

AGENDA
Eau Claire County
Aging & Disability Resource Center Board
Wednesday, October 19, 2016, 4:00 pm
Rooms 1301/1302 Courthouse, Eau Claire WI 54703

1. Call to order
2. Introductions
3. Public comment
4. September 21, 2016 ADRC Board Minutes / Discussion–Action Handout #1
5. Connections to Community Living Program Update - Jenna Belter Handout #2
6. Update from 85.21 Public Hearing at Augusta Senior & Community Center
7. Business Development Initiatives Handout #3
8. Subcommittee Meeting - updates from October 12, 2016 Handout #4
9. Director Report
10. November meeting: November 16, 2016, 3:30 pm at LE Phillips Senior Center
Public Hearing on Transportation
3rd Quarter Financials
Wisconsin Institute for Healthy Aging Presentation- Betsy Abramson
Review/discuss 2017 business plan
11. Adjourn

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters or other auxiliary aids. For additional information or to request the service, contact the County ADA Coordinator at 839-4710, (FAX) 839-1669, tty: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

Eau Claire County
Aging & Disability Resource Center Board
Wednesday, September 21, 2016, 4:00 pm
Rooms 1301/1302 Courthouse, Eau Claire WI 54703

Members Present: Jason Endres, Katherine Schneider, Tom Christopherson, Lauri Malnory, Stella Pagonis, Kimberly Cronk, Carl Anton, David Mortimer, Ruth Adix

Excused: Sandra McKinney, Mary Pierce

Others Present: Emily Gilbertson, Lisa Wells, Marlene Rud

Chair Pagonis called the meeting to order at 4:02 pm.

Introduction of ADRC Board & staff.

Public Comment. Katherine Schneider - upcoming Alzheimers walk, White Cane Safety Day, Chippewa Valley Book Festival.

ADRC Board August 17, 2107 meeting minutes. Katherine Schneider moved approval. Motion carried. Dementia Care Specialist – Lisa Wells. Update on DCS grant funding and program. The Chippewa Valley Community Chorus has been will attended with concert in November.

Adaptive Equipment Loan Program. Emily Gilbertson reviewed program and current loan equipment deposits. After an internal control audit, it was suggested to eliminate the refundable deposit and implement a \$10.00 fee per loan item. Katherine Schneider moved adoption of policy. Motion carried.

Director Report. Emily discussed Business Plan Template & Timeline plan to compare cost of services across county ADRCs, statewide survey results not available yet, Money Follows the Person funding due to end in 2017- board members encouraged to contact their legislators.

85.21 Public Hearings. Public Hearings: October 19, 2016, 12:30 pm in Augusta (ADRC Board meeting at 4:00 pm as scheduled); November 16, 2016 in Eau Claire.

Future agenda items; discuss ADRC board meeting days/times.

Adjourned – at 5:42 pm.

Respectfully Submitted

Marlene Rud, Clerk
Aging & Disability Resource Center Board

Chairperson

Connections to Community Living and Money Follows the Person

Connections to Community Living:

- Department of Health Services, Division of Long Term Care Initiative, to help support choice to live in the community for individuals in institutional settings
- Wisconsin Department of Health Services and local Aging and Disability Resource Centers are working with older adults and people with disabilities who live in nursing homes to provide information about community living
- The Connections to Community Living initiative helps older adults and people with disabilities understand that they have a choice as to where they will receive long term care.
- The Connections to Community Living initiative helps residents of nursing homes explore options, discuss with guardians and other family members a resident's preferences, and work with residents and their families to choose among the long term care options available to them.
- The Connections to Community Living initiative works with all residents in an institution who are interested in community living.
 - Recently admitted for rehab, respite, or skilled nursing care, or residents who have been in a facility long term
 - All residents regardless of payment source- Medical Assistance, Medicare, private pay, insurance

Money Follows the Person (MFP):

