

LANGLADE COUNTY



VOTE
19 AYES
0 NAYS
2 ABSENT

RESOLUTION #60-2020

INTRODUCED BY: BOARD OF HEALTH AND SOCIAL SERVICES COMMITTEES

INTENT: RESOLUTION SUPPORTING INCREASED FUNDING FOR AGING AND
DISABILITY RESOURCE CENTERS

WHEREAS, Aging and Disability Resource Centers (ADRC) are the first place to go to get accurate unbiased information on all aspects of life related to aging or living with a disability; and

WHEREAS, ADRC services include providing information and assistance, options and benefits counseling, coordinating short-term services, conducting functional screens, and enrollment processing and counseling; and

WHEREAS, in Wisconsin, there are currently 34 single-county ADRCs, 12 multi-county/tribal ADRCs, and seven tribal Aging and Disability Resource Specialists that work with an ADRC; and

WHEREAS, ADRCs serve the fastest growing demographic of our state's population;
and

WHEREAS, the funding method for ADRCs has not been revised in more than a decade, and funding for ADRCs has not increased since 2006; and

WHEREAS, it has become evident that ADRC funding needs revision for a number of reasons, including:

- The current inequitable distribution of funding among ADRCs.
- The need to increase funding so that all ADRCs may effectively meet their mission, as outlined in the Scope of Services contract addendum; and

WHEREAS, the Office for Resource Center Development (ORCD) within the Department of Health Services (DHS) established a stakeholder advisory group in 2017 to discuss ADRC funding; and

WHEREAS, the stakeholder advisory group identified a number of issues with the current funding formula, such as:

- Dollars are distributed based on the date of ADRC establishment - older ADRCs (Generation One) receive more funding than ADRCs established at a later date (Generation Two and Three ADRCs);
- The current formula does not take into account elements associated with health and social inequity that require a greater need for ADRC services;
- The current formula does not adjust with need- Wisconsin's aging and disability populations continue to grow and are expected to grow significantly over the next 20 years;
- The current formula does not account for needed cost of living adjustments; and

WHEREAS, a significant state GPR investment is needed to implement the recommendations of the stakeholder advisory group; and

WHEREAS, such a significant state investment would provide consistency in ADRC funding statewide, cover the services required and recommended in the Scope of Services contract addendum, and equalize services among ADRCs; and

WHEREAS, the work of the stakeholder advisory group complements the work of the Governor's Task Force on Caregiving.

NOW, THEREFORE, BE IT RESOLVED that the Langlade County Board of Supervisors does hereby support the following increases in the 2021-23 state biennial budget to ensure access to

critical services provided by ADRCs to Wisconsin's aging and disability populations:

- Provide an additional \$27,410,000 GPR in funding to our state's ADRCs. It is important to note that the proposed change in the ADRC allocation methodology cannot occur unless the full \$27.4 million is allocated.
- Provide additional funding to expand/equalize ADRC services across the state:
 - o Expand Dementia Care Specialist Funding Statewide: \$3,320,000
 - o Fully Fund Elder Benefit Specialists Statewide: \$2,300,000
 - o Expand Caregiver Support and Programs: \$3,600,000
 - o Expand Health Promotion Services: \$6,000,000
 - o Expand Care Transition Services: \$6,000,000
 - o Fund Aging and Disability Resources in Tribes: \$1,180,000
 - o Fully Fund Aging and Disability Resource Support Systems: \$2,650,000; and

BE IT FURTHER RESOLVED that a copy of this resolution be sent to Governor Tony Evers, DOA Secretary Joel Brennan, DHS Secretary-designee Andrea Palm, the Wisconsin Counties Association and all area legislators.

BOARD OF HEALTH COMMITTEE:

Richard H. Hurlbert, Chairman



Dave Kroehalk



Robert Benishek



Thomas Bauknecht



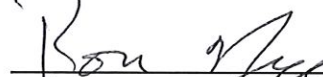
Warren Wagner

Dr. Jeffrey Nielsen


Dr. Kristine Flowers

Judith Popelka

SOCIAL SERVICES COMMITTEE:



Ron Nye, Chairman



Vern Cahak



Robert Curran



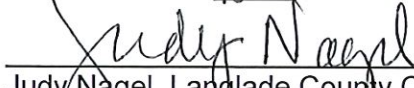
Ben Pierce



Warren Wagner

FISCAL NOTE: No Fiscal Note.

ADOPTED BY THE COUNTY BOARD OF LANGLADE
COUNTY THIS 15th DAY OF December, 2020



Judy Nagel, Langlade County Clerk

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AGING AND DISABILITY RESOURCE CENTER (ADRC) REINVESTMENT

Aging and Disability Resource Centers (ADRCs) are one-stop shops designed to provide services to individuals who need, or expect to need, long-term care services, as well as their families. ADRC services include providing information and assistance, benefits counseling, coordinating short-term services, conducting functional screens, and enrollment processing and counseling. There are currently 34 single-county ADRCs, 12 multi-county/tribal ADRCs, and seven tribal Aging and Disability Resource Specialists (ADRS) that work with an ADRC.

