



STATE OF WISCONSIN  
BOARD ON AGING AND LONG TERM CARE

1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001  
(608) 246-7013  
Ombudsman Program (800) 815-0015  
Medigap Helpline (800) 242-1060  
Fax (608) 246-7001  
<http://longtermcare.wi.gov>

BOARD OF DIRECTORS

Eva Arnold  
Patricia A. Finder-Stone  
Terry Lynch  
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EXECUTIVE DIRECTOR

Heather A. Brummer

14 Nov 2011

Michael Huebsch  
Secretary, Department of Administration  
101 E. Wilson St.  
Madison, WI 53707-7864

Dear Sec. Huebsch,

Thank you for your memorandum providing the guidelines for completion and submission of the biennial report for this agency covering the period of the 2009 – 2011 biennium.

It has been the practice of this agency, since its beginning in 1981, to produce our biennial report in the early summer months of the year following the calendar biennium. This is due to the fact that most of our data reporting requirements are dictated by the federal agencies that guide our programs' activities (the Administration on Aging [AoA] and the Centers for Medicare and Medicaid Services [CMS]). These agencies demand that our data be reported either for the full calendar year or for the federal fiscal year. As such, it has been more efficient for the BOALTC to collect, organize and prepare the data for presentation in a biennial report distributed in June following the end of the calendar biennium.

We have always been diligent in completing our biennial report in a timely and accurate manner and distributing it to all required agencies as well as to Legislators and appropriate public entities. We expect to be able to continue this practice as a means to display the positive impact on the public of our programs, the concerns and issues that we have discovered, our plans for the immediate and long-term future, and the progress that we have made toward meeting our stated goals.

The BOALTC is gratified to know that your agency will, indeed, be reviewing our report and we look forward to talking with you and with members of your agency's staff about its contents and the future of the Board's programs.

Sincerely,

Heather A. Brummer  
Executive Director

CC: Cindy Dombrowski; DOA  
Michelle Gauger; DOA

*ADVOCATE FOR THE LONG TERM CARE CONSUMER*

The Biennial Report of the



Wisconsin Board on Aging  
and Long Term Care

2008 – 2009

July, 2010

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## **CHAIRMAN'S REPORT**

The Board on Aging and Long Term Care, through the 2008 – 2009 biennium, has weathered the economic storms that have plagued the State of Wisconsin and the nation as a whole. There have been numerous challenges which could have prevented the agency's programs from completing their assigned tasks of protecting the rights of aging Wisconsinites who live in long term care facilities or who receive care through the Family Care program or who were having difficulties in working through the ever-more-complex Medicare system.

The management and staff of this agency have worked diligently at finding and maximizing the resources necessary to keep this agency operating at its best. The Executive Director has secured additional federal funding for specific projects and programs which have helped the agency to avoid having to limit agency activities.

The agency has responded well to an increasing number of over-stressed long term care facilities that have chosen to close or downsize. Facilities in this position often need the assistance of the Long Term Care Ombudsman Program to help not only the residents who will be displaced, but also the facility management and staff to find a stable frame of reference and clear planning to assure that the process goes smoothly and without a reckless focus on getting the closure over with by a hard and fast target date. The Ombudsman brings a rational plan to the table in the hope of avoiding unnecessary distress.

The Family Care program is in full expansion mode, and this has presented the Long Term Care Ombudsman Program advocates with new challenges on a daily basis. Ombudsmen are being asked to advise and represent Family Care members at administrative hearings with greater frequency than originally expected. As well, the Ombudsmen are faced with the need to negotiate and deal with Managed Care Organizations (MCOs) who may themselves be in a learning mode after having been only recently brought into existence.

The Volunteer Ombudsman Program has continued to expand to more regions across the central and northern areas of Wisconsin. Three new Volunteer Coordinators have joined the newly created position of Program Supervisor to make this a fully integrated unit within the agency. This represents extraordinary growth within this program. The success brought about by this growth is reflected in the Volunteer section of this report.

The Medigap Helpline is dealing with new variations of the Medicare system. Not only has the Congress added the Managed Care Medicare and Prescription drug plans to the traditional Medicare mix, we are now anticipating the advent of, as yet not fully understood, changes resulting from the passage of the National Health Care Reform package.

