STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE
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Madison, WI 53704-4001

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Medigap Helpline (800) 242-1060
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http://longtermcare.wi.gov

October 16, 2023

Governor Tony Evers
Office of the Governor
115 East, State Capitol
Madison, WI 53702

Members of the Wisconsin Legislature
State Capitol Building
Madison, WI 53702

Dear Governor Evers and Legislators:

On behalf of the Wisconsin Board on Aging and Long Term Care, I am honored to provide you with the Board's report for the biennium ending June 30, 2023. The Board on Aging and Long Term Care views this report as a means to display the positive impact of our programs on the public, our plans for the immediate and long-term future, and the progress that we have made toward meeting our stated goals.

In the past biennium, members of the Board appointed by the Governor along with agency staff have served as dedicated advocates for consumers of long-term care in Wisconsin. The Board is ever mindful of the issues facing today's long-term care consumer, but also takes a forward-thinking approach toward considering those issues most likely to impact the future quality of life and quality of care provided to the state's long-term care consumers. Together with the Board on Aging and Long Term Care Executive Director, the Board provides the strategic compass for all advocacy efforts and educational programs carried out by Board on Aging and Long Term Care employees.

The mission of the Board on Aging and Long Term Care is to advocate for the interests of the state's long-term care consumers, to inform those consumers of their rights, and to educate the public at large about health care systems, Medicare, and long-term care. To carry out this mandate, the Board operates three important programs:

- Long Term Care Ombudsman Program
- Volunteer Ombudsman Program
- Medigap Helpline & Part D Helpline Program

The Board on Aging and Long Term Care continues to see a rise in the complexity of consumer contacts. As the healthcare and long-term care landscapes have become more complex, consumers have increasingly looked to the Board on Aging and Long Term Care as the premier resource to receive effective advocacy and to assist in resolving questions and issues arising from the use of private and government-funded long-term care services. Long-term care consumers rely on the Board on Aging and Long Term Care to receive accurate and timely information and assistance with understanding their

health care options. It has also been an extraordinary time in our day-to-day operations due to the COVID-19 pandemic. The data reflects the significant impact the pandemic had on our long-term care consumers, Medicare beneficiaries, and the advocacy and education we provided for them.

The Board on Aging and Long Term Care programs are an enduring example of government programs that work. The programs reflect the dedication of a fiscally responsible and effectively managed group of motivated and competent professionals who do their work very well and produce extraordinary results for our consumers.

The Board on Aging and Long Term Care is pleased to know that you will be reviewing our report and we look forward to talking with you and with members of your staff about its contents and the future of the Board's programs.

Sincerely,

Jessica Trudell

Jessica L. Trudell
Executive Director

Advocacy: An Investment for the Future

The Board on Aging and Long Term Care has adopted the following principles:

Mission

The mission of the Board on Aging and Long Term Care is to advocate for the interests of the state's long-term care consumers, to inform those consumers of their rights, and to educate the public at large about health care systems, Medicare, and long-term care.

Vision

The Board on Aging and Long Term Care is the premier resource for information and advocacy for our client population and will continue as an integral part of the ever-changing system for long-term care delivery in Wisconsin. The Board will increase its visibility and accessibility by expanding its role and recognition as an advocacy leader.

Values

The Board on Aging and Long Term Care subscribes to and defends the values of: respect and dignity for the individual; protection of the right of the individual to be free from threats to health, safety, and quality of life; fairness and transparency; and open, clear, and consistent communication. Our staff and volunteers provide services consistent with the spirit and intent of these values.

Summary Description of the Board on Aging and Long Term Care

Created by the Wisconsin Legislature in 1981, the Board on Aging and Long Term Care is home to three important consumer programs: the Long Term Care Ombudsman Program, the Volunteer Ombudsman Program, and the Medigap Helpline & Medigap Part D and Prescription Drug Helpline.

The Board on Aging and Long Term Care is enabled by Wisconsin Statute at § 16.009. This section incorporates, by reference, the federal Long Term Care Ombudsman Program statutes found in the Older Americans Act at 42 USC § 3058(f) and 42 USC § 3058(g) and codified in the Code of Federal Regulations at 45 CFR Part 1321 and 45 CFR Part 1324. Our agency is given policy direction and oversight by a seven-member citizen board, appointed by the Governor with the advice and consent of the State Senate under Wisconsin Statute at § 15.105(10). Operational control is vested in an Executive Director, currently Jessica L. Trudell, who is supported by managerial staff including a State Ombudsman, Counsel to the Board, an Office Manager, an Ombudsman Supervisor, an Assistant Ombudsman Supervisor, a Volunteer Services Supervisor, and a Medigap Helpline Program Supervisor.

The Long Term Care Ombudsman Program is Wisconsin's version of a federally mandated program that provides trained and certified professional advocates who represent the interests of and speak on behalf of residents of long-term care facilities, as well as for those who receive their home and community-based services through the state's managed long-term care programs, namely Family Care, Family Care Partnership, PACE (Program of All-Inclusive Care for the Elderly) and IRIS (Include, Respect, I Self-Direct). Ombudsmen respond to complaints lodged by or on behalf of these clients and advocate to protect their rights and welfare when threatened by the actions or inactions of care providers, the government, or any other person. Ombudsmen also serve as consultants and educators to providers and citizens on any number of specific issues, including resident rights, facility-based advocacy and Wisconsin's managed long-term care supports and services.

