

Presentation by Robert Kellerman
to the
Wisconsin State Assembly
Committee on Aging and Long Term Care
November 12, 2009

Madam Chair and Members of the Committee:

I would first of all like to thank you for inviting this testimony today and for your taking the time to learn about Family Care from leaders in the field of long term care.

My name is Robert Kellerman. I am the Executive Director of the Greater Wisconsin Agency on Aging Resources, Inc., a new (less than one year old) non-profit organization designated by the state of Wisconsin as the Area Agency on Aging for the seventy counties and eleven tribes outside of Dane and Milwaukee counties. Our role is to fund and monitor the quality of services to older persons, provide technical assistance on program operations and to advocate on behalf of older persons and the systems that serve them. Our customers are the 80 county and tribal Aging Units in our area. Our funding is from Federal Older Americans Act dollars received by the state through the Department of Health Services' Bureau of Aging.

Kudos to the State of Wisconsin for having the courage to establish a home and community based services entitlement statewide. While the "old" Community Options Program played a major role in helping people receive services in their own homes it simply fell short for older persons when waiting lists had to be established. Family Care has literally saved the lives of older persons by eliminating these waiting lists.

Family Care has also eclipsed the Community Options Program with its establishing Aging & Disability Resource Centers. It was twenty years ago when a few of the county Aging Units in the state began to respond to the need for

information and assistance that older persons and their families were asking for by developing fledgling Aging Resource Centers. Using the limited Older Americans Act funding along with county tax levy in some cases, we had a notion that a one-stop-shop would give older persons access to not only information but short term case management, long term care counseling, financial counseling, and help getting through the red tape of long term care and other public benefits. The idea obviously stuck and today we are seeing the idea spread across the county but not as robustly as in the state of Wisconsin. I have two points to make here: number one--the idea of resource centers comes out of the Wisconsin Aging Network--those "small" offices that provide an array of services to older persons, and secondly, Resource Centers are meant to serve EVERYBODY.

My concern is that we are slipping away from the idea of serving all persons and we are finding ADRCs having to concentrate on the Medical Assistance population. What is intended as a gateway to all community services it stands now as a gateway to Family Care. As one Aging Unit Director puts it "each policy and procedure turns us away from the original ADRC idea". For example, The Aging Network has been successfully pioneering the use of evidence-based prevention programs such as the Chronic Disease Self-Management Program. A good idea that will help lower the cost of Medical Assistance by giving persons the ability to better take care of themselves. This has become part of the ADRC contract, but it doesn't come with the funding to adequately provide this successful service.

The Aging Network realizes that Family Care means transition and change. Many Aging Units have wrapped themselves around this change and are now successful ADRCs as well as providers of services to Family Care participants. Some have not gotten as close to Family Care as I had hoped. Sure, they provide services to Family Care but they may stand outside of their county's ADRC or have minimal affiliation with it. Some by choice but some not, and this concerns me. The local structure that provides millions of home delivered meals, thousands of volunteers, that originated the Benefit Specialist program idea, that provides the only formal caregiver support programming in the county, that has set up a network of sites and centers in their county, and that pledges to listen to older persons when and where they express their concerns--this should not be left to who has more power, or who can garner favor in this change to Family Care. It should be the partnership that it was intended to be. **So, I ask this committee to consider a consistent role**

LEGISLATED for the Aging Network and it's local Aging Units in all future Family Care developments, especially within ADRCs.

I have furnished you with a map that shows the aging of Wisconsin over the next twenty years. Family Care, MCOs and ADRCs will have their work cut out to meet the need that these demographics reflect. It cannot be done without the network of aging services and the older persons who govern them.

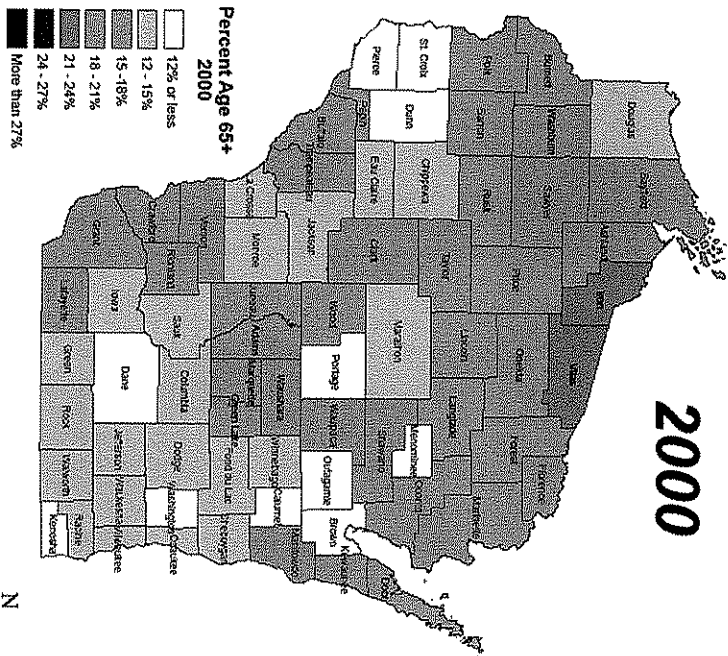
Thank you very much.

A handwritten signature in black ink, appearing to read "Robert Kellerman". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert Kellerman

Percent of the Population Age 65+

2000

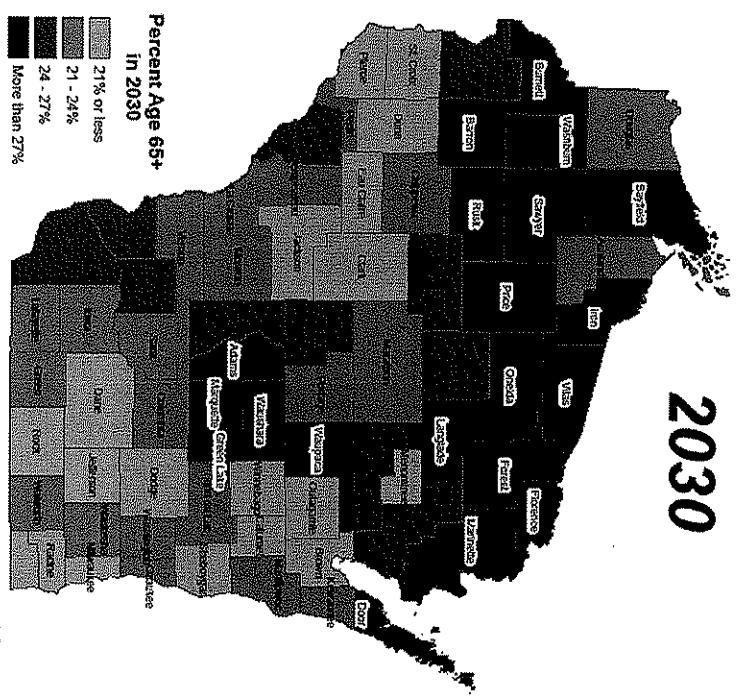


Source: U.S. Bureau of the Census, Census 2000.
 Prepared by Cindy Oslstead, DHFS Bureau of Aging and Disability Resources



Percent of the Population Age 65+

2030



Source: WI DOA Demographic Services, Population Projections
 Prepared by Cindy Oslstead, DHFS Bureau of Aging and Disability Resources