- Wisconsin is participating in a Federal Demonstration Grant, "Money Follows the Person".
- This grant provides Wisconsin with additional federal money which is used to further efforts to support home and community based options for people in nursing homes
- Reimburses the State's long term care system when eligible individuals relocate

2016 Data to Date (January 2016-September 2016):

- **Total Referrals- Options Counseling - 126**
- **Total Enrollments- 38**
- **2015 Data**
 - **Total Referrals- Options Counseling- 205**
 - **Total Enrollments- 54**
- **2014 Data**
 - **Total Referrals- Options Counseling- 194**
 - **Total Enrollments- 38**

Connections to Community Living Initiative: A Success Story

Eugene, an 81 year old gentleman, admitted to a nursing home after a hospitalization for a femoral bypass graft. Later, Eugene was re-hospitalized and returned to the nursing home after an amputation to his lower leg. Eugene had been living in his home before coming to the nursing home and wished to return to his home. He met with the Aging and Disability Resource Center of Eau Claire County to discuss the long term care options available to him and how he might be able to return home. Eugene was found eligible to enroll in a publicly funded long term care program and Eugene chose to enroll in a Managed Care Organization to help him begin the transition process from the nursing home. Eugene worked with a care team through the Managed Care Organization to explore the best options to meet his ongoing needs in the community. Eugene's care team worked with him to establish a plan and supports to make a move home possible and a success. Eugene has been living in his home with the help of his support plan and care team, which provides him with the assistance he needs in order to be successful at home. Since returning to his home Eugene is doing great, and as he said, "I am real happy about being home and I don't plan on living anywhere else."



Business Development for Health Promotion Programs
Frequently Asked Questions by County/Tribal Aging Units (AUs) and ADRCs
September 2016

- 1. Why is the Wisconsin Institute for Healthy Aging (WIHA) pursuing business development for health promotion programs?**
 - a. WIHA's mission is the same as the Wisconsin Aging Network: to meet the growing needs of the rapidly-increasing numbers of older adults throughout Wisconsin who want to remain independent, age in place and stay healthy.
 - b. However, the Older Americans Act and federal, state and other grants that fund aging network activities are woefully inadequate to meet the growing needs and numbers of older adults in our communities. WIHA and the county/tribal Aging Units/ADRCs simply can't fulfill our mission at current funding levels.
 - c. With more funding, not tied to specific grants, we can provide more health promotion programs for more older adults, since this is the group most affected by falls and multiple on-going health problems, making them most at risk for increased emergency room visits, hospital stays and long-term care.
 - d. We are more than aging services providers: we provide health care. WIHA and our aging network partners provide evidence-based health promotion programs (e.g. chronic disease self-management, falls prevention, and caregiving) that are *preventive* health care services, scientifically proven to help older adults remain independent, age in place in their own homes, and stay healthy. Thus, we should be paid for our services just like other health care providers.
 - e. Funding for health care is in Medicare and Medicaid, and with private insurance companies, not the Older Americans Act. Medicare and Medicaid budgets increased over 89.6% in the last 12 years to the current annual amount of over \$992 Billion. During the same 12 years, funding for the Older Americans Act increased by only 6.4% to a total of \$1.92 billion.

- 2. How does business development fit within current health care trends?**
 - a. The Affordable Care Act has completely changed incentives. Both health insurers (Medicare, Medicaid, private insurance companies) and health care providers (hospitals, clinics, and physicians) are no longer paid more for more services. Rather, health care organizations are now paid for quality and positive outcomes – better care and better health. They do better financially when their patients have better health outcomes.
 - b. There is growing understanding that the majority of factors driving health outcomes – 80% in fact – is based in the community: individual behaviors (e.g., diet, exercise, social engagement, adherence to medication), socio-economic factors and the physical environment. Care in the doctor's office accounts for only 20% of health care. We in the aging network, with our health promotion programs and other services, impact the 80%.
 - c. Health care organizations now have significant incentives to partner with community-based programs that help individuals manage their chronic conditions, prevent falls and provide support to remain independent at home. They recognize that our programs and services will improve health outcomes and reduce costs.