The Volunteer Ombudsman Program has been in existence since 1994. The Volunteer Ombudsman Program recruits, screens, trains, and supervises volunteers who make unannounced weekly visits to their assigned nursing homes, and attending Resident Council meetings, as invited. Volunteers are supported by their regional Volunteer Coordinator and the Volunteer Services Supervisor, and interface with Regional Ombudsmen when complaints require a formal investigation. During this reporting period, the program averaged 69 volunteers, and Volunteers served in 32 of Wisconsin's 72 counties. Hoping to identify resident concerns before they become complaints, with resident consent, Volunteers share any concerns with the nursing home's leadership, and also provide information about their visits with the Volunteer Coordinator and Ombudsman. Volunteers submit reports to their Volunteer Coordinators and forward complaints to the Regional Ombudsman. The Volunteer Ombudsman Program has recently started a two-year pilot program to expand volunteer advocacy

services into assisted living facilities in four counties (Dodge, Fond du Lac, Winnebago, Outagamie), with hopes for additional program expansion in the future.

The Medigap Helpline Program is an insurance counseling service that provides information and counseling to callers who have questions relating to Medicare programs, Medicare Supplemental insurance, Medicare Advantage and Medicare Part D prescription drug plans, Medical Assistance programs, employer sponsored group health plans, and transitioning from Marketplace coverage into Medicare. Medigap staff members have been extraordinarily busy responding to issues created by changes to the Medicare system. The future of the Affordable Care Act has brought additional inquiries, related to changes in the Part-D prescription drug plans "donut-hole" and to changes in Medicare Advantage private plans, as well as transitional issues between the Marketplace to Medicare. The ending of the public health emergency and the resulting unwinding process for Medicaid members has increased calls from persons needing to understand the coordination of Medicaid and other coverage options with Medicare.

The mission of the Board on Aging and Long Term Care is, and always has been, consumer focused. It is our purpose to advocate for the interests of aging consumers of long-term care and Medicare beneficiaries. In this role, agency management and staff work regularly with the Department of Health Services (DHS), the Department of Administration (DOA), the Office of the Commissioner of Insurance (OCI), and both state and federal legislators on issues of concern to our constituency.

PROGRAMS, GOALS, OBJECTIVES AND ACTIVITIES

Program 1: Identifying and Addressing the Needs of Older and Disabled Adults and Medicare Beneficiaries

Goal: To protect the rights and promote empowerment, through systems change and self-advocacy, of persons aged 60 and older who are recipients of facility-based, managed long-term care or self-directed supports services.

Objective/Activity: Identify and investigate concerns and complaints received via the BOALTC intake telephone line, the Ombudsman Program online complaint system and other methods of registering a complaint.

Objective/Activity: Educate and empower residents, tenants, members, participants and others regarding rights, ombudsman function and provider responsibilities.

Objective/Activity: Educate current and new providers regarding ombudsman authority, role and function and provider responsibilities related to resident, tenant, member, and participant rights.

Objective/Activity: Review, develop and disseminate informational and educational materials that are inclusive and ensure consumers are represented and informed.

Goal: The board's Volunteer Ombudsman Program will encourage resident participation in scheduled resident council meetings in skilled nursing facilities in the program's designated service area.

Objective/Activity: Volunteers will encourage and empower resident participation by inviting residents individually to attend the resident council meetings. Volunteers will attend resident council meetings with the permission or invitation of the resident council president. A volunteer's role is to advocate for the residents' individual rights and to share concerns with the consent of the residents.

Goal: Improve public education and outreach to consumers on issues related to Medicare, Medicare Supplemental insurance, Medicare Advantage plans, Medicare Part D (prescription drug), and transitional issues from Marketplace or Medicaid programs to Medicare and related forms of insurance.

Objective/Activity: The board will educate and empower the public via outreach efforts, including personal appearances by staff at public forums, in order to achieve the goal of making the Medigap Helpline Program a resource that is recognized by Wisconsin seniors as a reliable and trustworthy source of accurate information about Medicare Supplemental, Medicare Advantage, Part D and related

insurance products. Greater statewide outreach efforts in the form of in-person contacts with local groups of Medicare-eligible individuals are being used to advance this goal.

Goal: Utilize the Medigap Volunteer Program to improve the ability of the program to provide services to more Medicare beneficiaries.

Objective/Activity: Deploy effectively trained and supervised volunteers to assist with everyday office duties and finding the appropriate plans for Medicare Part D, which will allow the Medigap Helpline and Medigap Part D staff responsible for increasingly complex Medicare programs to focus on providing accurate and timely counseling.

Objective/Activity: Train volunteers to perform referral calls to allow additional time for counselors to assist callers with Medicare issues.

Goal: Refine, simplify, expand, and publicize the available information services provided by the board.

Objective/Activity: The board's website will include up-to-date information on the agency's programs issues of importance to persons in need of long-term care services or insurance for older adults and disabled individuals.

PERFORMANCE MEASURES

2021 and 2022 GOALS AND ACTUALS

Prog. No.	Performance Measure	Goal 2021	Actual 2021	Goal 2022	Actual 2022
1.	Number of complaints investigated by ombudsmen on behalf of long-term care consumers.	3,200	3,214	3,250	2,887
1.	Number of education presentations given to long-term care consumers by ombudsman program staff.	100	99	115	76
1.	Number of education presentations given to long-term care providers by ombudsman program staff.	100	67	110	55
1.	Number of times volunteer ombudsmen and volunteer coordinators attend resident councils with facility visits.	200	101	220	141
1.	Number of outreach presentations by Medigap program staff	55	25	75	30
1.	Number of Medigap program volunteer hours provided.	500	58	1,000	33
1.	Number of hits on the board's website.	310,000	514,742	325,000	353,956

Note: Based on state fiscal year.

