a written plan prepared by the Resource Center, and submitted to DHFS, to provide the staff member additional training to develop skills required to perform these services and where such approval may not waive the requirement that no staff member shall be allowed to administer the functional screen on individuals unless and until he or she passes the post-test designed by DHFS and is certified by DHFS as a functional screener. This provision may also be applied to assure the ADRC is able to employ individuals with disabilities and/or staff who are bi-lingual.
- o A staff member shall pass the post-test designed by DHFS and shall be certified as a functional screener by DHFS before being allowed to administer the functional screen on individuals.

### **Pre-Admissions Consultation**

Resource Centers shall offer pre-admissions consultation to individuals seeking admission to substitute care settings as defined by the WI legislature. Pre-admissions consultation may lead to either options counseling and/or a functional screen assessment.

**Performance Goal:** People have the information they need to make informed choices about long-term care options for themselves.

### **Service Standards:**

- When an individual is discharged from and is referred to the Resource Center by, a hospital and is not, as of the date on which the individual is discharged from the hospital, an enrollee of a care management organization or has not had a functional screen within six months immediately preceding the date on which the individual is discharged from the hospital.
- When the individual is referred to the Resource Center by a long-term care facility and is not, as of the date on which the individual is referred, an enrollee of a care management organization or has not had a functional screen within the six months immediately preceding the date on which the individual is referred; or

- When the Resource Center determines, on the basis of information that is has acquired from or about the individual, that individual might benefit from receiving long-term care options counseling.
- The Resource Center shall attempt to make contact with the individual or with one or more people who know or might know about the individual's situation, including but not limited to, the guardian of the person, or a person with an activated power of attorney for health care for the individual, individual's adult relatives, friends, caregivers, or social workers, or an admissions director or discharge planner at a hospital or long-term care facility where the individual stayed, is staying or will stay to offer long-term care options counseling.

**Publicly Funded Long-Term Care Access**

Resource Centers shall ensure access to the Family Care benefit (in counties where CMO's exist) or other publicly funded long-term care (non-CMO counties) that works for consumers, county agencies, enrollment consultants, and DHFS.

**Performance Goal:** People are linked to public long-term care benefits for which they are entitled to and/or eligible for.

**Service Standards:**

- Resource Center shall ensure that people who are eligible for and/or entitled to public long-term care benefits have access to these benefits..
  - Determination of an individual's eligibility for and access to public long-term care benefit shall be done in an accurate, efficient and timely manner.
  - Process for determining eligibility and access to the public long-term care benefits is helpful and predictable as possible for the individual.
  - The number of people with whom an individual is required to interact during these processes is as small as possible.
  - An individual always knows whom to contact when he/she has questions about these processes.
- A Memorandum of Understanding (MOU) exists between the Resource Center, Economic Support and the Long-Term Support Provider and shall include the following:
  - The roles of the Resource Center, the Economic Support Unit and the public long-term care provider are specified for the first time an individual's functional eligibility, financial eligibility, and cost share is determined, including any forms that will be used.
  - The processes and forms that will be used by the Resource Center to help an individual gather the information and the documents that the individual will need to give to the Economic Support Unit to determine eligibility.
  - The processes and forms that will be used to refer an individual and/or share relevant information about the individual from any one of the three entities (Resource Center, Economic Support Unit, public long-term care provider) to either one or both of the other entities. . This information includes, but is not limited to, level of care according to the functional screen, financial eligibility,

medical and remedial expenses, cost-share and eligibility for public long-term care benefit.

- o The notices to be generated to notify an individual of his/her eligibility are identified.
- o Economic Support Unit staff who determine financial eligibility and/or cost share shall be located in the same office where the Resource Center is located or the Resource Center and the Economic Support Unit shall work together to find a way to make it as easy as possible for the individual to deal with agencies.
- o Resource Center and the public long-term care system shall identify the processes and forms to be completed for an individual to access services through the public long-term care system.
- o The roles of the Resource Center, Economic Support Unit and public long-term care provider shall be specified with regard to re-determination of eligibility including functional eligibility, financial eligibility and cost share.
- Resource Center and public long-term support provider shall agree, in writing, as to the organization responsible for the maintenance of the wait list for long-term support services.
- Resource shall have in place a referral agreement with the public long-term support provider regarding the handling of cases determined, through the functional screen to be in urgent need of services.

## **Advocacy**

Resource Center shall provide advocacy both formal and informal to persons in need of assistance in accessing benefits and/or services to meet their needs.

**Performance Goal:** People routinely receive information regarding advocacy, including self-advocacy and independent advocacy, and have access to advocates to assist in exercising their rights.

