



## Legislative Fiscal Bureau

One East Main, Suite 301 • Madison, WI 53703 • (608) 266-3847 • Fax: (608) 267-6873  
Email: [fiscal.bureau@legis.wisconsin.gov](mailto:fiscal.bureau@legis.wisconsin.gov) • Website: <http://legis.wisconsin.gov/lfb>

---

June, 2021

Joint Committee on Finance

Paper #361

### **Aging and Disability Resource Centers and Dementia Care Specialists (Health Services -- Elder and Disability Services)**

[LFB 2021-23 Budget Summary: Page 290, #3 and #4]

---

#### **CURRENT LAW**

Aging and disability resource centers (ADRCs) provide information on a broad range of programs and services, serve as the access point for publicly funded long-term care programs, and assist people in understanding the various long-term care options available to them and how to apply for programs and benefits.

ADRCs may serve either a single county or a consortia of counties and tribes. There are currently 48 ADRCs and six tribal aging and disability resource specialists (ADRSs) serving residents statewide, including Milwaukee County, which has an aging resource center and a separate disability resource center. The ADRC program became available on a statewide basis in 2013.

GPR base funding for ADRC and tribal ADRS services is \$42,127,500 annually, of which approximately \$36 million is used to support ADRC base contracts. In addition, DHS claims federal Medicaid administrative matching funds based on estimates of the cost of services ADRCs provide to Medicaid recipients. Over the last three years, services eligible for federal match have resulted in additional funding of approximately \$25.8 million annually. However, the actual amount of federal funding the state can claim depends on what portion of ADRC services are provided to Medicaid recipients. While ADRCs are mainly funded with GPR and corresponding federal matching funds, some ADRCs receive support by other revenue sources, including fee revenue, county levy funding, and other grants. The Department of Health Services (DHS) provides most of the funding for ADRCs through annual, sum certain allocations. However, counties are responsible for expenses that exceed these allocations.

Beyond the base funding available for core contract functions, ADRCs may receive additional funding for certain programs. For example, some ADRCs receive funding to support their dementia care specialist (DCS) programs. For these ADRCs, DHS provides \$94,000 (all funds) annually to fund a DCS position to provide assistance to people with dementia and their caregivers.

## **DISCUSSION POINTS**

1. According to the DHS *State of Wisconsin Aging Plan for Older People 2019-2021* report, "Wisconsin's population aged 65 and older is projected to increase from 780,000 residents in 2010 to over 1.5 million by 2040, a 30-year increase of more than 758,000 people or about 100 percent." Further the report notes that "those 65 and older currently comprise almost one in six individuals in Wisconsin and this ratio will rise to almost one in four by 2040. However, many counties in the northern tier of the state have already reached this threshold."

2. The report goes on to state that "large shares of the state's Native American population reside in a number of northern counties. Wisconsin is home to 11 tribes, with a total of more than 6,000 tribal members age 60 or older." Between 2000 and 2016, Wisconsin's Native American population ages 65 and older grew by 107%, while the statewide number of individuals over the age of 65 (all races and ethnicities) increased by 32%.

3. The 2021-23 budget bill would provide \$2,425,800 (\$2,395,000 GPR and \$30,800 FED) in 2021-22 and \$4,634,500 (\$4,573,000 GPR and \$61,500 FED) in 2022-23 to fund expanded services at the ADRCs and for the tribes.

4. While not specified in the bill, the Executive Budget Book indicates that the funding would be used to: (a) expand caregiver support services to address the needs of caregivers of adults with disabilities who are age 19 to 59; (b) require ADRCs to designate a caregiver coordinator and create a marketing plan to increase knowledge of available programs; (c) expand the tribal aging and disability resources specialist program, which provides liaison services between the tribes and ADRCs to ensure that tribal members receive culturally appropriate information and access long-term care programs and services; and (d) expand the tribal disability benefit specialist program, which is a contractual partnership between DHS and the Great Lakes Inter-Tribal Council to provide assistance and advocacy services to adult tribal members with disabilities.

5. Additionally, the bill would provide \$1,175,000 (\$1,000,000 GPR and \$175,000 FED) in 2021-22 and \$2,350,000 (\$2,000,000 GPR and \$350,000 FED) in 2022-23 to fund one full-time dementia care specialist for every ADRC and tribe.

### **Expanded ADRC Services**

6. In response to the COVID-19 pandemic ADRCs received one-time funding through the federal Coronavirus Aid, Relief, and Economic Security (CARES) Act, in 2020. In total, DHS distributed \$755,454 to the ADRCs and tribes using a population based allocation formula.

