

**The Biennial Report of the  
Wisconsin Board on Aging and Long Term Care  
2012 – 2013**



August 2014

**TABLE OF CONTENTS**

CHAIRMAN'S REPORT..... 2

MISSION STATEMENT of  
The BOARD ON AGING and LONG TERM CARE ..... 4

INTRODUCTION..... 5

AGENCY OPERATING BUDGET ..... 6

LONG TERM CARE OMBUDSMAN PROGRAM ..... 7

VOLUNTEER OMBUDSMAN PROGRAM..... 10

MEDIGAP HELPLINE PROGRAM ..... 14

AGENCY COUNSEL ..... 18

APPOINTED MEMBERS of the BOARD on AGING and  
LONG TERM CARE ..... 20

AGENCY STAFF ..... 21

CONTACT INFORMATION for the BOARD on AGING and  
LONG TERM CARE PROGRAMS..... 23

## **Comments from the Chair of the Board on Aging and Long Term Care**

The Wisconsin Board on Aging and Long Term Care has been in existence for over 30 years. Created by the Wisconsin Legislature, the primary responsibility has been, and is, to advocate for the interests and the rights of, and to educate consumers and their families regarding the programs which may impact them thus enabling them to make informed personal choices. Combined with these responsibilities are additional charges under the Older Americans Act which references the Long Term Care Ombudsman Program and the federal Medicare statute as it relates to the Medigap Helpline.

The Executive Director and staff of the Board on Aging and Long Term Care are recognized for their efforts and achievements and are to be commended for their performances. This is very remarkable given the budgetary stressors and the ever increasing demands for their services by the addition of programs, programmatic changes, increases in the number of family residences, Assisted Living and nursing home closures and now the upcoming expansion of the Family Care Program to the Northeast counties within our State. It is prudent to note that the comparative ratio of Ombudsman in our State is one Ombudsman to address the needs of 6,800 Clients. This comparative figure represents the Program's functioning within the present budget and, with the addition of the remaining Counties into FamilyCare, it presents a challenge as well as a necessary budgetary impact to support the Mission of the Board. It should also be noted that, since the role and extent of authority for Ombudsman Programs in other states is widely variable, an accurate comparative interstate statistic has not been researched.

The Volunteer Ombudsman program has been critical to the Ombudsman Program as they provide the eyes and ears for the limited number of Ombudsman on staff. There are now 109 Volunteer Ombudsman but many more are needed. The additional outreach that will be necessary challenges our already limited budget. Our goal remains having a Volunteer Ombudsman in all 72 counties. At the present time we have 26 counties involved.

Our Medigap counselors have seen a dramatic increase in the demands to help consumers sift through the confusion and choices brought about by the ever changing world of insurance coverage for elderly and other Medicare-eligible consumers as a result of changes to Medicare Part D (Prescription drugs) and the confusion presented by the onset of the Affordable Care Act. This has been evidenced by a total of 13,420 Medigap contacts in year 2013 versus 9,665 in the year 2012. To assist the staff with this volume, there were 19 volunteers from the University of Wisconsin Pharmacy School.

Besides the individual contacts, there have been 88 outreach events in year 2013 to inform/assist the consumer (9,453 people) compared to 48 events in year 2012 (8,158 people). This is truly amazing for the number of staff involved in this aspect of the Board's services.

There isn't enough that can be positively stated about the Executive Director, Heather Bruemmer and her oversight of this Board, staff and services. The passion and advocacy that she has brought to this position has been extremely valuable to this Board and to our State. This is evidenced by the quality and diligence of the many programs within the structure of this agency.

Heather has gained the respect of the Board, her staff, and the various Departments within the State, she has been sought out for participation in various committees and Hearings both at the State and Federal levels. Her commitment and passion for this work is obvious and it is immensely valued.

The working relationship that has developed between Heather and the Counsel to the Board is of great importance. Together they have provided this Board with the information/insights for consideration of the various Legislative Proposals, Public positions and any citizen inquiries. Many accolades to the management and staff of this Board.

**James Surprise**  
**Chair of the Board on Aging**  
**and Long Term Care**

## **Mission Statement of the Board on Aging and Long Term Care**

### **Values**

The Wisconsin 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.

### **Vision**

The Board on Aging and Long Term Care is the premier resource for information and advocacy. The Board will increase its visibility and accessibility by expanding its role and recognition as an advocacy leader.