### **Service Standards:**

- Resource Center will advocate, systemically and individually, for individuals needing long-term care services.
- Resource Center shall also link individuals with advocacy resources as appropriate, including, but not limited to, any organization or entity that provides advocacy for long-term care services, elderly and disability benefit specialists, Mental Health and AODA Advocacy, Title VII Client Assistance Program, federally designated protection and advocacy organizations (WCA), Board on Aging & Long Term Care ombudsman, and other state or local advocacy organizations, where available.
- Resource Center shall make available to individuals any brochure or similar document that discusses the rights that an individual has for home and community-based long-term care services and benefits. Conflicts of interest are competing interests that affect or may affect the ability of an advocate to act appropriately on behalf of his/her client. Although such conflicts are relatively rare, the ability to spot a conflict of interest and act appropriately is of great importance in ensuring effective advocacy. Moreover, it is important to avoid not only actual improprieties, but the appearance of improprieties. The ADRC must have a written policy in place that

addresses conflict of interest, including referral protocols to assure the individual receives appropriate advocacy and representation, regardless of real or perceived conflict on the part of the ADRC staff.

### **Community Needs Assessment**

Resource Centers shall track and communicate gaps in local service and facilitate community responses to address these service gaps; and monitor community needs assessments done by other agencies.

**Performance Goal:** Unmet needs of the target populations in the community are identified.

### **Service Standards:**

- Resource Center shall identify segments of the target population(s), which may be either unserved or underserved, and types of services or facilities that may be in short supply in order to target outreach, education, prevention and service development efforts.
- Resource Center shall have a process for identifying unmet needs in the community that includes the input from, but not limited to, the local Long Term Care Council, members of the target populations and their representatives, local government and agencies, community service organizations, the public long-term care system, public health agencies and others who are in a position to know about long-term care needs.
- Resource Center shall provide information about the needs of the target populations in the community to the Resource Center governing board, community organizations, long-term care service providers, county government, government agencies, and the Department.
- Resource Center shall assist in the development of local services and resources to meet unmet needs and provide options for the target populations served by the Resource Center, which include long-term care and other aging & disability related services.

## **QUALITY ASSURANCE/QUALITY IMPROVEMENT**

Quality is one of the four goals of the Family Care Initiative. As stated on the Department's web site, the goal is to "Improve the overall quality of the long-term care system by focusing on achieving people's health and social outcomes." In the past, the level and quality of services varied depending upon geographic location and service provider. The committee feels high quality service delivery must be consistent among all ADRCs, regardless of location or size of agency. The Committee feels this can best be achieved by developing a set of baseline measures for quality service delivery.

Building on to the existing Family Care experience, the expansion committee recognizes the need for a strong emphasis on quality in all aspects of the services delivered by the Aging and Disability Resource Center (ADRC). The ADRC's must have a Quality Management program in place based on a strong statement of consumer-centered outcomes. The committee feels there is

value to ADRCs participating in state-wide quality improvement projects but also emphasizes the need for ADRCs to identify, develop and conduct their own quality improvement projects.

To be effective, the emphasis on quality must be a collaborative partnership between the local ADRC and the Wisconsin Department of Health and Family Services. The committee has divided its recommendations to reflect that partnership.

In collaboration and partnership with the State Department of Health and Family Services the local ADRC, shall:

- 1) Demonstrate the existence of a strong quality management program.
- 2) Assure quality standards are being met and, where it is determined standards are not being met, demonstrate a quality assurance program is in place to improve services to the accepted baseline.
- 3) Demonstrate the existence of a quality improvement program.
- 4) Periodically report its quality activities to appropriate state agencies.

In collaboration and partnership with the local ADRC, the State Department of Health and Family Services shall:

- 1) Establish acceptable quality management standards under which the ADRC will operate.
- 2) Be responsible for developing quality benchmarks using consumer driven performance goals.
- 3) Develop mechanisms for assessment and feedback
- 4) Develop process/guidelines for determining quality improvement projects
- 5) Be responsible for education and training on operating principles for Quality Improvement/Quality Assurance (QI/QA) for ADRCs
- 6) Collect and disseminate best practice models for quality
- 7) Establish uniform data collection standards

## **GRIEVANCE PROCEDURE**

To further assure the rights and protections afforded individuals receiving services through the Resource Center, each ADRC will have an approved grievance procedure in place.

### **Other Recommendations**

The committee strongly supports the Secretary's vision for statewide access to Aging and Disability Resource Centers and appreciates the commitment of the Department to further that vision by seeking grant funding to move this vision forward. The committee therefore recommends all Wisconsin citizens have access to the services of an Aging and Disability Resource Center by the end of the 2011 biennial budget.

Based on the original charge from the Secretary, the committee as reviewed the topic areas below and makes the following recommendations.

