



Aging & Disability Resource Center of Buffalo, Clark and Pepin Counties

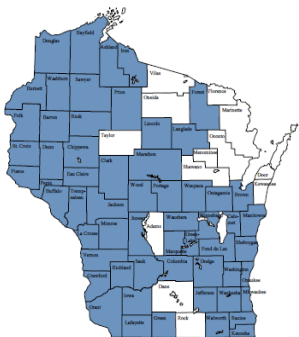
June 2011
Regional News



“The simple idea of an Aging and Disability Resource Center came from observing how often someone who begins trying to help another ends up saying: there must be a way to help, but where do I start?”

Donna McDowell,
Bureau of Aging and
Disability Resources

There are thirty-five (35) ADRCs and three (3) Tribal Aging and Disability Resource Specialists serving 59 of Wisconsin’s 72 counties and eight of its eleven tribes.



PROPOSALS TO LIFT THE CAP ON COMMUNITY LONG-TERM CARE

Proposals submitted to the Wisconsin Senate and Assembly on May 24, 2011 were in support of Lifting the CAP proposed for Long-Term Care in Wisconsin in the Legislative Fiscal Bureau Paper #342.

The proposals stated that over the last 20 years, a strong consensus was developed among aging and disability organizations, counties, and legislators of both parties to reform Wisconsin’s long-term care (LTC) system by moving in the direction of home and community based care. Seniors, people with disabilities and families all agreed—that it was better to live in your own home or in your community with the individualized supports you

need than to live in an institution.

To respond to the economic problems Wisconsin is facing, Governor Walker has proposed putting an upper limit - or "cap" - on the total number of people that can be enrolled in Family Care, IRIS, or Partnership. The effect of the proposal is to limit state spending for the next two years; to maintain waiting lists for long-term care services in the community; and to permit someone waiting for service to enroll only if they are at the top of the list, or they experience an emergency - only when another person has left the long-term care program. By waiting until someone has left the program, a new person can be enrolled without exceeding the

enrollment cap. The legislature has proposed adding an additional \$5 million to the state budget each year to assure that there is funding for services to persons living in hazardous conditions or without any help at all with daily activities. The ADRC is charged with identifying those individuals at risk. The enrollment cap legislation is not final until the Assembly and Senate have voted and the Governor has signed the bill into law, in all likelihood before July, 2011.

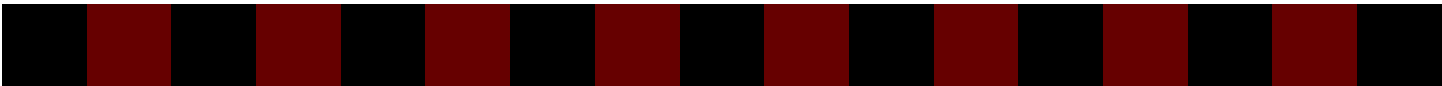
The ADRC will continue to provide advice and options counseling to individuals in need to help people stay at home with support from family and friends and the wider community.

AN ADRC IS A “BRIDGE” 2010 ADRC STATUS REPORT

ADRC’s are **LINKS** to community resources for people who are in search of information or help, the ADRC is a bridge that will allow passage across obstacles to a personal destination. ADRC’s are **A CONNECTION:** People who work in the ADRC are community connectors for adults with disabilities or

elders who are seeking income support, employment, in-home services or a variety of other long-term care related concerns. An ADRC is a **CONDUIT** for information and documentation for people seeking eligibility for Medicaid, Family Care or IRIS, streamlining and simplifying complex processes.

ADRC’s are the “Bridge” for people entering the confusing world of Long-Term Care and the door to access Information and Assistance, resources and publicly funded Long Term Care Programs. Call the ADRC of Buffalo, Clark and Pepin Counties to cross the bridge at 1-866-578-2372.





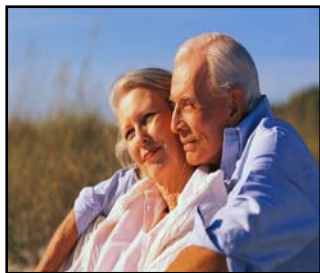
ONE STOP FOR RELIABLE INFORMATION

2010 ADRC Status Report

Each older person and every person with a disability, is unique. ADRC's need information and skills that are very broad.

That is why the ADRC is your one-stop for personalized help in finding and connecting a customer to services that match his or her needs. People call the ADRC about:

- In-home personal and nursing care
- Housekeeping and chores services
- Home Modifications
- Caregiver respite
- Nutrition, home delivered meals.
- Housing, including senior and low income housing
- Assisted Living, nursing homes and other long-term care facilities.
- Financial assistance (e.g. Social Security, SSI, Disability, Medicare, Medicaid and other benefit programs)
- Legal issues (guardianship, power of attorney, clients rights and advocacy)
- Abuse, neglect, and financial exploitation
- Mental Health, alcohol and drug abuse, crisis intervention
- Employment, volunteer work, vocational services
- Adaptive equipment



" We had no idea what to do, then we found the ADRC..."

~ ADRC Customer

ADRC SERVICES

2010 ADRC STATUS REPORT

In 2009, 32 ADRC's responded to 308,523 requests for assistance, averaging almost 26,000 per month.

During the contacts made, a total of 454,029 activities were provided to Wisconsin customers.