3. **Will County/Tribal Aging Units and ADRCs maintain their long-standing relationships with local hospitals, clinics and insurers, related to health promotion programs and other AU/ADRC services as we pursue business relationships?**
 - a. Absolutely. By better defining the value of evidence-based health promotion programs and services in improving quality and cost outcomes, WIHA and the Wisconsin Aging Network will build credibility with health care organizations as equal partners.
 - b. We will in fact deepen our partnerships as we also work with health care providers in approaching health care insurers to partner on pilot initiatives.

4. **What is the position of national and state agencies about the aging network pursuing business development?**
 - a. Public and private national agencies, including the federal Administration for Community Living/Administration on Aging (ACL/AoA), the National Association of Area Agencies on Aging (n4a) and the National Council on Aging (NCOA) all recognize that business development is a critical strategy for the aging network to secure adequate funds to pursue our mission and for sustainability. This has been demonstrated through speeches given by former ACL Administrator Kathy Greenlee, where she has referred to development of business acumen as “a matter of life and death” for the aging network, ACL/AoA’s funding of two Learning Collaboratives on Business Acumen and ACL’s provision of staff to serve as experts and technical support.
 - b. The National Association of Area Agencies on Aging received a multi-million-dollar grant from the John A. Hartford Foundation to create a technical assistance resource center to support Area Agencies on Aging (AAAs), e.g., Greater Wisconsin Agency on Aging Resources Inc. (GWAAR), Dane County Agency on Aging, and Milwaukee County Department on Aging in business development.
 - c. Staff of the Wisconsin Bureau of Aging and Disability Resources have participated as guests in WIHA’s Learning Collaborative. BADR’s leadership regularly meets with AAA and WIHA leadership to discuss business development plans for the Aging Network and BADR is pursuing ACL/AoA guidance on concerns about the implications of new CMS managed care rules for AU/ADRC business development efforts.

5. **What has WIHA been doing to pursue business development for health promotion programs?**
 - a. We formed the WIHA advisory group, called the “Wisconsin Health Promotion Business Network.” It includes WIHA staff and board and representatives from DPH’s Bureau of Aging and Disability Resources, the three AAAs and several county Aging Units/ADRCs.
 - b. We applied for and were selected for participation in ACL’s second “Business Acumen Learning Collaborative” and we are receiving technical assistance and learning “best practices” from other aging network organizations involved in the collaborative.
 - c. We hired an experienced professional who focuses exclusively on business development.
 - d. We are conducting market research to identify health care entities for which our health promotion programs can help meet their quality and cost outcomes.
 - e. We developed a general Value Proposition that is customized for each health care entity, recognizing the specific needs and describing how WIHA’s health promotion programs can address those needs.
 - f. We are meeting with health insurance plans and health care systems to discuss partnering to develop pilot initiatives for health promotion programs.
 - g. We are preparing and submitting proposals to health insurance plans for pilot initiatives for one or more health promotion programs in a selected service region.

- h. We created a flow chart and narrative description on “How Shared-Benefit Partnerships Could Work,” to accompany in-person discussions with Wisconsin Aging Network partners.
- i. We are meeting individually and in group settings with key staff in county and tribal Aging Units and/or ADRCs and the three AAAs to provide an overview of business development and share the flow chart and narrative description.
- j. We are regularly briefing leadership from the Division of Public Health’s BADR.

6. How does business development actually work?

Step 1: WIHA conducts market research and analysis to identify a health care organization (e.g. Medicare Advantage Plan insurer) with health care ratings and quality or cost measures that would benefit from our health promotion programs. WIHA approaches the organization and begins discussions about a health promotion pilot initiative.

Step 2: WIHA then meets with the county/tribal AU/ADRC and determines its interest in providing any contracted workshops as part of the pilot. The AU/ADRC may be interested in providing all, some or none of the contracted workshops. It has first choice, and the right to make its decision whether to participate with each contract.

