

**MINUTES OF THE  
HEALTH & HUMAN NEEDS COMMITTEE, HUMAN SERVICES BOARD,  
LONG TERM SUPPORT & AREA AGENCY ON AGING  
Tuesday, December 2, 2008**

**HHN Members Present:** Barbara Vedder, Dorothy Wheeler, Jeremy Levin, Shelia Stubbs, Eileen Bruskewitz  
**HHN Members Absent:**

**HSB Members Present:** Addie Pettaway, Nell Mally, Barbara Vedder, Tom Stoebig  
**HSB Members Absent:** Peng Her

**LTS Members Present:** Dale Bruhn, Deborah Garrett-Thomas, Barbara Vedder, Judith Hunter  
**LTS Members Absent:** Derick Pearson, Kathleen Nichols, Laurine Lusk, Sue Petkovsek,

**AAA Members Present:** Dorothy Wheeler, Judith Hunter, Shelia Stubbs  
**AAA Members Absent:** Elaine DeSmidt, Ashok Bhargava, Joyce Boggess, Judith Wilson, Robert Herbst, Duane Gau, Esther Olson

**Staff and Others Present:** Lynn Green, Jean Kuehn, Theresa Sanders, Fran Genter, Cathy Bellovary, Janie Riebe, Jennifer Fischer, Fred Buhr, Donna McDowell

**Call to Order:** Sup Stubbs called HHN to order at 5:50 p.m. Hunter called AAA to order as a subcommittee at 5:50 p.m. Mally called HSB to order at 5:50 p.m. Bruhn called LTS to order at 5:50 p.m.

**Public Comment:** Fred Buhr representing Metasteward LLC spoke in opposition to the Social Assistance Management System (SAMS). He expressed concern about security vulnerabilities. He would like to see Wisconsin discontinue use of SAMS and put the data back into the WI Data Center on Femrite Drive. He does some volunteer data entry at the McFarland Senior Center and noted that the time it takes to enter information into the system is a waste of focal point resource use. Stubbs asked if his concerns had been forwarded to any Department staff. Genter has relayed concerns to authorities at State DHS. Green explained that this is a State mandated system and is linked to some of our funding. Donna McDowell from DHS responded that SAMS is used by more than 30 states. They do not require the use of Social Security Numbers. In fact, they have prohibited the use of SSN's; however, some local sites continue to use them. She assured committee members that the system is secure, and the State is very concerned about privacy. Riebe stated that Dane County is no longer using SSN's.

**Chair's Report/Announcements:** None

**Family Care: ADRC Presentation – Cathy Bellovary, Director of the Aging and Disability Resource Center, Waukesha County:** Several brochures and handouts were available and are on file. The Waukesha County ADRC opened April 1 and Family Care began July 1. Bellovary gave information about the building, budget, governance, staffing,

Bellovary explained that the Waukesha ADRC is a separate Department that reports to the County Executive and County Board. They used capital project money and CDBG funds to remodel a county-owned building that used to be records storage. Their wait list was long – up to 10-20 years for residential assistance for DD consumers and the County was putting a lot of levy into the programs. Years were spent in planning for Family Care and they learned a lot from surrounding counties. The ADRC is a separate entity from Family Care. A county can have an ADRC two months before participating in Family Care. She encouraged Dane County to use the basic templates developed by other counties. Consortia and partnerships are critical. They held a lot of educational meetings for committees and consumers.

The purpose of an ADRC is to be able to get all needed information in one place – a one-stop shop. Layout of the ADRC is critical. Consumers should be able to come in freely, and it should be conveniently located and very user friendly. Their lobby is full of brochures, there is a library and computers are available for use. They are serving all population groups.

There is no levy in the ADRC budget. Staff consist of ADRC specialists, elderly and disability benefit specialists, administration and administrative support. Social Workers, Nurses and DD Counselors are now ADRC specialists. There are two phone shifts with three ADRC specialists on each. Bellovary stressed the importance of helping those not eligible for Family Care. The ADRC's options counseling service helps with resources to make assets last longer.

Care WI and Community Care are the MCO's for Family Care and have been very responsive to participants. The ADRC keeps in close contact with them. When Family Care started, there were 385 elderly on wait list, 149 physically disabled and 135 developmentally disabled. Currently there are 16 elderly on wait list, 72 physically disabled and 105 developmentally disabled. There is a transitional wait list of those assessed after May 1 which consists of 103 elderly, 29 PD, 20 DD. Client comments have been positive. There is some disappointment in having to change case managers, but the MCO's have been responsive to helping individuals who are missing former case managers.