*Note: Some actuals were less than projected due to COVID-19

2023, 2024 AND 2025 GOALS

Prog. No.	Performance Measure	Goal 2023	Goal 2024	Goal 2025
1.	Number of complaints investigated by ombudsmen on behalf of long-term care consumers.	3,275	3,285	3,300
1.	Number of education presentations given to long-term care consumers by ombudsman program staff.	120	125	130
1.	Number of education presentations given to long-term care providers by ombudsman program staff.	85	110	115
1.	Number of consultations given to long-term care providers by ombudsman program staff.	150	155	160
1.	Number of times volunteer ombudsmen and volunteer coordinators attend resident councils with facility visits.	225	230	235
1.	Number of outreach presentations by Medigap program staff.	80	85	90
1.	Number of Medigap program volunteer hours provided.	1,200	1,250	1,300
1.	Number of plan finders run by Medigap Helpline staff for beneficiaries.	650	675	700
1.	Number of closed calls by Medigap program.	10,000	10,200	10,400
1.	Number of hits on the board's Website.[1]	40,000	45,000	50,000

Note: Based on state fiscal year.

[1] In 2022 BOALTC transitioned to a new website where website hits are calculated and reported differently than with the previous website.

Members of the Board during biennium	
Name	Home City
Michael Brooks	Oshkosh
James Surprise	Wautoma
Abigail Lowery	DeForest
Tanya Meyer	Lac du Flambeau
Dr. Dale Taylor	Eau Claire
Dr. Valerie Palarski	Aniwa
Dr. Khyana Pumphrey	Glendale

Staff Members

Executive Director/State Ombudsman	Jessica L. Trudell
Counsel to the Board	Kristen Johnson
Central Office Manager	Vicki Tiedeman
Ombudsman Supervisor	Kim Marheine
Ombudsman Asst. Supervisor	Rachel Selking
1 Lead Facility Ombudsman	Joan Schmitz
1 Lead Managed Care Ombudsman	Kelly Gochenaur
1 Relocation Lead Ombudsman	Nancy Studt
17 Regional Ombudsmen	
1 Veterans Ombudsman Specialist	
1 Ombudsman Intake Specialist	
1 Lead IRIS Ombudsman	Kathleen Miller
1 IRIS Ombudsman	
Volunteer Services Supervisor	Kellie Miller
5 Volunteer Coordinators	
Medigap Supervisor	Vicki Buchholz
Lead Medigap Counselor	Jill Helgeson
4 Medigap Counselors	
2 Medicare Part D counselors	
1 Medigap Intake Specialist	
1 Information Specialist (0.5 FTE)	

Part-Time Employment and Flexible Schedules

Section 230.215(4), Wis. Stats., requires state agencies to include information in the biennial report on the progress of the agency in implementing employment practices which provide flexibility in scheduling and create permanent part-time employment opportunities. The Board on Aging and Long Term Care (BOALTC) has three primary programs with unique parameters of how they serve consumers.

The Ombudsman and Volunteer Ombudsman Programs require staff members to operate throughout the state to accommodate assignments at various locations and appointments with consumers, both in the community and in long-term care facilities. In addition, staff members regularly hold educational trainings, attend seminars, and meet with representatives of other local and state agencies. To create the most efficient environment for program administration and employee welfare, staff members work from home or satellite offices and, under the direction of their program supervisors, have autonomy to set their schedules to best serve consumers in their assigned areas. The Ombudsman Program piloted home-based offices in the early 2000s, putting in place accountability measures to ensure not only efficient outputs but also work of the highest quality. When the pandemic sent office-based staff home, the Ombudsman and Volunteer Ombudsman programs were able to manage this change without any disruptions in either service or staff morale.

Both the Ombudsman and Volunteer programs have enjoyed a stable staff contingent, with little turnover experienced in the post-pandemic period thus far. Staff speak to a high degree of satisfaction in the responsiveness of supervisors to the stressors of their work, as well as an appreciation for a workplace culture that is person-centered with respect to valuing each employee for their many skills and abilities.

The Medigap Helpline Program is a free, confidential counseling service for all Medicare beneficiaries, including individuals with disabilities and adults aged 65 and over. Due to the high number of calls received during business hours, Medigap Helpline staff members are primarily required to work during assigned hours. However, these staff members are also periodically assigned to provide trainings and attend seminars. In these situations, under the direction of their program supervisors, staff members have the flexibility to choose an alternative arrival and departure time from work to best accommodate their needs assuring adequate coverage for incoming callers to the Helplines.

In June of 2021, BOALTC implemented a new Alternative Work Patterns policy which applies to all agency staff. This allows staff to request an alternative restructuring of work hours with supervisor approval, with core hours of heavier customer contact established. This policy also allows for

occasional telecommuting or scheduled telecommuting for BOALTC staff assigned to a physical office location.

In all situations, BOALTC strives to provide a positive work environment for all staff members and to promote the strongest work-life balance.

Long Term Care Ombudsman Program

The Long Term Care Ombudsman Program is the primary resource for advocacy for persons aged 60 and older who utilize the following long-term care supports and services: nursing home and assisted living facility services; managed long-term care services via the state's Family Care, PACE and Partnership programs; self-directed supports and services via the state's IRIS (Include, Respect, I Self-Direct) program. After expanding authority in 2018 to include participants in the IRIS program, the Ombudsman Program now serves approximately 125,000 clients which include: approximately 89,300 persons living in licensed settings, 26,700 persons enrolled in managed care and 9,000 persons enrolled in the IRIS program[2].