## **PREVENTION & EARLY INTERVENTION**

The committee recognizes that prevention activities are important to keep Wisconsin's citizens healthier and to prevent or delay entrance into the more expensive long-term care system. Prevention should continue to be a core service in current and future Aging and Disability Resource Centers. Funds should be specifically earmarked for these activities. The ADRC prevention activities should be available to the entire community. The committee would like the state to continue and expand community prevention projects using a simple application process, with a pre-identified list of activities from which the applicants can choose. Activities should be evidenced based. The state should also create a uniform method for collecting and sharing information on current projects, and build a research database. This database could serve to help other ADRCs interested in replicating what has already been demonstrated to be successful. The committee encourages the replication of interventions that have proven to be effective and discourages replication of those that have not.

### **STATUTORY CHANGES TO PRE-ADMISSION COUNSELING (PAC)**

The committee recommends changes be made based upon experience of current Family Care Resource Centers. Presently, the target areas outlined in State Statute, result in PACs being conducted too late in the process to have much effect on the individual's decision making. Recommendations are:

- Target persons who enter nursing homes for short-term stays (respite and rehab)
- Continue to work with hospitals and home health providers through cooperative agreements rather than mandates
- Increase state involvement with CBRFs, sharing information about the PAC requirements on an on-going basis because of high staff turnover in CBRFs.

### **MARKETING/OUTREACH AND PUBLIC INFORMATION**

The Department has engaged in several activities to learn the public's perception of long-term care, financing and the need for long-term care planning. Those findings underscore the importance of increasing the public's understanding of the breadth of long-term care options and the need for early planning. The Aging and Disability Resource Center (ADRC) is a community resource for all citizens, regardless of income and assets. Marketing/outreach and public information should be considered core activities of all ADRCs and must be adequately funded. So as to move the message from crisis solving to long-term support planning, ADRCs should educate the public on the limitation and restrictions of the Medicare and Medicaid programs, including eligibility, cost and care/service options, and the need for individuals to personally plan for their future long-term care needs. The Committee defines the components and recommends the following:

## Marketing

Marketing can be described as the broad message designed to reach either the general public or targeted areas of the population. Marketing uses a multi-media approach including print, audio and video media. A good marketing plan should provide a consistent message across all media over time.

- All ADRCs including existing Family Care sites, should use common words, colors, the same logo and tag line to develop a “brand” to assure ready statewide identification. People would relate any of these pieces/messages to the ADRC. This approach would be the most logical and also the most cost-effective use of funds available for marketing.
- Professional assistance should be available for the development of a marketing plan and products
- Statewide message that can be tailored to local media
- State should use its buying power for TV and radio time
  - Recognize that spots have regional impact and should be coordinated with local ADRCs
  - Materials should be developed in partnership with local ADRCs – important to collaborate with local providers
- Eventually have a statewide #800 with prefix routing to the nearest ADRC.

## Outreach

A face-to-face contact with an individual who is not familiar with the agency or the services provided, usually in their own home, which may lead to short-term care coordination (a/k/a intensive outreach).

- Should be core service of every ADRC, vitally important – must be recognized and fully funded
- Labor intensive, needs to be valued as such and accepted as necessary part of good outreach
- Tailored to target groups, culturally sensitive and also fully accessible to all groups i.e. persons with visual and hearing disabilities.
- Requires coordination with other agencies, vital but labor intensive, to avoid duplication and hold down number of agency staff visiting homes.
- Necessary for relationship building

## Public Information

Public Information involves dissemination of information and materials where there isn't a targeted audience. Contacts with the general public occur via presentations, newsletters, TV/radio interviews, health fairs, civic organizations, etc. Audience and agenda are not controlled by staff but rather by organizations sponsoring the event.

- This activity has a strong community focus and in many ways the message is dictated by the needs of the local community.
- Moves the message from crisis solving to long-term support planning

- State needs to take the lead, in consultation with ADRCs, to develop this material as part of the larger marketing plan.
- Very important – again, important part of getting name out to public – promoting the “brand” of the ADRC
- ADRC staff needs to be engaged in the activity and willing to schedule time, outside of traditional business hours, when necessary. The ADRC management must recognize the need for flexible hours has a monetary cost to it and be willing to invest in the activity.
- Builds good relationships with providers who are often the sponsors of these events.
- Providers also benefit from hearing a consistent message.
- Included under this definition are information/outreach activities to provider and potential provider agencies.