Very likely the most significant single event affecting the operations of BOALTC during the course of the recently completed biennium was the installation of the agency's new Executive Director, Heather A. Bruemmer. Ms. Bruemmer has worked tirelessly to assure the continued viability and effectiveness of the Board on Aging and Long Term Care's programs and to solidify relationships between the agency and other organizations within and apart from state government. We on the board deeply appreciate how much the agency, its staff, and our long term care citizens continue to benefit from her leadership.

Dr. Dale Taylor  
*Chairman; BOALTC*

## **Introduction**

This Biennial Report of the Board on Aging and Long Term Care (BOALTC) gives the reader a sense of the agency's status and progress over the period of calendar years 2008 – 2009. In the past biennium, BOALTC experienced significant changes in the manner and scope of the agency's provision of services to the citizens of Wisconsin.

Many of the agency's field staff have been moved into home offices as a means to improve advocacy service to the clients they serve by locating the Ombudsman closer to her or his client as well as to realize substantial fiscal savings. The shift to home offices has continued to be a remarkable success by reducing travel time, eliminating office distractions and emphasizing the independence of the individual agency staff.

The Long Term Care Ombudsman Program has continued its efforts to present an increased presence in Wisconsin long term care provider facilities. The addition of responsibility to provide advocacy to members receiving services from the Family Care program has presented new and sometimes stressful challenges to the Ombudsmen.

The relocation of residents due to facility closures and downsizing remains an issue. Addressing the needs of these residents has been and continues to be a top priority. The Ombudsman Program is addressing specialized and focused advocacy to residents who are being relocated. A unique Ombudsman position, using funds collected from facilities as civil money penalties, is utilized to concentrate specific advocacy for these residents. The Relocation Ombudsman Specialist, in concert with the Regional Ombudsman, assists the residents being affected by a closure or downsizing and assures that their concerns are heard and their rights and safety are protected.

Privatization of Medicare through private Medicare Advantage Plans continued to drive much of the work of the Medigap Helpline. Despite efforts by the federal Centers for Medicare and Medicaid Services (CMS) to inform the public of the differences between traditional Medicare and the new Advantage plans, the Helpline is routinely called on to respond to requests for information and assistance. The advent of Medicare Part D, the prescription drug benefit, presented a further demand for counselor services. Calls have become substantially more complex and intricate when assisting callers to navigate the ins and outs of Medicare as well as addressing recent changes to state and federal Medigap insurance law and other related insurance issues.

As well, the Medigap Helpline continues its outreach efforts to socially and economically isolated consumers. Counselors have traveled to all corners of the state, holding informational sessions with eligible and soon-to-be eligible Medicare beneficiaries, answering questions, distributing literature and speaking about the issues and concerns that are coming through loud and clear to the Medigap Helpline phones.

The Board on Aging and Long Term Care website has been redesigned and continues to see a steady increase in traffic. The demands of an increasingly internet-connected society point to the ongoing need for this part of our service.

The agency has struggled to adapt to the requirement of 8 furlough days mandated by a gubernatorial Executive Order for all state employees in the state's fiscal year 2009-2010 budget. Consistent calls and complaints registered with all of the agency's programs during furlough time periods have placed additional stress on the staff who labor to meet the needs of all who seek the counsel and advocacy services of the Board on Aging and Long Term Care.

The Long Term Care Ombudsman Program's data collection and management system, OmbudsManager, which permits remote entry of data in real time by staff members, is proving to be an extraordinarily valuable tool. This system, created and supported by Harmony Data Systems, connects with the federal Administration on Aging (AoA) data center and allows for direct transmission of required information into national databases, allowing for comparison and analysis of program effectiveness by federal funding managers as well as supporting a more understandable and readily available body of information for consumers to use when choosing LTC facilities.

In 2007, with the enactment of Act 20, BOALTC's push for a statutory change to permit Ombudsmen to advocate for clients of the state's expanding Family Care Program was realized. During this biennium, Ombudsmen have expanded their role under this new authority and are working with Family Care participants throughout the state. Act 20 further authorized an expansion of the Volunteer Ombudsman Program which is progressing.

## **OPERATING BUDGET**

Fiscal Year 2008 – Fiscal Year 2009

The agency's administration and program operations are funded by several revenue sources: general purpose revenue (state tax); federal funds through grants from the state Department of Health and Family Services originating from appropriations authorized by the federal Older Americans Act and CMS; program revenue from a segregated fund in the state Office of the Commissioner of Insurance.