Speaking to the agency's commitment to provide the highest quality advocacy services to its consumers and professional support to its staff, Ombudsmen are certified through a two-tiered program, comprising more than 500 contact hours of initial training and 40 hours of continuing education annually. Ombudsman training and certification is mandated in 45 CFR Part 1324, and Wisconsin's Ombudsman certification program is among the most robust in the nation.

Anyone may call an Ombudsman to report or discuss a concern or complaint about long-term care services. Long Term Care Ombudsmen investigate each complaint always with a client-centered focus on the needs and preferences of that resident or managed long-term care consumer, and always with respect to the client's rights to Ombudsman access and confidentiality. Ombudsmen provide general information and assistance regarding all aspects of long-term care supports and services, and regularly consult with providers in advance of a formal complaint in an effort to pre-empt a client experiencing a negative outcome. Ombudsmen provide education to residents and their families, to providers, and to the community-at-large. During the pandemic response, Ombudsmen provided virtual training to more than 30,000 long-term care providers, partnering with staff of the Department of Health Services to deliver messaging that was person-centered, rights based and timely to meet the ever-changing pandemic environment and its impact on long-term care consumers. In this post-pandemic period Ombudsmen consultations to providers have reached their highest numbers of interactions, as Ombudsmen, providers and regulators work to restore full rights related to visitation and discharge, and in response to increased complaints about quality of life and quality of care.

From a client services standpoint, Wisconsin has for many years been far behind the Institute of Medicine Study (1995) recommended Ombudsman to client ratio of **1:2,000**. For long-term care facility-residing residents, the Ombudsman to client ratio is approximately 1:5581. For enrollees in

[2] Source: Department of Health Services; Residents are typically Family Care members so would be included in the Total count for Family Care/PACE/Partnership. Enrollment data is provided for Family Care members aged 65 and older; BOALTC Ombudsmen serve persons aged 60 and older.

Wisconsin's managed long-term care programs the Ombudsman to client ratio is 1:1572. Most Ombudsmen serve both facility-living and managed care-enrolled clients. For the IRIS program the Ombudsman to client ratio is 1:4500; these Ombudsmen serve only IRIS participants. Wisconsin's current ratio is based on client data only and does not include the other stakeholders to a complaint who call for Ombudsman services, including family members, legal representatives, and providers. This ratio is impacted by the aging demographics statewide relative to older adults, with increases also noted due to the number of enrollees into managed long-term care programs.

Ombudsmen accomplish their goals of empowering consumers and educating providers through a variety of strategies, many of which take place in person where the client lives. Noting the urgency of complaints that emerged post-pandemic, when family members and other visitors began to again have full access to their facility-living loved ones, the demands for onsite Ombudsman services has continued to pose a challenge to staff. Ombudsmen must continuously re-prioritize their casework and consultations, which is increasingly challenging with an Ombudsman contingent that falls significantly below the recommended minimums.

With client consent, Ombudsmen also act as mediators and facilitators to resolve disputes informally, and provide assistance and representation at appeals, grievances, and state fair hearings. While a high percentage of persons in Family Care and IRIS live in their own homes in the community, most residents living in assisted living communities with whom Ombudsmen work are members of a managed care program. In both nursing home and assisted living settings, casework is increasingly complex and continues to require more time and resources to resolve than in years past, particularly given the current staffing shortages in all areas, and the emerging consequences of those shortages on all client types.

Ombudsmen are continuously challenged to respond to complaints in the timeframes expected by complainants, given the complexity of complaints and the limited number of Ombudsman resources. Increasingly serious complaints often demand that Ombudsmen make personal visits to the client wherever they live to learn the client's expectations and perceived barriers to resolution. Ombudsmen begin a formal complaint investigation at the time of the first visit and formulate a plan with the client. This plan includes steps toward resolution, discussing the client's rights and any concerns for confidentiality, identifying stakeholders and supports that might be essential to a desired and lasting resolu

Ombudsman Intake Contacts, 2016-2022

Calendar Year	Incoming intake calls	Intake e-mails received	TOTAL
2022	6021	2816	8,837
2021	5864	3074	8,938
2020	5471	2137	7,608
2019	5485	1752	7,237
2018*	5471	1199	6,670
2017	4926	649	5,575
2016**	4505	362	4,867

*Expansion of IRIS advocacy
**Expansion of Family Care advocacy

Other persons may also notify an Ombudsman of a concern on behalf of an older adult receiving long-term care services. Ombudsmen investigate these concerns as well, though often find disparities between what is reported by others and what is desired by the client. The Ombudsman's only client is the older adult/resident. Ombudsmen and supervisors often provide education to family members, guardians, and providers about the rights of clients to make their own decisions, live a self-determined life, and at times even make decisions that may have elements of risk or go against what the family member, guardian, or provider believes to be in the best interest of the client.

Consumers of managed care and self-directed supports services also call with requests for Ombudsman assistance with or representation at internal grievances, appeals and state fair hearings. These complaints might be about required relocations due to failed rate or contract negotiations between managed care organizations and providers or an inability to access services or products preferred by the client to meet a quality of life or quality of care outcome. Closures of long-term care facilities that serve a higher ratio of managed care-funded residents have resulted in some residents being relocated outside of their home communities and away from their familiar supports, often without adequate notice to the resident or sufficient resident participation. Ombudsman Program leadership meets regularly with other advocates, regulators and representatives of the Family Care and IRIS programs to discuss these systems issues, hoping to find options that are both person-centered and effective.