ADRCs serve the fastest growing demographic of our state's population; yet, the funding methodology for ADRCs has not been revised in more than a decade. The original funding methodology was based on several factors that were appropriate for the original ADRC pilots and the eventual expansion of ADRCs statewide. However, it is now evident that the funding methodology needs revision in order to create a more equitable distribution of funds across the state. It is also clear that additional funding is required to allow ADRCs to effectively meet their mission.

The Office for Resource Center Development (ORCD) within the Department of Health Services (DHS) established a stakeholder advisory group to begin the work necessary to revise the funding methodology for ADRCs. The group's mission shifted from reallocating existing GPR funding to determining the amount of funding needed to fully support ADRCs.

Multiple issues were identified and addressed by the stakeholder advisory group to develop a reliable, accurate, equitable, and flexible funding formula for ADRCs. These issues include:

- **Generational Differences:** Current funding for ADRCs differs based on date of establishment – Generation One, Generation Two, or Generation Three.
- **Health Equity:** The current funding formula does not address or take into account elements associated with health and social inequity that require a greater need for ADRC services – racial and ethnic minority status, income level, number of residents age 75 or older, rate of disability.
- **Projected Population Growth:** Wisconsin's aging (and disability) population continues to escalate. Understanding that this population will continue to grow over time, it is necessary to have a funding formula that adjusts with the aging and disability populations to ensure a continued equitable distribution of funds.
- **Cost of Living Adjustments:** ADRC contract allocations have remained flat despite increasing costs to operate.

local governments to fund start-up costs associated with taking on a new service or expanding the geographic area of an existing service.

TALKING POINTS:

- Local governments are interested in consolidating local services, but state levy limits penalize counties and municipalities.
- Service consolidation often reduces service costs for local property taxpayers. However, due to the current levy limit law, local governments find it challenging to consolidate a service without a means to cover annual inflationary cost increases in providing the service.
- A change to the state levy limit law will not increase property taxes. Rather, it will provide an incentive for service consolidation and collaboration resulting in lower overall property taxes.
- A local government grant program provides funds to cover initial start-up costs associated with the new or expanded service. Assisting with start-up costs will lead to long-term savings for local governments and taxpayers by recognizing economies of scale in the delivery of local services.

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In order to implement the new ADRC allocation formula recommended by the stakeholder advisory group, an additional investment of state GPR funding - \$27.4 million -- is needed.

The stakeholder advisory group also determined how much additional funding would be needed to add critical services to an ADRC's operational requirements -- approximately \$25 million. This additional investment would equalize the services provided by ADRCs throughout the state.

CURRENT STATUS: The current funding allocation results in an inconsistent approach to funding the state-contracted services every ADRC is required to perform. The funding allocation also does not account for all of the required and recommended services contained in the Scope of Services; for example, the state funds services for some ADRCs, such as dementia care specialists, but not for others.

The stakeholder advisory group has completed its work and developed a funding methodology that not only updates formula factors but ensures greater equity in funding and services provided throughout the state.

REQUESTED ACTION:

- Provide an additional \$27,410,000 GPR in funding to our state's ADRCs. It is important to note that the change in the ADRC allocation methodology cannot occur unless the full \$27.4 million is allocated.
- Provide additional funding to expand/equalize ADRC services across the state:
 - Expand Dementia Care Specialist Funding Statewide: \$3,320,000
 - Fully Fund Elderly Benefit Specialists Statewide: \$2,300,000
 - Expand Caregiver Support and Programs: \$3,600,000
 - Expand Health Promotion Services: \$6,000,000
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 - Fund Aging and Disability Resources in Tribes: \$1,180,000
 - Fully Fund Aging and Disability Resource Support Systems: \$2,650,000

TALKING POINTS:

- The lack of adequate funding directly impacts the ability of ADRCs to assist individuals with disabilities and older adults equitably throughout the state.
- The total number of consumers served by ADRCs increased from 130,588 in 2016 to 141,692 in 2019, an 8.5% increase.
- The number of ADRC contacts increased 11.5% from 2016 to 2019 -- from 512,413 to 571,424.

- ADRC funding must be increased to keep pace with the state's increasing aging population – in 2010, Wisconsin had 777,314 residents aged 65 and over; in 2040, this population is expected to grow to 1,535,365.
- The number of Wisconsin residents living with a disability is also expected to rise substantially by 2040.
- ADRCs are underfunded for the amount of work they are required to provide. ADRCs are required to enter into a grant agreement with the Wisconsin Department of Health Services, that includes a 78-page Scope of Services contract addendum, listing mandated and recommended services.
- In order to fully fund the current contract requirements (mandated and recommended services), ADRCs need approximately \$64,755,000 in GPR funding. This is based upon an all-funds need of \$104,500,000 that includes GPR funds, as well as a 38% federal Medicaid Administration drawdown average. An additional \$27.4 million GPR investment is needed to meet the \$64.7 million goal.
- The allocation for each ADRC has not increased since 2006.
- The current funding allocation for ADRCs is based on cost estimates that are more than 10 years out of date and treats ADRCs differently depending on when they began operations. ADRCs that have been open the longest are funded at a higher level than those that started at a later date.
- From FY11 to FY18, ADRC expenditures have risen from \$46.6 million to \$65.8 million.
- The additional \$25 million requested (expand/equalize ADRC services) would cover the costs to fully expand several programs that are not provided consistently statewide but are known to make a significant impact in people's lives.

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