<u>Sources</u>	<u>Expenditures</u>
General Purpose Revenue	1,946,900
Program Revenue (federal)	2,002,000
Program Revenue (OCI)	785,300
Grants	51,700
<b>Total</b>	<b>4,785,900</b>

### **Long Term Care Ombudsman Program**

The staff of the Long Term Care Ombudsman Program strive every day to effectively serve as a voice for vulnerable older adults who are consumers of Wisconsin's long term care services. Serving the more than 90,000 older adults age 60 and over who reside in Wisconsin nursing homes and assisted living facilities, as well as those who access services through the Family Care and Community Options Programs, ombudsmen provide rights protections, oversight to quality of care and treatment concerns, and education to care providers, consumers and their families, as well as to the community-at-large. Ombudsmen also serve to identify challenges within the long term care system that inadequately serve consumers, and assist in developing policy aimed at insuring consumer expectations for quality care and quality of life.

This report reflects the efforts of Wisconsin's Long Term Care Ombudsman Program in the 2008 – 2009 biennium in resolving consumer complaints and concerns, providing the most up to date educational information to stakeholders, and responding to needs for systems change in Wisconsin's long term care service delivery.

### **Current Focus**

Four issues dominated the work of the long term care ombudsman program in Wisconsin for the reporting period.

- As Wisconsin's Family Care program continues to expand throughout the state, consumers call on the Ombudsman Program to assist with the resolution of disputes over service choice and allocations, provider consistency and access to information. While a small number of Family Care members reside in residential care facilities, most receive their services in their own homes, supported by both formal supports such as trained home health staff as well as informal supports made up of family and friends.
- Support to residents of Wisconsin nursing homes continues to be a major focus of ombudsman work, with efforts more pronounced in those facilities deemed as "Special Focus Facilities" as well as those experiencing greater regulatory challenges than might be considered typical. Most frequent complaints among nursing home residents involved reports of substandard care, threats of involuntary discharge and lack of discharge planning, and the denial of residents' rights to exercise preference and choice in care and treatment.

- The Ombudsman Program received authority in this biennium to provide advocacy to tenants of Residential Care Apartment Complexes (RCAC's), an evolving option in assisted living. In 2009 the number of "beds" devoted to consumers of assisted living surpassed those dedicated to residents of nursing homes. Assisted living complaints, including those from tenants of RCAC's, most frequently were noted as failures of staff to follow the care plan, inadequate assessment of and notification about changes in condition, threats of involuntary discharge, and the denial of resident/tenant rights to exercise preference and choice in care and treatment.
- Finally, as much as residential care options continue to proliferate across the state, a growing number of nursing homes and assisted living facilities have also experienced financial or care concerns that have led to their closure and the need to relocate their residents. Funded by a Civil Money Penalty (CMP) grant, one Relocation Specialist Ombudsman serves to guide the protection of resident rights in these challenging circumstances, assuring that residents are provided with adequate notice, participation in discharge planning, and safeguards to mitigate Transfer Trauma.

In all of the focus areas noted, ombudsman staff also addressed consumer complaints regarding the attitudes of providers, described as being paternalistic and not always inclusive of the consumer in making decisions about client care and treatment. Increasingly, the time and resources required to investigate, educate about and resolve the complaints received by ombudsmen have appeared to far exceed that of previously typical ombudsman work. This, combined with the mandated furlough days, has challenged the ability of ombudsmen to provide the proactive services, such as unscheduled facility visits and educational programs to those nursing homes and assisted living facilities not seeming to require extra vigilance.

### **Long Term Care Ombudsman Program Highlights**

The Executive Director, Legal Counsel and Ombudsman staff of the Board on Aging are actively engaged in communications and challenge resolution efforts with the entities that provide oversight to the above-noted programs, as well as with the individual providers and affected members, residents and tenants. The Board on Aging is also well-respected by the state's legislative bodies and staff are regularly invited to provide input to pending legislative action and inquiry.