Complaints from and about residents in assisted living mirror those on behalf of clients living in nursing homes. With resident acuity in assisted living appearing to match that of nursing home-living residents, though without some of the same protections of credentialed staff and residents' rights, thorough and lasting resolution of complaints is increasingly challenging. Most residents of assisted living are enrolled in a managed, long-term services and supports program, meaning Ombudsmen are required to interface with managed care organizations, which do not operate from the same understanding regarding residents' rights as most licensed and certified providers. This creates an added element of complexity to some complaints, such as those related to care and treatment, and discharge notice and planning. Ombudsmen are not case managers, though they often find themselves returning to a long-term care community repeatedly to respond to residents or stakeholders who remain dissatisfied with their living status or services provided by the facility or managed care organization.

During the pandemic response, complaints lodged on behalf of residents of long-term care settings were received primarily from other stakeholders: adult children, spouses and partners, or members of the community-at-large. Complaints revolved almost wholly around the inability to visit residents of long-term care settings and, as visitation did re-open, the conditions that some visitors found when once again able to see their family members. Post-pandemic complaints about staffing seem to drive nearly all other complaints related to access to both facility admissions and advocacy, transfers and discharges, closing facilities, quality of care, and staff attitudes around dignity and respect. The Ombudsman Program also remains vigilant for renewed complaints about visitation restrictions as rates of respiratory viruses seem to increase once again. On the home and community-based settings (HCBS) side,

complaints are increasing about consumers who do not have access to enough care to be able to remain in their own homes. Some clients report being told by their managed care teams that they may need to move into a nursing home or assisted living community in order to access needed supports and services.

Long Term Care Ombudsmen in Wisconsin are well-known for approaches that facilitate collaboration and person-centered advocacy that is wholly client specific. Ombudsmen are often sought to provide subject matter expertise to provider education and community-based networks, as well as to long-term care quality initiatives impacting both residential and community-based consumers. This expert status of Wisconsin's certified long-term care Ombudsmen continues to place them in high demand for both case and consultative work, as well as for provider, resident and community-based education and networking.

The Long Term Care Ombudsman program submitted public comments and recommendations to ACL regarding changes to the Older Americans Act regulations. The State Ombudsman also provided testimony to the US. Senate Committee on Appropriations, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies – Addressing the Administration for Community Living (ACL) and Fiscal Year 2024 Appropriations regarding federal funding for the Ombudsman programs.

Ombudsman Program Most Frequent Complaints

Ombudsman complaint data is derived from the agency's internal database system. The top ten most frequent complaints listed below are complaints received about nursing homes and assisted living communities, as well as complaints about managed care services. Complaint data is provided to the Administration for Community Living (ACL) annually. These complaints have been consistent in their "Top Ten" ranking from year to year, with only slight variability, though nearly all seem to have a component related to inadequate staff, and staff who appear to be inadequately prepared for their roles. More prevalent in current complaints are fears related to retaliation, particularly the fear of involuntary discharge for having expressed a concern or complaint. Complaints today are more difficult to resolve for many reasons, but most often because of the reluctance of families and residents to report, which can hamper an expedient and complete investigation and prevent lasting resolution.

The need for supervisors and the State Ombudsman to be involved in complaint resolution is also increasing. Facility or provider staff are often reluctant to work with the Ombudsman or Volunteer. Additionally, decision-makers or family members sometimes seek to diminish resident rights in order to benefit themselves or meet their own expectations. The agency is also receiving requests for higher level training for providers about particularly challenging subject matter, such as inclusive and sexual

relationships, which at times requires the involvement and expertise of a supervisor or the State Ombudsman.

Complaints are received from a variety of stakeholders, including but not limited to consumers, family members and friends, facility and managed care staff, community medical professionals, Adult Protective Services units, Aging and Disability Resource Centers, and legislative staff. Regional Ombudsmen approach complaint resolution with a person-centered emphasis on long-term care consumers' rights and expectations, and a continuing concern for individual client empowerment and self-advocacy.

Our top complaints include:

- Discharge, eviction
- Staffing
- Failure to follow the care plan
- Administrative oversight, supervision
- Resident representative, family conflict
- Dignity and respect, staff attitudes
- Activities
- Access to visitors
- Provision of personal hygiene
- Managed care/IRIS

Ombudsman Program representatives are honored to provide exemplary advocacy services to the state's older adult citizens and long-term care service users. We remain committed to promoting changes in policies, practices, and systems that improve the quality of life and care for all older adult consumers of Wisconsin's long-term care programs.

The Volunteer Ombudsman Program

The Volunteer Ombudsman Program is a part of the Ombudsman Program of the BOALTC, with Volunteer Coordinators and Volunteers joining Ombudsmen as Representatives of the Office of the State Long Term Care Ombudsman. As a part of the Ombudsman Program, Volunteers serve with the same statutory authority as do Ombudsmen, cited at 45 CFR Part 1324 and Wis. Stat. § 16.009(4)(a). Volunteers have the same unrestricted access to nursing homes and residents as Representatives of the Office. The Volunteer Ombudsman Program, under the supervision of the Volunteer Services Supervisor, strengthens and coordinates with the Ombudsman Program to residents living in Wisconsin nursing homes.