7. The Department allowed local discretion by each ADRC for the use of the funds within any or all of the following categories: (a) virtual management of ADRC access functions; (b) mitigating social isolation through proactive follow-up; or (c) developing or enhancing innovative services or service structures. Examples of these services include: providing home delivered meals to adults with disabilities between the ages of 18 and 59; purchasing personal protective equipment; recruitment and training of volunteers; travel vouchers; marketing and outreach activities for the ADRC; assistive technology for ADRC customer use; and support for and continuation of services as outlined in the 2020 ADRC scope of services.

8. In calendar year 2019, ADRCs reported 571,391 contacts, an increase of more than 17,900 contacts since calendar year 2017. Contacts do not represent the number of unique individuals served by the ADRC, since an individual may contact and receive services multiple times. Despite an increase in the number of contacts and individuals eligible for ADRC services, as a result of Wisconsin's aging population, GPR base funding for ADRC core contract purposes has not increased since ADRC services became available on a statewide basis in 2013.

9. In 2016, DHS published an analysis of the ADRCs, which found that 40.4% of people surveyed contacted the ADRC on behalf of a spouse or relative. DHS has not commissioned a more recent formal analysis of the ADRCs. However, a 2020 report, by the National Alliance for Caregivers and AARP, indicated that more than one in five Americans are caregivers, having provided care to an adult or child with special needs at some time in the past 12 months. This equals an estimated 53.0 million adults in the United States, up from an estimated 43.5 million caregivers in 2015. For purposes of the 2020 report "caregivers" were defined as unpaid family caregivers.

10. If the Committee wishes to expand services that ADRCs currently provide, as described in Discussion Point 4, in recognition of likely future increases in demand for ADRC services, the Committee could choose to provide \$2,000,000 GPR in 2021-22 and \$4,000,000 GPR in 2022-23 to increase funding available under the ADRC base contract [Alternative A1].

11. The Department indicates that, under the plan noted in the Executive Budget Book, funding would support both counties and tribes, although a distribution method has not been finalized. Further, additional funding would be predicated on contract amendments regarding expanded caregiver support services or through a separate caregiver support services contract for the ADRC.

12. Alternatively, in recognition of likely future increasing demand for ADRC services, the Committee could choose to increase base funding for ADRC contracts by an alternative amount. Depending on the amount of the increase, DHS would need to weigh the potential costs of adding requirements to the ADRC contracts with the additional base funding it could provide to each ADRC. For example, the Committee could provide \$1,000,000 GPR in 2021-22 and \$2,000,000 GPR in 2022-23 to increase funding available under the ADRC base contract [Alternative A2].

13. Finally, in light of competing budget priorities, the Committee could choose to take no action, thereby maintaining the current GPR funding level for ADRC base contracts [Alternative A3].

## **Tribal Aging and Disability Resource Specialists**

14. Aging and disability services for the tribes are provide through an ADRC, which the tribe may join as a full partner, or by a tribal aging and disability resource specialist (TADRS) employed by the tribe. The Bad River Band of Lake Superior Tribe of Chippewa Indians, Ho Chunk Nation, Lac Courte Oreilles, Red Cliff, Oneida, and Menominee Tribes receive funding for TADRS positions, while Stockbridge-Munsee, St. Croix, Potawatomi, and Lac du Flambeau coordinate with county ADRCs.

15. Tribes currently receive annual allocations for TADRS services of between \$40,000 and \$68,000 GPR, plus any associated federal Medicaid administrative matching funds. The amount of GPR funding differs based upon the size of the tribe and when services were first expanded to the tribe. These allocations were established as part of the 2009-11 biennial budget and represent funding ranging from a 0.57 FTE to a 0.97 FTE. The 2009-11 budget increase for TADRS funding assumed a cost of \$92,000 all funds per 1.0 FTE TADRS. Allocations have not been adjusted to account for wage inflation over time.

16. According to DHS, most recent estimates for costs associated with county and tribal aging and disability professionals, including salary, fringe, and indirect costs, total \$94,000. Assuming that 30 percent of TADRS activities would be eligible for 50% Medicaid administrative federal match, fully funding 1.0 FTE TADRS is estimated to cost \$80,000 GPR and \$14,000 FED.

17. The Department indicates that historically, cost models for ADRC and TADRS allocations have assumed a constant cost to provide aging and disability services for every 1 percent of the Wisconsin population. However, this assumption is problematic as applied to the tribes for several reasons.

18. First, tribal populations may require additional support due to the population's higher rates of chronic illness. For example, according to the U.S. Department of Health and Human Services, in 2018, Native Americans were 50 percent more likely to have heart disease and be current cigarette smokers, 10 percent more likely to have high blood pressure, and were more likely to be obese, compared to their white counterparts nationwide. Further, according to federal Centers for Disease Control and Prevention, Native Americans were twice as likely to have diabetes compared to their white counterparts nationwide

19. Second, allocations proportioned by population size are often operationally insufficient for low-population jurisdictions, and the Department indicates that attempts to encourage collaboration and pooling of resources across counties or Tribal Nations have not proven sustainable.