Staff continue to facilitate dialogue between consumers, providers and regulators, and are in demand to provide education topics that are sometimes at the heart of Immediate Jeopardy citations, and are notably present in discussions at the state level regarding the future of long term care services in Wisconsin. At the agency level efforts are well underway to support the internal structure of the agency in order to promote continued successful advocacy. These have included increases in staff education and support, further expansion of the Volunteer Ombudsman Program to promote greater awareness, visibility and timeliness of advocacy, and a systematic review of agency data to expediently identify trends and resolutions.

Anecdotally, and validated in data, ombudsman staff indicate that the concerns brought by consumers are of a more intense nature and require a high level of expertise and knowledge of systems and resources in order to bring about client-centered resolution. Ombudsmen attempt to influence future care and treatment by empowering consumers and their families with knowledge about acceptable practice in the provision of long term care services, and by assisting them in exercising their rights and expressing their concerns in a manner that will insure resolution.

Ombudsmen speak regularly to resident and family councils about person-directed care and the Advancing Excellence program. Educational programs on topics such as sexuality and intimacy, mental health challenges for maturing adults, and advance directives are commonly requested topics by universities, professional organizations and community service clubs.

Long Term Care Ombudsmen also provide advocacy information via participation in community networks that examine issues such as dementia standards in long term care, person-directed care, and expansion activities related to Family Care. The Long Term Care Ombudsmen serve more than 90,000 long term care consumers in all of Wisconsin's 72 counties, and are knowledgeable about not only the gaps in services in local communities, but also about the creative use of available resources to meet the changing needs and desires of maturing adults.

### **Ombudsman Program Activity**

Ombudsman program data show a steady increase in the requests for consultation and information, and typically, a shift from inquiries of a general nature such as where to find a long term care facility, to those of a more specific nature such as access to mental health services and

assisting facilities in working with challenges associated with dysfunctional families that affect the client's quality of life and care.

Cases opened and closed reflect the increased time and activity associated with the complexity of the complaints brought forth by consumers. Presentations were somewhat limited by the budget challenges faced by the agency during the second half of the biennium.

### **OMBUDSMAN PROFILE**

Year	Cases Opened	Cases Closed	Information & Consultation	Educational Programs
2006	1112	1022	15,497	743
2007	1105	1114	14,356	818
2008	1008	1007	19,620	828
2009	1076	982	22,555	743

The current professional diversity of the staff of the Ombudsman Program and its leadership offer great opportunities for successful and preventative advocacy services. The Board on Aging and Long Term Care continues to serve Wisconsin's maturing adults with an attitude of careful stewardship of the state's financial resources, while effectively serving the diversity of cultures, needs and desires of long term care consumers.

### **The Long Term Care Volunteer Ombudsman Program**

Volunteer Ombudsmen give their time to empower, educate and extend the services provided by the Long Term Care Ombudsman Program to residents in nursing homes. Volunteers are resident-focused advocates who are screened, trained and make weekly unannounced visits to an assigned long term care facility in their community.

During this biennium; The Long Term Care Volunteer Ombudsman Program (VOP) recognized its milestone anniversary of 15 years of advocacy.

This Volunteer Program was the vision of now-retired Board on Aging and Long Term Care board member, Louise Abrahams Yaffe. The Louise Abrahams Yaffe Volunteer Ombudsman Award was established in her honor and, through a formal nomination process, an outstanding Volunteer Ombudsman is selected and presented with the award during the annual Alzheimer's state conference.

The Volunteer Ombudsman Program in Wisconsin is a well established, quality program offering people an opportunity to “make a difference” in the lives of elders living in long term care facilities in their local communities, in the long term care system and in their own lives as well.

### **Current Focus**

The VOP, as an extension of services provided by the LTC Ombudsman Program and under 16.009(4) (a) Wisconsin Statute, provides guided advocacy services, education, and agency information to all residents in skilled nursing facilities in the currently designated 30 of the 72 counties in our state.

The Board on Aging has six professional Volunteer Coordinators in regional offices who manage the volunteer component in their assigned counties. This includes but is not limited to a focused recruitment of potential volunteers and community presentations. Potential volunteers are screened with questionnaires, via phone conversations, during face to face meetings, and mandatory criminal background checks prior to attending our required day-long training. Volunteer Coordinators take the time to get to know each volunteer personally and to provide continuous professional guidance to Volunteer Ombudsmen during their involvement with the program. Volunteer Coordinators represent the agency in acknowledging the contributions and the value of our Volunteer Ombudsmen by planning and implementing local recognition events which include program staff and community guests and, occasionally, members of the BOALTC Board of Directors.