Volunteer Ombudsmen are resident-centered, unpaid community advocates. Volunteers are diverse from many perspectives: they range in age from college age to retired, many are former health care professionals, and some represent the volunteer efforts encouraged by their employers. The current longest serving volunteer started with the Volunteer Program in 2007. Volunteers are recruited, trained, and supervised by regional Volunteer Coordinators who also serve as the liaison between the Volunteer and the Regional Ombudsman. The Volunteer Program currently operates in 32 counties in Wisconsin. Recognizing that many of the complaints received from residents of nursing homes also exist for residents of assisted living communities, the Volunteer Ombudsman program has recently started a two-year pilot program to expand volunteer advocacy services into assisted living facilities in four counties (Dodge, Fond du Lac, Winnebago, Outagamie), with hopes for program expansion for assisted living residents in the future.

Table 1. Assisted Living Home and Skilled Nursing Facility Data 1990 - 2020

Provider Type	1990		2000		2010		2020	
	Number	Capacity	Number	Capacity	Number	Capacity	Number	Capacity
Assisted Living Home[1]	1,084	13,960	2,165	30,145	3,261	45,932	4,239	63,455
Skilled Nursing Facility	446	49,686	424	46,147	399	36,022	360	28,171

Source: Wisconsin Department of Health Services; Division of Quality Assurance (DQA) as viewed February 27th, 2023.
[1] Assisted Living Home data excludes Adult Family Homes that are certified to care for 1-2 residents due to lack of tabulated data available prior to April 2022 from the DQA. As of April 2022, there were 1,590 1-2 resident AFH facilities.

After providing introductory information, a background check, conflict of interest screen and initial training are completed. Volunteers are then assigned to a specific nursing home or assisted living facility within the communities where they live. Volunteers commit to visiting their assigned facility typically weekly, spending about two hours visiting and talking with residents about their experiences, expectations and wishes. With resident consent, Volunteers share their conversations with the facility's leadership staff, and check back the next week to ensure the concern has been resolved to the resident's satisfaction. More challenging complaints are forwarded to the Regional Ombudsman who

may find the complaint in need of an in-depth investigation and resolution process. With the Volunteer Coordinator serving as liaison, together the Volunteer and Ombudsman support the resident throughout the process of resolution. The Volunteer provides essential and ongoing follow-up to ensure the problem has been resolved and the resident has not experienced any type of retaliation for bringing forth the complaint.

During the pandemic, Volunteers performed some of their work virtually, attending resident council meetings regularly via platforms such as Skype and Zoom. They participated in team support and training sessions, and discussed infection prevention and control practices that would be necessary when returning to in-person service. According to the National Ombudsman Resource Center (NORC), Volunteer Ombudsman programs nationwide saw a reduction in the number of volunteers by approximately 50% from pre- to post-pandemic. This is consistent with the reductions noted in volunteer numbers in Wisconsin, and one of the reasons BOALTC is embarking on the Assisted Living Volunteer Project, hoping to provide a broader opportunity for volunteer experiences. Other means of expanded volunteer support have included monthly offerings of virtual subject matter expert education, and the renewal of in-person meetings between Volunteers and Ombudsmen.

As nursing homes attempt to coordinate care and staffing under the current staffing shortages, Volunteers often note significant changes in their nursing homes from week to week. One Volunteer shared with their Coordinator that they observed several residents in wheelchairs lined up in the nursing home's hallways, many who seemed angry and some crying. Residents expressed feeling confused about what was happening and said facility leadership staff were not in the building to answer questions. When asked for more information, a nurse told the Volunteer that the residents were being moved to a different wing in order to consolidate care. When investigated by the Ombudsman, it was learned that none of the required advanced notices and choices had been given to the residents.

Another Volunteer reported to their Coordinator that residents had complained of routinely not having enough food at meals. Residents reported serving sizes to be small, quality of food to be poorly prepared, and limits placed on additional servings and beverages offered. One resident reported receiving only a small bowl of cereal and a half glass of milk for breakfast. When investigated by the Ombudsman, the dietary staff indicated there was often not enough food available to meet resident expectations and nutritional requirements. The complaint was forwarded to the Division of Quality Assurance, the regulatory agency, for further investigation and enforcement.

Volunteers report a deep sense of fulfillment derived from the relationships they build with residents, staff, and their colleagues within the Ombudsman Program. Volunteers are often a source of visible and knowledgeable support and stability during this time of continuous change in long-term care

settings. Residents often call the Ombudsman Program's toll-free line and ask for their Volunteer by name if they've missed a visit. With Volunteers able to visit residents weekly, the ability for the Volunteer and Ombudsman to work together to prevent retaliation or any unintended consequence from reporting complaints creates a better chance of lasting resolution for resident complaints.

With the increased numbers of complaints received by Volunteers and Ombudsmen, and the increased severity of those complaints noted, sometimes the best work is accomplished one resident, one client, one complaint at a time. Volunteers and Ombudsmen know that the time they spend in conversation and service with a single resident might be the best and most hopeful part of that resident's day, ensuring that resident's voice is heard above all others.

Volunteer Ombudsman Data	**2021**	**2022**
Volunteer Ombudsmen	70	68
Nursing homes with a Volunteer	71	66
Resident Council meetings attended	177 (virtual)	198 (partial virtual)
Nursing home visits made	0	90
Hours donated	778	948

Medigap Helpline Programs

The Medigap Helpline delivers services under the federal SHIP (State Health Insurance Assistance Program) providing beneficiaries with information and assistance regarding their concerns and questions about health insurance including Medicare, Medicare supplements, Medicare Advantage Plans, Long Term Care Insurance, and other health care options available to Medicare beneficiaries. The Medigap Helpline Programs also includes the Medigap Part D and Prescription Drug Helpline for beneficiaries 60 years of age and over.