**WI Council on Long Term Care Reform  
Committee on Resource Center Expansion  
December, 2003**

**Charge:** Advise the Department on realistic strategies for developing a statewide system of Aging and Disability Resource Centers (ADRCs) that are highly-visible and trusted sources of information about prevention strategies, community resources and long-term support options for people who are elderly or have a disability, that serve all people, whether they have resources to purchase their own services or need help doing so, and that serve as the single entry point to publicly-funded LTC programs.

**Issues** to be addressed include:

- What requirements the Department should set for having a single entry point and information and assistance function for multiple target groups, including those with mental health and/or substance abuse service needs?
- What are the basic services and service standards an agency needs to meet to be called an aging and disability resource center in Wisconsin?
- What are the linkages needed to make an ADRC one that also functions a Resource Center for people with mental health or alcohol and other drug abuse issues?
- What services/data bases/tools in resource centers need to be shared statewide to ensure consistency of access and information throughout Wisconsin, including what information system solutions new ADRCs should incorporate?
- What improvements should be made to the Pre-Admission Consultation process, to assure people entering the long-term care facilities have adequate, objective information to make informed decisions?
- What guidelines should be established for how prevention activities conducted by ADRCs should be selected and implemented?
- What other statutory language needs to be added or expanded from the Family Care statute to allow for the creation of aging and disability resource centers state-wide? (Review proposals from DHFS.)
- What should be the timeline and process for expansion?
- Should any functions of ADRCs be regional instead of county-by-county? How many ADRCs should there be in any given geographical area?
- What are the strategies for re-aligning current services, on both the state and local level, in order to provide funding for ADRCs?
- What quality assurance and quality improvement activities should be emphasized on both the state and local level?
- What prevention activities should ADRCs undertake? Are there statewide efforts all should undertake? What criteria should be used to identify important prevention initiatives?
- What strategies will foster participation by consumers and stakeholders in the process?

**Timeline for**  
Resource Center Expansion Workgroup  
2004

|              |  |
|--------------|--|
| February 9   | <b>Initial meeting.</b> Review charge to committee, goals of LTC Reform and background information on resource centers, including history of LTC and Lessons Learned from Family Care Resource Centers. Hear from existing FC ADRCs. Establish Committee Ground Rules  |
| February 23  | <b>Exploring Alternatives.</b> Hear from non-family care resource centers. Explore vision for resource centers, Information and Assistance, required core services and AoA grant proposal.   |
| March 22     | <b>Resource Center Capacity to Serve all Populations.</b> Presentation about including people with mental illness as a target group. Review and approval of vision, review of core services. Pre-Admission Consultation – Recommend Improvements to current process. What linkages are needed to serve ADOA and MH Populations?  |
| April 26     | <b>AoA Grant – RFP Core Service Discussion, Data Base/IT needs.</b> Review and recommend core services and service standards for ADRC. Review how databases/IT systems can be shared statewide. Develop recommendations as to what, if any services/databases/tools should be shared statewide. Begin to develop proposed components for the AoA Grant RFP   |
| May 17       | <b>Prevention Component/AoA Grant Requirements.</b> Establish guidelines for ADRC conducted prevention activities. Review final RFP requirements and recommend RFP components to department. What activities should an ADRC undertake? Are there certain prevention activities all ADRCs should be required to do? What criteria should be developed to determine important prevention initiatives?  |
| June 28      | <b>Reimbursement &amp; Financing.</b> Explore base costs for ADRC Operation. Develop financing strategies, including potential FFP, state funding, etc. Based upon core service standards and vision for ADRCs, develop budgetary minimums for ADRC start-up and operation based on existing FC ADRC data. Recommend statutory changes, if any, that would need to be made to create ADRCs statewide. Make recommendations for expansion timeline. |
| July 26      | <b>Expansion Options.</b> Explore regional vs. county-by-county ADRC options. What activities could be conducted regionally? Funding realignment strategies. What strategies, both state and local, are there for realigning existing funding to enable local ADRC development?  |
| August 23    | <b>Quality Assurance/Quality Improvement.</b> Explore the QA/QI activities that have taken place in existing ADRCs. Determine what activities should be emphasized/required at both the state and local level.   |
| September 27 | <b>Marketing/Outreach/Public Education.</b> Explore requirements for ADRCs in the areas of marketing, outreach and public education. Determine what should be done at the state level and what should be done at the local level. Develop minimum requirements in all of these areas, including definitions for acceptable activities.   |
| October 25   | <b>Marketing/outreach/public education.</b> Approve and recommend standards for these areas based on last month's meeting. Discuss outreach strategies to foster participation by consumers and stakeholders.  |

**Resource Center Expansion Committee**  
WI Council on Long Term Care Reform

**Members**

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D'Anna Bowman  
AARP State Director

Rosemary Felice, Director  
Wood County Aging Resource Center

Kristin Gowan  
Waisman Center

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