



# The Wisconsin Long-Term Care Coalition

## Keep Our Care at Home

### ADRCs Work — Because They're LOCAL

#### Our Recommendation

Maintain the current status and structure of Aging & Disability Resource Centers (ADRCs) in Wisconsin because they're locally run and highly responsive to the needs and expectations of the community.

In his 2015-2017 budget, Governor Walker proposed that any and all of the functions of Wisconsin's 41 local Aging & Disability Resource Centers (ADRCs) can be contracted out in the future by the Wisconsin Department of Health Services (DHS). This will likely mean that some or all of the **local** functions of ADRCs now provided by **local** ADRC staff with extensive **local** knowledge will be replaced by a generic, out-of-county agency or corporation. This would have devastating effects on the quality, performance and cost-effectiveness of the ADRC system.

**History.** Wisconsin created the ADRC model. The federal government formally acknowledged the effectiveness of these locally based ADRCs with an award to Wisconsin DHS in 2010 for **"its pioneering work and continued innovation with ADRCs."**

In the contract between DHS and each ADRC, ADRCs are defined as, "welcoming and accessible places where older people and people with disabilities can obtain information, advice, and help in locating services or applying for benefits. They provide a central source of reliable and objective information about a broad range of programs and services." These "welcoming and accessible places" must be **local** and highly visible, (i.e., in the county where people are seeking information). Much of the "reliable and objective information" people need is **local** information provided by **local**, trusted staff with extensive knowledge of a variety of **local** community resources. Many people come to the **local** ADRC for assistance, but for the substantial numbers of people who are unable to visit the ADRC, the DHS-ADRC contract requires ADRC staff to be available to go to their homes or wherever they are (hospital, nursing home, etc.).

**The importance of having a strong local presence with extensive local knowledge becomes clearer when one looks at the following key functions of an ADRC.**



**Wisconsin's ADRCs are** "welcoming and accessible places where older people and people with disabilities can obtain information, advice, and help in locating services or applying for benefits. They provide a central source of reliable and objective information about a broad range of programs and services."

**Assistance to Find Services.** The large majority of services people need to find are locally-based and require ADRC staff who closely monitor current developments with those services (e.g., who has capacity to take on new clients? who has experience serving Native Americans? who serves the rural western part of the county?). This includes services such as in-home care, mental health treatment, home modifications, nutrition, transportation, respite, housing, vocational services, adaptive equipment, and housekeeping.

**Long-Term Care (LTC) Options Counseling.** This is a crucial part of ADRC work, which "typically includes face-to-face interaction" about "locally available long-term care options" (*DHS-ADRC contract*). For some people, the ADRC is the only place they will get information about the various LTC options in their local area. In a 2013 evaluation of LTC Options Counseling, researchers concluded that one of the "key drivers" of customer satisfaction was "helping to navigate the system." Navigating requires an intimate knowledge of the local LTC landscape. In that same evaluation, LTC Options Counselors were consistently rated between good and excellent. In a 2010 survey of ADRC users, 91% of respondents said the ADRC "staff person was knowledgeable about the program choices available to me."

**Preventing Nursing Home Admissions.** This essential and complex ADRC function requires extensive local knowledge. It often involves a series of face-to-face conversations with the person, his/her family, local providers, and others, and requires patience and the ability to inspire trust when family situations become emotionally charged. ADRC staff help individuals and their families understand all of the options available to meet care needs and assist them in weighing those options carefully — before they decide to sell mom's house and move her to a nursing home. **Preventing nursing home admissions results in substantial savings for Wisconsin taxpayers.** Losing the local presence and local knowledge of ADRC staff could diminish the number of preventable nursing home admissions resulting in a hidden, unforeseen cost due to the governor's budget.

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While the spirit of neighborliness was important on the frontier because neighbors were so few, it is even more important now because our neighbors are so many.

~Lady Bird Johnson

**Nursing Home Relocation.** This ADRC function is equally as critical as preventing nursing home admissions. It also requires regular outreach visits to local nursing homes to raise awareness of the existence of the ADRC and interacting directly with nursing home residents who want assistance returning to the community. Developing and sustaining ongoing, positive working relationships with the staff of various local nursing homes is key. The relocation process can require a series of face-to-face conversations with residents and families at the nursing home, in the family's home, or elsewhere. In 2010, almost 6,000 nursing home residents contacted (or were referred to) ADRCs to discuss community alternatives to the nursing home. **Every successful relocation saves taxpayer money for every subsequent year the person is living in the community instead of a nursing home.**

**Personal Follow-up.** Of the tens of thousands of people who contact ADRCs for assistance (484,976 contacts in 2013, according to DHS), a substantial proportion of them require personal follow-up from the ADRC to make sure they understood the information they were given, ask if they got a positive response from the provider agency

they were referred to, or for a myriad of other purposes. The most effective follow-up is personal and local, and often involves a face-to-face visit at the person's home.

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**Benefits Counseling.** Elder Benefit Specialists and Disability Benefit Specialists do a lot more than help people establish eligibility for SSI, Medicaid, etc. They also help people avoid evictions and access local food programs, prescription assistance, and other basic necessities that require local knowledge. There are a significant number of "walk-ins" who may never access ADRC assistance (and never establish eligibility for the benefits they are entitled to) if there is no local ADRC to walk into. Some people can't get to the ADRC, so benefit specialists have to go to them, (e.g., to their home, the senior center, the homeless shelter, etc.).

**Transitional Services for Students and Youth.** ADRCs play a critical role in helping families and young people with disabilities learn about their options once they are no longer in school. ADRC staff work closely with local school districts and vocational rehabilitation counselors to provide information and help with the transition to the adult LTC system and benefits. For many youth and families, this is the first time they hear about the possibility of community-based employment and what kinds of supports are available to attain it. The success of transition assistance depends heavily on the local relationships of ADRC staff.

**Short-Term Service Coordination.** For those needing help accessing and coordinating personalized services to address what are often complex needs, ADRCs provide short-term service coordination. The effectiveness and timeliness of this coordination can often make the decisive difference in averting a crisis or preventing an unnecessary institutional placement. It would be impossible to carry out this function from a long distance location.

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**The Wisconsin Long-Term Care Coalition** is made up of aging and disability advocates, managed care organizations, Aging & Disability Resource Centers, county government, and long-term care providers.