



Coalition of Wisconsin Aging Groups  
*Advocacy ■ Membership ■ Elder Law*

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*Securing the present  
and protecting  
the future.*

**Testimony**  
**To The**  
**Assembly Committee on Aging and Long-Term Care**

**by**  
**Tom Frazier, Executive Director, CWAG**  
**and**  
**Mike Linton, President, CWAG**

**November 12, 2009**

We believe that it is important that the context of our remarks today is that of CWAG as the primary advocate for Family Care, and that we remain committed to the statewide implementation of Family Care. Before Family Care older persons in need of and eligible for long-term care were told that they had a choice between a nursing home or a waiting list. When fully Implemented, Family Care will provide much greater choices and end waiting lists.

That is not to say that we don't have concerns about implementation and making sure that the promises of Family Care are kept for older persons and persons with disabilities. We submit the following information and recommendations for your consideration.

**Demographics**

As you know, the elderly population of Wisconsin will increase dramatically over the next 20 years. The 65+ population will increase from 13% of total population in 2000 (702,000) to 21% in 2030 (1,336,000). The age 60+ population will represent one-quarter of Wisconsin's total population in 2030.

Perhaps more importantly to the discussion of long-term care is that the age 85+ population will increase by 66% between 2000 and 2030 (95,000 to 158,000). So Family Care represents a significant effort to plan for the long-term care needs of our oldest residents, and for the future. One of our concerns is that Family Care enrollment does not reflect the demographics.

**Family Care for the Elderly**

As of 9.1.09, there were 24,118 people enrolled in Family Care in 49 counties. (This does not include PACE and Partnership numbers). The frail elderly represent 5%

of that total, followed by developmentally disabled at 33%, and physically disabled at 12%. But the picture changes significantly if Milwaukee County is not included. Milwaukee County has enrolled over 51% of the total number of frail elderly enrolled in Family Care (6,792 out of a total of 13,286). Without Milwaukee the frail elderly are only 37% of the total Family Care enrollment in the other 48 counties.

Besides Milwaukee, there are only four other counties that serve a majority of frail elders and they are all small, rural counties ranging from 50% to 52% which is not a large majority. None of the four other original Family Care pilot counties serves a majority of older persons ranging from 49% in Portage County to 37% in LaCrosse. In terms of Care Management Organizations (CMOs) the range is from 43% elderly in Family Care in Community Care of Central Wisconsin and Northern Bridges to a low of 23% in Community Health Partnership. There may be reasons for these numbers, but we believe it is time to start asking what are those reasons?

### **Elderly Benefit Specialist Program (EBS)**

A critical component of Family Care is the Aging and Disability Resource Center (ADRC). ADRCs are funded on a formula developed by the Department of Health Services (DHS) and includes an amount for Disability Benefit Specialists (DBS). The EBS are not included in the funding formula. However, when we applied the formula that is used for DBS to EBS we estimate that the EBS is underfunded 152% or \$6 million. We believe that the DBS numbers are reasonable but we also believe that the two programs should be funded equally. The EBS has not received an increase in several years (actually a small decrease in the last budget) and this represents a significant threat to providing older persons with the benefits counseling that is needed and that a growing population requires.

### **Ombudsman**

Similar to the EBS, there is a different standard for the Disability Ombudsman program and the Elderly Ombudsman program. The standard for the Disability Ombudsman program is one Ombudsman position for every 2,500 people with disabilities. The Elderly Ombudsman actual ratio is 6,100 to 1, not counting Family Care enrollees. Again, the standards should be the same.

### **Guardianship Issues**

Recently there has been more discussion of guardianship issues and a recognition that issues and problems will only grow as Family Care expands and with the demographics of the aging population. CWAG operates a Guardianship Support Center with one attorney who is an expert on guardianship law. We could be a tremendous resource for CMOs, ADRCs, etc. but cannot possibly address all the issues with one attorney position (e.g., helping develop volunteer guardianship programs).

### **Elderly Representation on ADRCs and CMOs**

The law requires that "at least one-fourth of the members of a long-term care district board shall be representative of the client group or groups...or those clients' family members, guardians, or other advocates." "At least 50 percent of the persons a resource center board appoints to a regional long-term care advisory committee shall

be older persons or persons with a physical or developmental disability or their family members, guardians, or other advocates.”

Again, we have a concern about equal representation of older persons based on anecdotal information and the fact that the law does not specify equal representation. Theoretically, all the 25% or 50% could represent one target group and still be in compliance with the law.

### **Recommendations**

1. Provide **adequate** and **equal** funding for the Benefit Specialist programs and Ombudsman programs for both older persons and people with disabilities.
2. Provide additional funding to assist CMOs, ADRCs and others with the increasing need for and complexity of guardianship issues, especially technical assistance, training and the development of volunteer guardianship programs.
3. To address the issues of Family Care enrollment numbers and the participation of target groups on ADRC Advisory Councils and CMO Governing Boards, we recommend a Legislative Council study. We believe that this would be a deliberative and objective way for the Legislature to maintain oversight of Family Care implementation and to make any necessary mid-course corrections.