Step 3: WIHA negotiates a contract with the health care insurer to provide the workshop(s) and any additional services such as centralized recruitment of participants, engagement strategies and special data collection.

Step 4: WIHA enters into an MOU/agreement with the AU/ADRC to conduct the health promotion workshop and share the revenue. The revenue “split” will depend on the split of responsibilities and deliverables, which may be different for each project.

- The MOU notes that other than requiring fulfillment of the stated responsibilities and deliverables and subject to the non-supplanting provision, WIHA places no restrictions on use of the fee by the AU/ADRC.

- WIHA includes a “non-supplanting” clause in the MOU intended to clarify that WIHA payment cannot supplant or reduce other funding in the AU/ADRC budgets.

Step 5: Either WIHA or the health care organization conducts the outreach, recruitment and registration of participants for the workshops.

Step 6: The AU/ADRC performs the agreed responsibilities, such as conducting the workshop(s), collecting standard data and attendance information, entering data into Older Americans Act reporting and sending data to WIHA.

Step 7: After the workshop, WIHA and the health care organization exchange data about the participants and outcomes.

Step 8: The health care entity pays WIHA the agreed-upon contract amount. WIHA pays the Aging Unit/ADRC the amount agreed in the MOU/agreement.

Step 9: WIHA, in collaboration with the AU/ADRC and the health care entity, evaluates the health promotion pilot initiative for successes, improvements and future potential.

7. What are WIHA’s responsibilities for business development?

- a. Keep A Us/ADRCs informed of business exploration and development in each respective county.
- b. Conduct market research and provide negotiation, administrative and support services to the business development process, acting as the firewall between the health care organization and the AUs/ADRCs.
- c. Offer the AUs/ADRCs “first choice” to deliver contracted workshops in their counties, so they can determine their capacity and interest each time.
- d. Organize more frequent Leader Trainings, making them more convenient and affordable, for example by advancing payments to AUs/ADRCs to enable participation.
- e. Provide support to Leaders and assist with quality assurance.

- f. Develop MOUs/agreements with the AUs/ADRCs that share revenue, recognizing the staff time, materials, supplies and other costs to the AUs/ADRCs in delivering the workshops.