Training is an ongoing process. Data is entered into SAMS and Beacon but there are still some separate databases as well. Finding time between calls to get things entered into the databases is challenging. Time reporting in 15-minute increments is an issue when staff is so busy and has so much to learn; however, it has to be done to get funding. The State has been responsive to help train people, so they can get all possible Federal money as well. A resource book has been developed for the ADRC Specialists. They are working on brochures and promotional materials. She noted that website design is critical, and it should be kept updated and include pertinent links. Bellovary described the office setup. She feels it is important to get a human voice rather than an automated menu unless all lines are busy. Their hours are 8-4:30 M-F, but they do a lot of flexing to accommodate families. They use 211 as a backup. She discussed the increase in home delivered meals and the challenges of finding enough volunteers. There are some issues with transportation billing that need to be worked out. The MCO's contract with taxis, shuttles and specialized vans. She noted that there is a State ADRC meeting once a month at the Lussier Center as well as a conference call once a month. These have been very helpful to be honest and open and learn from each other. State and Federal budgeting will always be an issue, but good things have happened.

### **Questions/Comments:**

Sup Vedder asked how they could run with no county levy money. The State is their source of revenue. McDowell noted that Waukesha gets \$3.2 million for the ADRC. The projected funding level for Dane is \$4 million. State GPR and Federal funds are earned through time reporting. They have to document that the activity meets Federal requirements for Medicaid matching funds. When it is statewide, they will be able to do a random study, so individual time reporting won't have to be done.

Sup Vedder asked for a further explanation of time reporting. ADRC specialists, elderly benefits specialists and disability benefits specialists have to report any Medicaid related service. There is a chart on the computer to check off which area the service was provided.

Mally asked about morning and afternoon shifts. Case managers are there all day but work from 8-12:15 or 12:15-4:30 on the phones and do functional screens, computer entry, etc. the rest of the day. There is a receptionist 8 hours a day.

Sup Wheeler asked how they determine eligibility for services. The functional screen determines eligibility but economic support makes the final economic decision.

Sup Bruskevitz asked about the relationship between the MCO and ADRC. They have to be kept separate but the MCO's have been very responsive. There has to be a trusting relationship.

Sup Bruskevitz asked whether people have to physically come into the ADRC. No, a lot of home visits are done around the consumer's schedule. Family meetings are held nights or weekends if necessary.

Pettaway asked whether data by race and gender of people served and those on the waiting list is recorded. People are served according to their place on the waiting list. They do keep gender and ethnicity information for Older Americans Act reporting.

Sup Stubbs asked about contracted employees. There are two contracted disability benefits specialists at a cost of approximately \$105,000 including benefits.

Sup Vedder asked how the ADRC fits when individuals choose IRIS rather than Family Care. McDowell responded that statewide 45 people are enrolled in IRIS, the self-directed option. They enroll in it through the ADRC functional screen. There are close to 100 who have indicated an interest. Some people enroll in Family Care for the benefit of a team to figure out supports and then revert to IRIS.

Sup Stoebig questioned how a functional screen used at enrollment addresses growing needs as the consumer ages. McDowell responded that the functional screen has been developed over years to become the single eligibility form for publicly funded programs. Dane County staff are already using it for waiver programs. It is a web-based application where staff enters information and the computer program determines eligibility, so it is not subject to human manipulation. It includes detailed information about health, economic, social, disability conditions, etc., and is used to put individual circumstances into a cost bracket that determines capitation rate. The State requires that a new screen be completed annually by MCO's.

Sup Wheeler asked about the meal program. There are 12 senior dining sites where meals are delivered in bulk, then packaged by volunteers. There are 1200 volunteers in the nutrition program and 1800 in the whole network.

Sanders asked about staff not being connected to union. County nurses and social workers are union, but were allowed to pull out because of the new job description. Support staff and a few other positions are still in the union. McDowell noted that some ADRC's are union and some are not. Most resource centers are new organizations, and they work with human resources and unions to create new job classifications. Salaries are comparable to others.

Hunter asked about difficulties with transportation. MCO's contract with transportation providers. Some transportation is County responsibility and some is in the MCO care plan. They work to make sure the providers are getting paid and understand who they can take, how often, where they can take them, etc. The biggest problem is that MCO contracts are huge and hard to understand for small organizations. Two people in the Department work on transportation almost full time.

**Adjournment:** Meeting adjourned at 7:32 p.m.

**Next Meeting:** HHN on December 9, 2008 – 5:00, CCB 309  
HHN/HSB/LTS/AAA on December 16 – 5:30, Job Center

Recorded by Dawn MacFarlane

*Note: These minutes are the notes of the recorder and are subject to change at a subsequent meeting of the committee.*