Volunteer Coordinators are the responsible liaison for continuous communication between the Volunteers and the Regional Ombudsmen regarding the residents served in their assigned nursing homes. The Volunteer Coordinators work closely with the Regional Ombudsmen to make the best possible match for a volunteer’s successes as advocates.

The Community Based Residential Facility (CBRF) pilot project component of the Volunteer Ombudsman Program came to an end in the summer of 2008. The funding for this project was provided by a civil judgment against an assisted living facility. There were no additional grants or state dollars available to continue to fund the project.

The Volunteer Ombudsmen from the assisted living pilot project were offered the opportunity to take additional training to be able to meet the requirements of the skilled nursing facility volunteer program and be matched to a nursing home in their community. Over 50% of the Volunteer Ombudsmen agreed to stay and are now placed in skilled nursing facilities.



### **Volunteer Ombudsman Program Activity**

Volunteer Ombudsmen make weekly unannounced visits to their assigned nursing homes. The Volunteers' primary focus during these visits is to build relationships with the residents, empowering them to speak for themselves and being a voice for them when they cannot speak for themselves. Volunteer Ombudsmen communicate with the facility staff and administration at the end of each visit to share their observations, questions and concerns. All resident concerns are kept confidential unless resident consent is given to share their issues with the facility staff.

Volunteer Coordinators make joint visits with Volunteers after their placement and, upon invitation, attend the first resident council meeting. The Coordinators also hold formal and informal in-services for Volunteer Ombudsmen, including area recognition events.

### **Trends**

Volunteers appear to have a vested interest in advocating for our elderly. The Volunteers take their responsibilities seriously and enjoy the relationships built with the residents. This is evident by the longevity of the Volunteers in this program with the average length of service being 3.5 years. Several Volunteers have over 10 years of service, and one Volunteer has over 15 years of advocacy on the record.

Recent economic concerns have brought forth new challenges to sustaining a volunteer program. Due to the need for second jobs or re-entering the workforce, less time is available for volunteering. The program has had to focus on recruitment and outreach; using various media avenues to inform the general population of our volunteer opportunities. Our Volunteer Ombudsmen continue to be our best recruiters. They are proud of what they do and are aware of the ever-growing need to provide advocacy services to our elderly living in long term care facilities.

Rising fuel prices have limited the number of visits made each month in rural areas of the state. The Volunteer Coordinators work with the Volunteers to problem-solve and creatively meet the needs of both the Volunteer and the program responsibilities.

## **VOLUNTEER OMBUDSMAN PROFILE**

### **2008 Volunteer Ombudsman Program Profile:**

Number of Volunteer Ombudsmen (VO)	122
Number of Long Term Care Facilities with VO	108
Number of facility visits made	1,626
Number of hours donated (avg. 2.5 per week)	4,065

### **2009 Volunteer Ombudsman Program Profile:**

Number of Volunteer Ombudsmen (VO)	133
Number of Long Term Care Facilities with VO	120
Number of facility visits	2,157
Number of hours donated (avg. 2.5 per week)	5,393

The dedicated citizens who give their time to the Volunteer Ombudsman Program continue to make an impact on the lives of residents in designated nursing homes. Volunteers increase public awareness of the services provided by the Board on Aging and Long Term Care. Nursing home residents come to learn that the presence of an advocate improves and enhances their quality of life and care. Our Volunteer Ombudsmen have a positive influence on the residents they meet during their weekly visits.

## **Medigap Helpline Program**

The Medigap Helpline is the most senior component of the Wisconsin State Health Insurance and Information Program (SHIP). It began in 1981 as a one-on-one counseling service to help Medicare beneficiaries understand their Medicare insurance benefits and how it coordinated with their other private insurance.

The SHIP program was created by the federal government in 1993. The Medigap Helpline became one of the first services funded with the new federal SHIP dollars because of its focus on serving all Medicare beneficiaries, regardless of age.

Today, the Medigap Helpline has five full time counselors, one full time intake advocate, one part time clerical assistant, and one part time Management Information Systems person. All counselors are licensed as insurance agents by the Office of the Commissioner of Insurance (OCI).