### **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 and long term care.

## **Introduction**

This Biennial Report describes the 2012-2013 performance and goals achieved by the Board on Aging and Long Term Care Programs: The Long Term Care Ombudsman Program, The Volunteer Ombudsman Program and the Medigap Helpline. The report provides an overview of the efforts and work done by 37 agency staff. The agency's activities have satisfied the requirements of *§. 16.009, Stats.*

The Board's management team does an exceptional job managing their programs and their greatest priority is to meet the needs of the consumers we serve. Throughout this document you will note the increased number of consumers accessing our Ombudsmen and Medigap Helpline counselor's services.

The agency has invested a tremendous amount of time and resources in our outreach activities to consumers. One avenue in support of this effort is the time and energy put into in the agency's website. The agency has noted a significant increase in our web-site hits. In 2012, the website registered 82,498 hits. In 2013, the website registered 120,755 hits. It remains a fact, however, that a majority of responses to requests for information occur through more traditional, paper and telephone based methods.

The Board on Aging and Long Term Care continues to be the premier resource for Wisconsin citizens needing Ombudsman advocacy and Medicare and Medicare relation information services.

I welcome your feedback and interest about the content of this Biennial report and the results of our advocacy services provided by the outstanding and dedicated employees at the Board on Aging.

**Heather A. Bruemmer  
Executive Director/State Long Term Care Ombudsman**

## **AGENCY OPERATING BUDGET**

Fiscal Year 2012 – Fiscal Year 2013

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 Services originating from appropriations authorized by the federal Older Americans Act and the federal Centers for Medicare and Medicaid Services (CMS); and program revenue from a segregated fund in the state Office of the Commissioner of Insurance.

	<b>2012</b>	<b>2013</b>	<b>Total</b>
General Purpose Revenue	1,120,700	1,077,200	2,197,900
Program Revenue (Federal)	921,982	1,077,232	1,999,214
Program Revenue (State)	95,413	128,224	223,637
Program Revenue (OCI)	399,612	337,374	736,986

## **Long Term Care Ombudsman Program**

The Long Term Care Ombudsman Program of the Board on Aging and Long Term Care provides advocacy services to persons age 60 and older who are consumers of Wisconsin long term care programs, either as residents in licensed long term care settings, or as members of the Family Care program, the Program for All-inclusive Care for the Elderly (PACE), the Partnership program or the Community Options Program.

Ombudsmen serve residents of all of Wisconsin's 72 counties. Services are available at no charge, and all complaints are kept confidential, unless a clear need is identified and specific consent to disclose information is given by the resident or member.

The services of the Ombudsman are many and varied. Some of the services provided are:

- Investigation of complaints regarding long-term care services
- Resolution and mediation of issues regarding long-term care services
- Provision of information and education on topics to include resident rights, abuse reporting and prevention, sexuality and intimacy, relocation stress, boundaries of surrogate decision-makers
- Advocacy and consultation for Community Options Program (COP) participants
- Advocacy and consultation for Family Care/PACE/Partnership members
- Cooperative work with regulators, counties and law enforcement agencies

Wisconsin is a leader in the provision of quality long term care for its citizens, continuously developing arrays of options and encouraging highly qualified providers of care to establish and maintain a presence in this state. As citizens, we have high expectations and strong voices when it comes to seeing that expectations for not only high quality of care but also high quality of life are met.

That said, at times the proliferation of diverse options has come with some costs: some options are often not affordable to many older adults who are neither wealthy nor indigent, and the cost is often not sustainable for those with high need or for those who require care over an extended period of time.

Complaints to the ombudsman program over the past year highlight some of the challenges faced during times of systems and funding change.

The current long term care system is beginning to experience the needs of a changing demographic of consumers. While our nursing home and assisted living complaints have not changed much in terms of the issues being raised, the extraneous challenges that come with these complaints necessitate a much sharper skillset in mediation and related ombudsman tools and practice, and result in a much longer timeframe for case resolution. Complexities abound for persons with active yet previously undiagnosed mental health conditions, increasing numbers of persons with dementia, and surrogate decision-makers who disregard residents' voices and rights. These are some examples of what has become "typical" ombudsman work.

Ombudsmen continue to be called upon to provide advocacy and education about balancing rights and regulations, particularly for persons with dementia. Ombudsmen are also frequent sources of resolution when a home is attempting to involuntarily discharge a resident or when a licensed facility refuses to accept a resident back following treatment in a hospital.