72% of what the ADRC was to offer was Information and assistance with follow-up with customers the second

most frequent service provided.

A total of 36,845 people received services from the ADRC Elderly or Benefit Specialists in 2009.

Elderly Benefit Specialists helped Wisconsin Seniors access 46.5 million in benefits in 2009.

The Elderly Benefit Specialist served 22,491

customers and the Disability Benefit Specialist served 14,354 customers.

The Disability Benefit Specialist is a new position available in counties and has been a great asset to the ADRC's.

This position helped people with disabilities access 4.4 million in benefits of these 34.9 or 82% were federal.

STROKE

CINCINNATI STROKE SCALE

"REACT FAST"

The Cincinnati Stroke Scale is used by EMT's to identify a stroke. The acronym **FAST** is for quick identification of stroke symptoms

F ~ FACE – Facial Droop: Have the person smile or show teeth. Is the smile even or lop-sided?

Normal: Both sides of the face move equally or not at all.

Abnormal: One side of the patient's face droops.

A ~ ARM - Motor

Weakness: Check for arm

drift: Close eyes, extend arms, palms up.

Normal: Arms remain extended equally or do not move at all.

Abnormal: One arm drifts down when compared with the other.

S ~ SPEECH - Have the person repeat. "You can't teach an old dog new tricks."

Normal: The Phrase is repeated clearly and correctly.

Abnormal: Words are slurred, abnormal, or the can't speak.

T ~ TIME - Last seen Normal: This is important in determining the type of treatment received.

ELDER FINANCIAL ABUSE

METLIFE STUDY

Elder financial abuse invariably results in losses of human rights and dignity. Despite growing public awareness from a parade of high-profile financial abuse victims, it remains underreported, under-recognized, and under prosecuted. Some of the key findings from the Metlife Study are:

- The annual financial by victims of elder abuse is estimated to be at least \$2.9 billion dollars, a 12% increase from the \$2.6 billion estimated in 2008.
- Instances of fraud perpetrated by strangers comprised 51% of the articles. Reports of elder financial abuse by family, friends, and neighbors came in second, with 34% of the news articles followed by reports of exploitation within the business sector (12%) and Medicare fraud (4%).
- Medicare and Medicaid fraud resulted in the highest average loss to victims (\$38,263,136) followed by fraud by business and industry (\$6,219,496), family, friends, and neighbors (\$145,768), and fraud by strangers (\$95,156).
- Women were nearly twice as likely to be victims of elder financial abuse as men. Most victims were between the ages of 80 and 89, lived alone, and required some level of help with either health care or home maintenance. In almost all of the cases, there existed a combination of tenuous, valued independence and observable vulnerability that merged in the lives of victims to optimize opportunities for abuse by every type of perpetrator—from the closest family members to professional criminals.
- Nearly 60% of perpetrators were males. Most male perpetrators were between the age of 30 and 49. Perpetrators who were strangers often

targeted victims with visible vulnerabilities (e.g., limited mobility, displays of confusion, or living alone).

- In almost all instances reported in the newsfeeds, the goals of financial abuse perpetrators were achieved through deceit, threats, and emotional manipulation of the elder. In addition, physical and sexual violence frequently occurred with the vortex of elemental greed and disregard for the victim that surrounded financial abuse.
- New research indicates that the instances of elder financial abuse are far higher the previously reported. In particular, a national study of 5,776 older adults found that the one-year prevalence for financial abuse by a family member was 5%.

Elder financial abuse appears to fall into three types of crimes: occasion, desperation, and predation. Crimes of occasion or opportunity are incidents of financial abuse or exploitation that occur because the victim is merely in the way of what the perpetrator wants. Crimes of desperation are typically those in which family members or friends become so desperate for money they will do whatever it takes to get it. Many of these family members are dependent of the elder relative for housing and money. Finally, crimes of predation or occupation occur when trust is engendered for the specific intention of financial abuse later. A relationship is built, either through a bond of trust created through developing a relationship (romantic or otherwise) or as a trusted professional advisor, and then used to financially exploit the victim. A new office of Financial Protection for Older Americans was established in 2010 as part of the new Financial Regulatory Reform Bill. Congressional activity on the Elder Abuse victims ACT (S.462) and the expected introduction of the Senior Financial Empowerment Act indicate that Congressional attention will continue to be focused on the issue of elder financial abuse. You can read the entire Metlife Study at:

<http://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-elder-financial-abuse.pdf>

*With good reason,
financial elder abuse has been characterized by some
experts as "the crime of the 21st Century."*

~J.F. Wasik, Journalist

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We're on the Web!
www.adrc-bcp.com

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2010 Recognition of Wisconsin ADRCs

ADRCs ~A Wisconsin "Success Story"

In February 2010, the U.S. Administration on Aging (AoA) honored the Wisconsin Department of Health Services with an Outstanding Achievement Award for "its pioneering work and continued innovation with Aging and Disability Resource Centers."

Addressing an audience of people who are developing ADRCs across the country, federal officials recognized Wisconsin as the creator of ADRCs and emphasized that the Wisconsin model is a model other states should follow, indicating that Wisconsin embraces AoA's vision and goals for ADRCs nationwide.

"The Aging and Disability Resource Center of Buffalo, Clark and Pepin counties provides a single source of information and assistance for older adults, adults with disabilities, and their caregivers while supporting self-sufficiency, quality of life, and dignity."