The purpose of the Medigap Helpline is to counsel individuals and Medicare beneficiaries about health insurance: primarily Medicare supplemental, Long Term Care, employer group, retiree group and Medicare health care plans.

In response to a changing healthcare environment the Medigap Helpline has continually implemented counseling activities (providing information and eligibility standards and assisting with applications) involving additional service topics. We are committed to remaining relevant to the issues facing today's aging and disabled population with respect to healthcare delivery systems and the financing of that healthcare.

Management of the Board on Aging and Long Term Care realized that we must become more focused on the citizens we encounter through our normal program activity. Studies have shown many disabled and senior individuals do not follow-up on referrals given to them over the telephone.

To do our part to better serve the individuals we touch with our insurance counseling services, the Medigap Helpline has committed to taking applications for two programs that provide direct financial assistance to Medicare beneficiaries: Limited Income Subsidy and Medicare Savings Program. These programs provide monetary help for medical expenses and prescription medications. We believe we would be remiss if we let an opportunity to help someone in need slip through our program fingers.

**Additional service topics that the Medigap Helpline has added over the years include,**

**but are not limited to:**

- Medicare Advantage plans (an alternative Medicare delivery system)
- Medicare Prescription Drug program
- Limited Income Subsidy Program (LIS)
- Family Care long term care management program
- Health Insurance Risk Sharing Plan (HIRSP)
- Medicare Savings Programs: QMB and SLMB
- Medical Assistance Programs
- Spousal Impoverishment Program,
- COBRA Continuation Coverage Assistance under the American Recovery and Reinvestment Act of 2009
- Federal employee health insurance plan

- Military health insurance coverage
- Senior Care

Another facet of the program’s responsibility is systems advocacy. As a function of this role, program staff became aware of several issues causing difficulty for persons seeking coverage under Medicare supplemental policies following loss of other coverage, such as that provided by Medical Assistance. The situations resulting had been observed with increasing frequency in the previous year. The Administrative Rules of OCI require that a person be guaranteed issuance of a Medicare supplemental policy under certain conditions which are listed in the rule. That list did not provide guaranteed issue coverage for persons whose need for a policy stems from this situation. The staff and leadership of BOALTC petitioned OCI for an amendment to section 3.39 of the OCI Administrative Rules to accommodate this scenario. After drafting proposed language for the amendment, submitting justifying documents, testifying in support of the proposal and securing support from other advocacy agencies and the insurance industry, the rule was successfully amended and the provision allowing for guaranteed issue in these situations is now in place.

In 2009, nearly 90,000 seniors will rely on Wisconsin’s SeniorCare Program to allow them access to the medications they need at affordable prices. SeniorCare has been consistently helping this state’s elderly manage the high cost of prescription medications since 2002. Even after the startup of Medicare Part D, the obvious advantages of SeniorCare over Medicare have been so great that the federal program has allowed Wisconsin to continue to offer its alternative plan. The Board on Aging and Long Term Care’s Medigap Helpline has been a supporter and vocal advocate for this Wisconsin program since it was first proposed.

**MEDIGAP PROFILE**

	<u>Counseling requests</u>	<u>Referrals</u>	<u>Publication requests</u>	<u>Other</u>	<u>Total incoming calls</u>
<b>2008</b>	4,150	1,147	1,400	67	7,669
<b>2009</b>	4,698	1,497	1,106	35	7,175

### **Agency Counsel: Systemic Advocacy**

During the course of this biennium, the Counsel to the Board on Aging and Long Term Care provided systemic advocacy intended to further the interests of the aging and disabled client groups served by BOALTC. These efforts of the Counsel were concentrated in the Legislative, Regulatory, and internal agency policy areas.

As a designated Legislative Liaison for the agency, the Counsel represents the positions of the agency before Legislative and administrative agency committees and in direct conversations with legislators and regulators on proposals which are relevant to agency operations. The agency expressed its support for measures including the efforts to establish within the statutes laws that would:

- Require "dementia-specific" care facilities to meet certain standards,
- Require persons claiming to be "dementia specialists" to undergo specific training,
- Require disclosure to families of residents who were named as victims when a serious regulatory citation is issued against a care facility, and
- Require informed consent before administration of a psychotropic medication to a person with a degenerative brain condition.