Wisconsin nursing homes are being encouraged to down-size and modernize, while at the same time implement a more person-focused philosophy of care. Ombudsman involvement in staff education and awareness is ongoing. Ombudsmen continue to promote resident and family involvement in initiatives such as Advancing Excellence and the pending CMS-mandated Quality Assurance and Performance Improvement (QAPI) measures.

Nursing home and assisted living closures have been at a much higher rate than typical, as over the past year three large nursing homes, impacting more than 500 residents, have closed. This agency's Relocation Ombudsman Specialist has played a key role in these activities, consulting with facilities, managed care organizations and Department of Health Services staff, insuring that resident rights, particularly as they relate to discharge/relocation planning and participation, notice and access to advocacy throughout the closures are at the forefront of all discussions.

Ombudsman relationships with Managed Care Organizations, Aging and Disability Resource Centers, Adult Protective Service units and local Interdisciplinary Teams play key roles in working with consumers, often before they make their choices for long term care.

Requests for ombudsman services by or on behalf of persons living in licensed settings as well as those receiving care under the state’s Long Term Care waiver programs, have continued to increase steadily, not only in frequency but also in the urgency of the complaint. Ombudsmen also provide heightened vigilance in long term care facilities that under regulatory scrutiny, providing complaint resolution, consultation and education toward optimal quality and care outcomes with a goal of empowering residents to be strong self-advocates.

In Wisconsin, 15 regional ombudsmen serve the more than 102,000 long term care service users, a ratio of approximately 1:6800. Regional staff are assisted by one relocation ombudsman specialist, and one intake specialist. Despite the challenges of continually increasing caseloads and increasing urgency of consumer concerns, Wisconsin’s long term care ombudsmen remain dedicated to insuring the health, well-being and protections afforded to Wisconsin’s older adult consumers of long term care services, many of whom are amongst our state’s most vulnerable individuals. The Ombudsman Program maintains strong lines of collaborative and open communication with the State Aging Unit Director and the Division of Quality Assurance of the Department of Health Services. Ombudsmen enjoy a high degree of visibility and credibility within the state’s aging networks, and are invitees to virtually every initiative or discourse pertaining to long term care services in Wisconsin.

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
2010	1138	1149	25,687	833
2011	1052	1041	26,832	900
2012	1215	1157	28,506	942
2013	1126	1152	28,528	911

## **Volunteer Ombudsman Program**

The Volunteer Ombudsman Program (VOP) in Wisconsin is celebrating 20 years of resident centered advocacy. The residents we serve trust that the presence of a Volunteer Ombudsman will improve and enhance the quality of their life and their care. Volunteer Ombudsmen increase public awareness of the Board on Aging and Long Term Care.

The VOP is an extension of services provided by the Long Term Care Ombudsman Program. Volunteers provide advocacy, education, and information to residents of skilled nursing facilities. The program currently operates in 26 Wisconsin counties. Volunteers are expected to empower, educate and support residents during their regular visits. These weekly unannounced visits are 2-3 hours long, occurring at varied times and are focused on resident's rights.

The Volunteer Ombudsman Program has five professional Volunteer Coordinators in regional offices who manage the volunteers. Volunteer Coordinators recruit potential volunteers and provide professional training, guidance and support, as well as recognition to the Volunteers. The position of Volunteer Coordinator is an essential role in the successful management of the Volunteer Ombudsmen Program and it is critical to the standards of best practice.

The Coordinators are the liaison between the Volunteer Ombudsman and the Regional Ombudsmen regarding the residents. The Volunteer Coordinators work with the Volunteer Ombudsmen; guiding, supporting and problem solving with them. The Volunteer Coordinators work closely with the Regional Ombudsmen in their assigned regions to appropriately match volunteers to serve as advocates in skilled nursing homes. Volunteer Coordinators are responsible for documenting and recording the daily activities of the Volunteer Ombudsmen they manage.

When Volunteer Ombudsmen make weekly visits to their assigned nursing homes, they meet and greet newly admitted residents, and provide them with agency brochures and the Ombudsman Program toll-free phone number. The Volunteer's primary focus during these visits is to establish relationships with the residents, to empower them to speak for themselves, and to be the eyes and ears for the Regional Ombudsmen.