20. Consequently, tribes that receive a funding allocation for a TADRS position have had difficulty recruiting and retaining staff to fill these positions. Tribes that have chosen to integrate with ADRCs have access to more resources. However, the Department expresses some concern regarding the suitability of staff at ADRCs to serve the specialized needs of tribal members, especially as it pertains to cultural competency.

21. For these reasons, the Committee could adopt the Governor's recommendation to

provide \$208,800 (\$178,000 GPR and \$30,800 FED) in 2021-22 and \$417,500 (\$356,000 GPR and \$61,500 FED) in 2022-23 to expand the tribal aging and disability resources specialist program, which would fund a full time TADRS for each of the 11 tribes by increasing each tribe's allocation to \$80,000 GPR per year. Funding under this provision is based on a January 1, 2022, implementation date [Alternative B1].

22. Under Alternative B1, total TADRS funding, across the 11 tribes, would be increased to \$880,000 GPR and \$154,000 FED per year, up from current annual funding of \$524,000 GPR and \$92,500 FED.

23. On the other hand, the Committee may want DHS to continue to encourage tribes to integrate with ADRCs and therefore choose not to provide additional funding for TADRS positions [Alternative B2].

### **Tribal Disability Specialists**

24. The tribal disability benefit specialist (DBS) program is a contractual partnership between the Department and the Great Lakes Inter-Tribal Council (GLITC) under which GLITC provides assistance and advocacy services to adult tribal members with disabilities. Specialists are trained to help determine which benefits tribal members may be eligible for and assist in the application and appeal process. Current funding of approximately \$260,400 per year supports three DBS positions that serve all tribal members statewide.

25. The Department indicates that GLITC DBS are extended past capacity, as demonstrated by some tribal members receiving DBS services from non-GLITC DBS. Tribal members may encounter delays that may cause some members to select receiving services through local ADRCs. In light of the unique benefits to which tribal members are entitled, the ADRCs are not necessarily equipped to serve tribal members, due to lack of expertise and experience.

26. In order to ensure timely access to DBS services for tribal members across the state, the Committee could increase the DHS contract with GLITC by \$217,000 GPR annually in order to support an additional 2.5 FTE DBSs. Funding for an additional 2.5 FTEs would allow for .5 FTE per tribe [Alternative C1].

### **Dementia Care Specialists**

27. The DCS program started as a pilot program in 2013, when DHS used one-time funds, resulting from unanticipated enhanced federal funding and unspent ADRC allocations, to support five DCS positions. In 2014, DHS expanded the program to 16 DCS positions, also using one-time funding. The 2015-17 budget act provided funding for 12 DCS positions. DHS supplemented the 2015-17 biennial budget allocation with surplus one-time ADRC funding to continue all 16 DCS positions through 2016-17. DHS also funded the three tribal DCS positions at that time, for a total of 19 positions.

28. The 2017-19 budget act provided additional funding for the DCS program, enabling DHS to fund a total of 21 DCSs and three tribal DCS positions on an ongoing basis. DHS indicates

that for the additional five DCS positions funded in the 2017-19 budget act, the Department received applications from 16 ADRCs. For 2019-21, 2019 Act 9 provided funding for eight additional DCS positions and one additional tribal DCS position. However, for the expansion funded under Act 9, DHS received 13 applications from 19 ADRCs and two applications from three Tribal Nations.

29. With the additional positions funded in Act 9, there are currently 29 dementia care specialists working in ADRCs covering 56 counties, as well as four tribal dementia care specialists employed by tribal agencies and covering five tribes. The appendix shows all counties and tribes currently served by a dementia care specialist.

30. Funding to support DCS positions is not part of the ADRC base contracts. Instead, DHS supports DCS positions by providing grants, each totaling \$94,000 (\$80,000 GPR and \$14,000 FED) annually. As with other ADRC costs, DHS claims federal Medicaid administrative matching funds to partially support these positions, to reflect that some DCS services are provided to MA-eligible individuals and therefore qualify as MA-eligible administrative expenses.

31. Dementia care specialists provide: cognitive screenings, programs that engage individuals with dementia in regular exercise and social activities, and promote independence for individuals with dementia; support for family caregivers, including assistance with care planning and connections to support groups; and community support, assisting in the development of dementia friendly communities through outreach events and professional consultations.