The agency also supported the Legislature's measure to permit counties to enter into cooperative arrangements for the ownership and management of nursing facilities. This will make it a simpler process to have persons who are receiving care at county expense cross county lines to be admitted to a facility better suited to meet their needs.

The Board on Aging and Long Term Care expressed its opposition to measures which we believe would have harmed or infringed upon the rights of the residents of the state's long term care facilities in some way.

The agency Counsel continued the ongoing process of revising, updating and creating new internal policies for the Board on Aging and Long Term Care to reflect the intent of the management of the agency to deliver the highest quality advocacy for our clients in an environment that respects the needs of our staff.

### **BOALTC Board of Directors**

The Wisconsin Board on Aging and Long Term Care is a citizen board. Its members are appointed by the Governor, with the advice and consent of the State Senate, to serve five-year terms. The terms are staggered to assure continuity and the Board annually elects one of its own as chairperson. At the end of the biennium, the following individuals comprised the Board on Aging and Long Term Care.

Patricia Finder-Stone	DePere
Dale Taylor	Eau Claire
Eva Arnold	Beloit
Tanya Meyer	Gleason
Terry Lynch	Racine
Barb Thoni	Madison
James Surprise	Wautoma

Rose Boron left the Board in May of 2008. The Board and staff of the agency express their sincere appreciation for her service to this organization and to the citizens of Wisconsin that we serve.

**BOALTC Agency Staff**

The Board appoints an executive director as the chief executive and administrative officer for the agency. The executive director appoints and supervises the agency staff. The Executive Director and the Agency Counsel work in the Madison office. As of the end of the biennium, the following individuals comprised the administration and staff of the Board on Aging and Long Term Care.

<b>Executive Director</b>	Heather A. Bruemmer
<b>Counsel to the Board</b>	William P. Donaldson

**Long Term Care Ombudsman Program**

<b><u>Ombudsman Services Supervisor</u></b>	<b><u>Region</u></b>
Kim Marheine	Statewide

**Regional Ombudsmen**

Christy Daley	Northern
Vacant	Northern
Karren Gunderlach	Northern
Julie Button	Northeastern
Amy Panosh	Northeastern
Jenny Bielefeldt	Western
Joan Cantlon	Central
Carol Kriemelmeyer	Central
Dennis Granzen	Southern
Matt Rohloff	Southern
Patti Noble	Southeastern
Joan Schmitz	Southeastern
Rachel Selking	Southeastern
Paul Sokolowski	Southeastern
Vickie Bergquist	Southeastern

<b><u>Relocation Ombudsman Specialist</u></b>	
Tom LaDuke	Statewide

<b><u>Ombudsman Program Advocacy Specialist</u></b>	
Vickie Valdez	Statewide

**Volunteer Ombudsman Program**

<b><u>Volunteer Ombudsman Services Supervisor</u></b>	
Kellie Miller	Statewide

<b><u>VOP Coordinators</u></b>	
Duane Mireles	Southeastern
Suzanne Ankenbrandt	Central
Julia Pierstorff	Southern
Cindy Freitag	Northeastern
Karen Price	Western

**Medigap Helpline:**

<b><u>Counselors</u></b>	<b><u>Region</u></b>
Donna Bryant	Statewide
Vicki Buchholz	Statewide
Steve Shapiro	Statewide
Tracey Lipinski	Statewide
Sam Johnson	Statewide
<b><u>Intake Specialist</u></b>	
Vacant	Statewide

**Office Support Staff**

David Cauffman;	<i>Office Manager</i>	Central Office
Connie Inda;	<i>Clerical Assistant</i>	Central Office
Vi Quang;	<i>I.T. Specialist</i>	Central Office

**Staff who have left the agency during the Biennium:**

Karen Schrader;	<i>Clerical Assistant</i>	Madison
Diana Santos;	<i>Medigap Intake Specialist</i>	Madison
Vickie Baker;	<i>Medigap Counselor</i>	Madison
Debra Kleppinger;	<i>VOP Coordinator</i>	Eau Claire
Robb Jirschele;	<i>Ombudsman</i>	Eau Claire

The Board and staff of the agency express their heartfelt appreciation for the services of Marti Sanville who dedicated herself to serving as the regional Ombudsman for the Eau Claire area for 19 years before her retirement in early 2009.