The Medigap Helpline Programs are services administered by the State of Wisconsin Board on Aging and Long Term Care at no cost to the caller. There is no connection with any insurance company and the Medigap Helpline Programs' counselors do not endorse nor express any opinion as to the worth or value of any policy or insurance product. Counselors discuss the types of products available for beneficiaries, explaining how each type works toward meeting their expressed needs. The goal is to provide the beneficiary with enough information to empower them to confidently choose which product would best fit their needs. The programs are funded through grants from the Administration for Community Living (ACL) and the Wisconsin Office of the Commissioner of Insurance (OCI).

The Medigap Helpline Program provides one-on-one telephone counseling services, staffed with one Medigap Helpline Services Supervisor, one Lead Medigap Counselor, four full time Medigap Counselors, two full time Medigap Part D and Prescription Drug Counselors, one full time intake advocate, a limited term intake advocate during Medicare's Annual Enrollment Period (AEP), and one part time Management Information Systems person. Counselors are required to maintain an insurance license for life and health insurance in the State of Wisconsin. The programs utilize the services of numerous volunteers throughout the year to assist with various office duties.

The Medigap Helpline counselors provide outreach to Wisconsin residents and professionals. Counselors conduct presentations throughout the state, explaining how Medicare coordinates with other insurance options as well as responding to requests relating to specific topics. Counselors deliver additional outreach by distributing resource materials on healthcare coverage options at informational booths at health fairs, conferences, and senior centers. Virtual presentations are another avenue to providing informational services to Medicare beneficiaries statewide.

Who are our primary customers?

- Medicare beneficiaries of all ages
- Disabled Individuals
- Low-income individuals
- Pre-retirement individuals

- Retirees losing their employer group coverage
- End Stage Renal Disease beneficiaries
- Private long-term care insurance shoppers
- Consumers transitioning from Marketplace to Medicare

Who are our other customers? (Including but not limited to):

- Elder/Disability Benefit Specialists
- Social workers/case managers
- Legislators
- Non-Medicare individuals without health insurance
- Medical/healthcare providers

The Medigap Helpline Programs work with beneficiaries attempting to maneuver through the Medicare and health insurance arena trying to find the optimal coverage that fits their needs. With both helplines serving beneficiaries, the scope of information presented to callers' valuable information and education about their options, assisting them in selecting the right options for their situation. Beneficiary contacts reported to CMS within the Medigap Helpline Services totaled 11,012 in the state fiscal year 2021, compared to 10,751 in 2022. This decline was in part due to the pandemic, which limited outreach efforts and limited the ability to meet callers face to face in the central office. Although there has been a slight decline in the number of calls received, the calls coming in are increasingly complex.

Volunteers which assisted the Medigap Part D & Prescription Drug Helpline programs included volunteers from the UW Pharmacy school program and retired persons. The volunteer program had declined in numbers due to the pandemic. Additionally, the Pharmacy school now requires their student's volunteer hours to be submitted earlier, conflicting with the timing of Medicare's Annual Election Period, which is when the Helpline is most in need of volunteers. In the past few years, the Helpline had only 2-4 volunteers. The volunteers, who were retirees, completed 71 hours of service, which was mostly remote. The volunteers assisted with the prescription plan-finder program and provided some clerical support to staff. Staff were required to complete mailroom duties. Counselors have increased the use of email to send information to beneficiaries who felt comfortable accessing and using this technology.

Calls to the agency continue to become more complex and the volume of calls is predicted to grow as the population ages and more people become eligible for Medicare. The need to review both Medicare Advantage and Prescription Drug plans annually adds to the volume of calls, especially during Medicare's Annual Enrollment Period. Since 2016, the Medigap Helpline is allowed to file complaints directly to CMS and the Plan through a Complaint Tracking Module. Complaints occur in cases where the Medicare Advantage plan or Medicare Prescription Drug plan failed to enroll or provide the coverage a beneficiary

should have had, and the beneficiary was not successful in resolving the issue themselves. This allows CMS to review the complaint and offer direction to the plan as well.

	2021	**2022**
CMS Reported Calls	11,012	10,751
Toll-Free LIVE calls:	895	2653
Total Hours provided to callers:	6,636	6,220
(Avg. Minute per call)	36 min	35 min
Volunteers:	2	4
Volunteer Hours:	42	71
Outreach Events:	25	30
Outreach attendees:	3,731	3,457
Complaint Tracking Module reports: successful outcomes / filed complaints	32/34	16/25

Note: Based on state fiscal year.