32. According to the Alzheimer's Association, it is estimated that nationally approximately 5.3% of people ages 65 through 74, 13.8% of individuals ages 75 through 84, and 34.6% of individuals 85 and older have Alzheimer's disease. The Alzheimer's Association estimates that in 2020, 120,000 Wisconsin residents age 65 and older have dementia, with that number anticipated to reach 130,000 in 2025. The number of people with Alzheimer's disease and other dementias is expected to increase as the population continues to age.

33. Further, the Alzheimer's Association indicates that nationally 48% of all unpaid caregivers who provide help to older adults do so for someone with Alzheimer's or another dementia, which means that more than 11 million Americans provide unpaid care for people with Alzheimer's or other dementias.

34. In 2019, the most recent year for which data is available, DCSs documented 8,204 contacts with 2,830 consumers. According to DHS, in 2019, nearly 60% of contacts with DCSs were by telephone. In many cases, these calls were routed through the information and assistance specialists at the ADRC. DCSs also met with walk-in customers (2%) and customers at outreach events (10%). Additionally, DCSs provided information through email (16%) and home visits (9%). Nearly one-third of calls were initiated by a caregiver who was looking for information to support a person with dementia. Approximately 20% of the calls were either caregivers looking for help for themselves (for example, respite) or a person with dementia who was calling the ADRC on their own behalf.

35. In order to fund 18 dementia care specialist positions at ADRCs and seven tribal dementia care specialist positions, which would expand the dementia care specialist program to one full time position serving each tribe and ADRC in the state, ensuring equal access to the program, the

Committee could provide \$1,175,000 (\$1,000,000 GPR and \$175,000 FED) in 2021-22 and \$2,350,000 (\$2,000,000 GPR and \$350,000 FED) in 2022-23, as recommended by the Governor [Alternative D1].

36. In light of other GPR funding commitments, the Committee could choose not to provide funding to expand the DCS program on a statewide basis, but instead provide funding for nine additional DCS positions and seven tribal positions. Under this alternative, DHS would allocate funding to all of the tribes and one-half of the remaining ADRCs that do not have DCS positions. The cost of funding for these 16 new positions would be \$752,000 (\$640,000 GPR and \$112,000 FED) in 2021-22 and \$1,504,000 (\$1,280,000 GPR and \$224,000 FED) in 2022-23 [Alternative D2].

37. Conversely, the Committee may determine that in light of the funding increases for the program in both the 2017-19 and 2019-21 budgets the program should not be expanded further at this time. For this reason, the Committee could choose to take no action. Under this alternative, funding for the current 29 DCSs and four tribal DCSs would continue in the 2021-23 biennium [Alternative D3].

## ALTERNATIVES

### A. Expanded ADRC Services

1. Provide \$2,000,000 GPR in 2021-22 and \$4,000,000 GPR in 2022-23 to increase funding available under the ADRC base contract to expand caregiver services.

ALT A1	Change to Base
GPR	\$6,000,000

2. Provide \$1,000,000 GPR in 2021-22 and \$2,000,000 GPR in 2022-23 to increase funding available under the ADRC base contract.

ALT A2	Change to Base
GPR	\$3,000,000

3. Take no action.

### B. Tribal Aging and Disability Resource Specialists.

1. Provide \$208,800 (\$178,000 GPR and \$30,800 FED) in 2021-22 and \$417,500 (\$356,000 GPR and \$61,500 FED) in 2022-23 to fund a full time TADRS for each of the 11 tribes, starting on January 1, 2022.

ALT B1	Change to Base
GPR	\$534,000
FED	<u>92,300</u>
Total	\$626,300

2. Take no action.

**C. Tribal Disability Benefit Specialists**

1. Provide \$217,000 GPR annually in order to support an additional 2.5 tribal DBS positions.

ALT C1	Change to Base
GPR	\$434,000

2. Take no action.

**D. Dementia Care Specialists**

1. Provide \$1,175,000 (\$1,000,000 GPR and \$175,000 FED) in 2021-22 and \$2,350,000 (\$2,000,000 GPR and \$350,000 FED) in 2022-23 to fund 18 dementia care specialist positions at ADRCs and seven tribal dementia care specialist positions, for a statewide program.

ALT D1	Change to Base
GPR	\$3,000,000
FED	<u>525,000</u>
Total	\$3,525,000

2. Provide \$752,000 (\$640,000 GPR and \$112,000 FED) in 2021-22 and \$1,504,000 (\$1,280,000 GPR and \$224,000 FED) in 2022-23 to fund nine additional DCS positions at ADRCs and seven tribal positions.

ALT D2	Change to Base
GPR	\$1,920,000
FED	<u>336,000</u>
Total	\$2,256,000

3. Take no action.

Prepared by: Alexandra Bentzen  
Appendix



# APPENDIX

## Aging and Disability Resource Center and Tribal Dementia Care Specialists (DCS)