8. What are WIHA’s next steps in business development for health promotion programs?

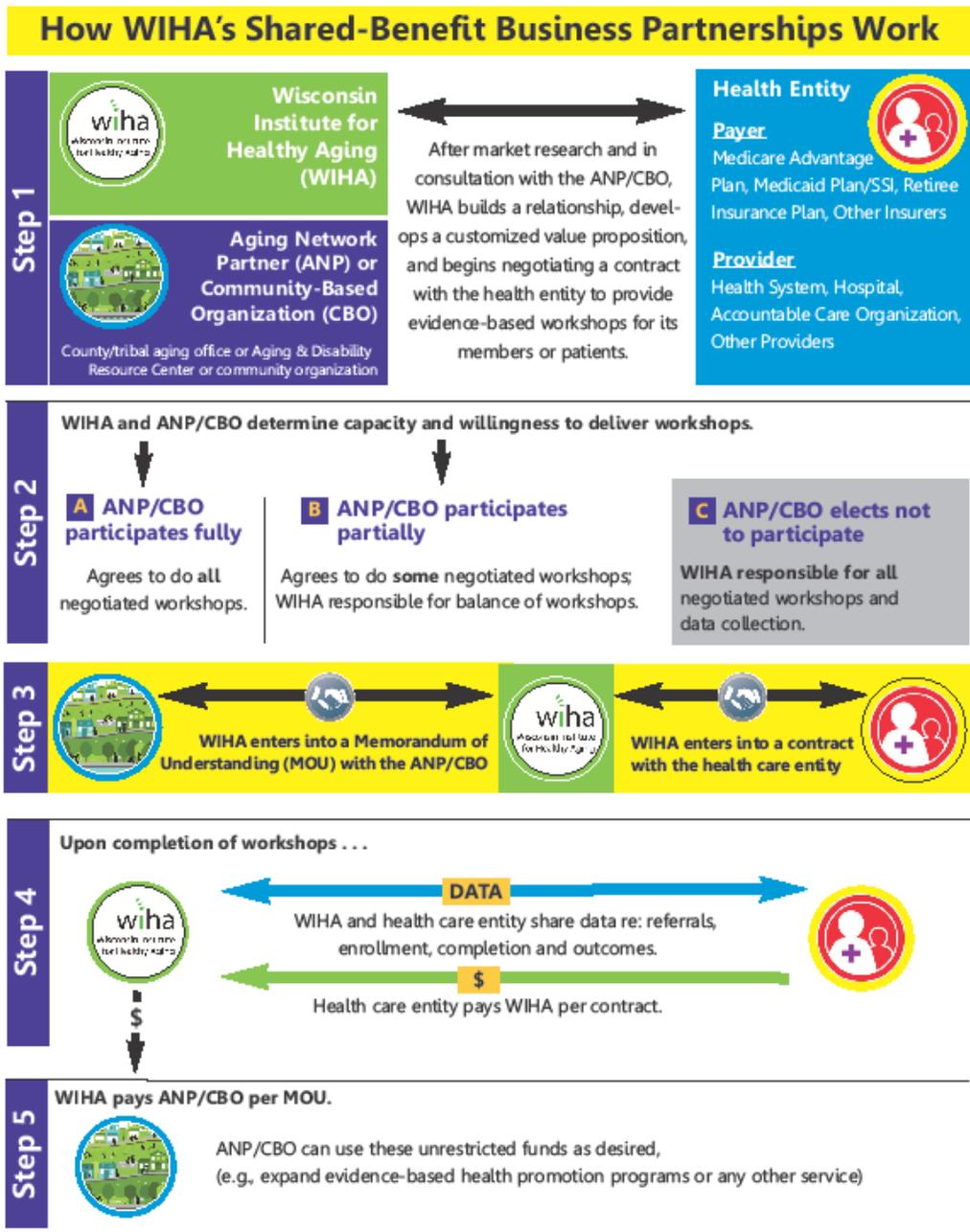
- a. Continue to meet with Aging Network Partners around the state, with timing based on specific opportunities for health promotion pilot initiatives.
- b. Provide any support needed to Aging Network Partners to educate local county boards, community leaders and other stakeholders regarding health promotion pilot initiatives.
- c. Continue to develop business relationships with health care organizations, always informing and engaging county AUs/ADRCs in potential pilots based on their interest and capacity.
- d. Secure contracts with health care organizations and working with Aging Network Partners to fulfill those contracts – all to provide more health promotion programs to more people in need while creating a new source of funding for long-term sustainability.

More Questions? Please Contact Us!

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608-243-5694

WIHA Executive Director Betsy Abramson, Betsy.Abramson@wihealthyaging.org 608-243-5691

These FAQs were developed with input from the Wisconsin Health Promotion Business Network, including the Greater Wisconsin Agency on Aging Resources (GWAAR).



2017 Proposed Timeline for Nutrition Program Vendor Selection



1. December 14, 2016 @ 4:00PM- The Subcommittee meeting will be dedicated to a brainstorming session about the nutrition program, managing potential cost increases for 2018 and discussion around the design and execution of the RFP. Invited will include the ADRC board members and GWAAR Nutrition Representatives.
2. The Subcommittee will begin meeting monthly in 2017.
3. Staff will create a workgroup to prepare the RFP and will bring it through the Subcommittee at the January and February meetings.
4. By the April meeting, the Subcommittee will receive the proposals and decide on a vendor(s) for the 2018 contracts.
5. May-July meetings will focus on any programmatic changes that need to occur in order to absorb any increased financial expense to the nutrition program. The ADRC Director will then be able to include any additional tax levy request in the proposed 2018 budget likely due in August.