Medigap counselors provide information, education, and counseling on:

- Medicare
  - Part A & Part B
- Medicare Supplements (Medigap)
  - Traditional vs Network policies
  - Guarantee Issue Provisions
  - Pre-Existing conditions
  - Relocation/snowbirds
  - Premium issues
- Medicare Advantage Plans
  - Service area coverage
  - Relocation/snowbirds
  - Out of Pocket Maximum/copay costs
  - Enrollment Periods: Initial, Annual, Special
  - Trial periods
  - Prescription Part D inclusion
- Medicaid Programs
  - Badgercare Plus (non-Medicare beneficiary)
  - Medicare Savings Programs
  - Medical Assistance Purchase Program (MAPP)
  - Elder, Blind, Disabled Medicaid Programs
- Employer Group Health Insurance
  - Active Employer coverage
  - Retiree Group Coverage
  - Cobra/Wisconsin Continuation
- Health Insurance Marketplace
  - Enrollment periods: Annual, Special

    - Medicare and Marketplace
- Prescription Coverage
    - Medicare Prescription Part D (serving those 60 and over)
    - Wisconsin SeniorCare
    - Low Income Subsidy (extra help)
    - Other Creditable Drug coverage
    - Pharmaceutical Programs
- Long Term Care Insurance
    - Nursing Home
    - Home Health Care
    - Assisted Living
    - Qualified Partnership Policies

Top Issues prompting calls from beneficiaries and advocates include:

- Medicare and understanding the differences in coverage options.
- Counseling for Medicaid beneficiaries undergoing reviews and losing Medicaid coverage due to the ending of the public health emergency.
- Changes in Medicare Prescription Drug coverage because of the Inflation Reduction Act (IRA) of 2022 causing some uncertainties over future coverages.
- Inadequate assistance from agents and brokers, resulting in beneficiaries being enrolled into options or plans that are not best suited to the interests and needs of the beneficiary.
- Prescription coverage needs, selecting appropriate plan, drugs not on formulary, gap of coverage costs, and less available pharmaceutical programs.
- Medicare Advantage enrollment issues, understanding scope and costs of coverage, misleading advertising.
- Marketplace transition issues into Medicare.
- Low-income programs and coordination with Medicare.

Medigap Counselors refer callers to other agencies or resources when appropriate to allow the beneficiary to obtain the most appropriate assistance/information related to their situation. Referrals to and from the Medigap Helpline are steady as the Medigap Helpline has the primary SHIP (State Health Insurance Program) telephone number which is used by Medicare, Social Security, and state agencies when making referrals for assistance. Maintaining close relationships with advocacy groups and partners provides good support for the 1.2 million Medicare beneficiaries in the state. Referrals for one-on-one assistance are made to the Elder or Disability Benefit Specialists in each county.

Trends

The increasing complexity of the Medicare program as well as the high number of choices for secondary coverages or replacement plans continues to bring Medicare beneficiaries to the Medigap Helpline

Programs. Understanding not only the enrollment limitations for each program but the coordination with Medicare can be a daunting task for Medicare beneficiaries. Many calls to the Medigap Helpline are received due to misleading information from some television advertisements or from agent cold calls which encourage enrollment into a plan that might not be best suited for the beneficiary. In these circumstances, Counselors assist beneficiaries in understanding these plans and reversing their enrollment back to prior coverage which may have been more suitable.

Loss of employer-sponsored coverage continue to bring Medicare beneficiaries to the Medigap Helpline. Termination notices from manufacturers, school districts, city/county governments, medical groups and other businesses could have a negative impact on beneficiaries if complete information is not provided on options. Decisions by beneficiaries to leave their employment resulting in loss of coverage leads to them facing a broad range of choices. The Medigap Helpline has presented information to these groups to aide in understanding the suitability of each option they may have.

During the pandemic, Medicaid renewal requirements were put on hold. The process of Medicaid unwinding is being spread out over the course of 14 months, which prompts many questions about coverage and results in a fear of not receiving adequate coverage with preferred providers.

The uptick of beneficiaries with End Stage Renal Disease (ESRD) continues. Enrollment into ESRD Medicare is voluntary and may not always be the most optimal coverage a beneficiary could have. Detailed counseling provides a clearer picture of the different types of coverage options the beneficiary would have, from remaining on Badgercare Plus or their Marketplace coverage, to switching to ESRD Medicare and selecting from the options around Medicare, to remaining in active employer plan for the 30-month coordination period. These beneficiaries require time so they may understand the enrollment periods and coverage outcomes so they can select the most optimal coverage for their needs.

Due to COVID-19, Medicare altered some rules which changed how some services could be provided, resulting in claims issues. Calls have been varied around not only the coverage if a beneficiary had COVID, but the impact limited services had on beneficiaries and family members, to understanding the expanded telehealth option. These changes will continue to evolve.

Public comments were submitted to the Centers for Medicare & Medicaid Services related to CMS-4201-P: Contract Year 2024 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs Proposed Rule. These comments expressed support for several of the proposed changes related to ensuring timely access to care and utilization management requirements, marketing requirements to protect beneficiaries, initiatives aimed at advancing health equity, improving access to behavioral health, and implementation of certain provisions of the

Consolidated Appropriations Act and the Inflation Reduction Act. BOALTC did not support proposed changes that would reduce the weight of patient experience/complaints and access measures in the Star Ratings Program, a valuable indicator of a plan's quality. BOALTC submitted an additional request for a consumer protection policy that would allow vulnerable beneficiaries to designate a third party to be notified of any potential changes in the beneficiary's coverage, which would allow the third party to consult with the beneficiary before any changes are made to current coverage. This would assist in preventing vulnerable beneficiaries from unknowingly changing their coverage. Additional comments, questions, and suggestions were submitted in these comments, all with the goals of increasing consumer protection and transparency.

Public comments were submitted to the Centers for Medicare & Medicaid Services related to CMS-1784-P: Medicare and Medicaid Programs; CY 2024 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies. These comments were prepared in consultation with the Wisconsin Aging Advocacy Network (WAAN). The comments included support for virtual caregiver training, increased involvement of caregivers in patient transitions, as well as broadening certain definitions to include additional caregivers.

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