Volunteer Ombudsmen will also follow up with resident concerns from previous visits to make sure that residents are heard and that concerns have been addressed by the facility staff. We encourage Volunteer Ombudsmen to visit residents who do not receive visitors, and to spend time with residents who like to talk. These facility visits can be individual or joint with their Volunteer Coordinator, Regional Ombudsmen, or program Supervisor.

Resident concerns are not disclosed unless the resident has given permission for the Volunteer to share concerns with the nursing home staff. We encourage and empower residents to speak on their own behalf with the nursing home staff to resolve concerns. Volunteer Ombudsmen communicate with the facility staff and administration at the end of each visit to share their general observations, questions and concerns.

For the past several years, Volunteer Ombudsmen have been encouraged to increase their participation in resident council meetings when invited by the residents. Volunteer Ombudsmen encourage residents to attend and participate in these meetings, and then follow up with residents after the meetings.

Volunteer Ombudsmen, with their Volunteer Coordinator, work closely with the Relocation Ombudsman Specialist (ROS) during facility closures and relocations. Volunteer Ombudsmen who are assigned to a facility that is closing will continue their advocacy responsibilities and will provide the ROS with resident concerns and observations. Volunteer Ombudsmen who are assigned to a receiving facility are made aware of newly relocated residents so they can meet them promptly. The Volunteers are guided by their coordinators so they may make timely follow-up visits with the new residents and provide information to the ROS.

The Volunteer Coordinators, working in tandem with the Regional Ombudsmen, conduct inservices for the volunteers, providing current information on resident-focused topics.

One example of an annual inservice is a presentation on the topic of Infection Control. This is offered by the State of Wisconsin Department of Health Services' Division of Public Health Bureau of Communicable Diseases and Emergency Response. Another example of a topic presented at inservice is focused on Resident Rights.

Volunteer Ombudsmen submit monthly reports to their Volunteer Coordinator. The Volunteer Coordinator contacts the Volunteer upon receiving each report to clarify information in the report before discussing that information with the Regional Ombudsmen. The team effort is critical to provide the best advocacy to the residents.

The Volunteer Ombudsman Program's page on the agency website includes a map detailing coordinator and contact information by county, a Volunteer application, and the following:

- History of the VOP
- Why people are needed to be a Volunteer Ombudsman
- What the Volunteer Ombudsman Program does
- How to become a Volunteer Ombudsman
- Who can become a Volunteer Ombudsman-Conflict of interest

We have noted increasing concern during recent years about the impact of changing economic conditions. Economic concerns have also brought about challenges for volunteer recruitment. The program has had to become more creative in developing recruitment and outreach strategies. We have encouraged husband-wife and parent-child team volunteering, as well as car-pooling between volunteers. Several Volunteer Ombudsmen have taken on additional responsibilities such as having multiple nursing home assignments. This change has proven to have a positive impact on the residents.

Rising gas prices have impacted the number of Volunteer Ombudsman visits made each month. The agency is unable to reimburse our Volunteer Ombudsmen for their expenses for travel to and from their assignments. We are allowed, by rule, to offer mileage reimbursement to the Volunteer Ombudsmen only for their attendance at the quarterly in-services held around the state.

The Volunteer Ombudsman Program was the vision of former Board on Aging and Long Term Care board member and founder of the program Louise Abrahams Yaffe. In 1994, a pilot project was developed and within a few years became the established volunteer component of the Ombudsman Program.

In 2004, the Louise Abrahams Yaffe Volunteer Ombudsman Program Award was established as a tribute to Louise’s vision and her legacy for the Board on Aging and Long Term Care Volunteer Ombudsman Program. The agency presented the 9th Annual Louise Abrahams Yaffe Volunteer Ombudsman Program Award to Dane County Volunteer Ombudsman Sue Dow. The agency presented the 10th Annual Louise Abrahams Yaffe Volunteer Ombudsman Program Award to Waupaca County Volunteer Ombudsman Glenn Holley.

The average length of service of our Volunteers is 7 years. Several Volunteers have 10 - 19 years of service, and one Volunteer Ombudsman, Beverly Laufenberg from Monroe County, has been serving for the entire 20 years since the program’s inception.

**Volunteer Ombudsman Statistics**

<b><u>Volunteer Ombudsmen profile totals:</u></b>	<b><u>2012</u></b>	<b><u>2013</u></b>
Number of Volunteer Ombudsmen (VO)	107	124
Number of Long Term Care Facilities with VO	93	142
Number of facility visits made	2,546	2,816
Number of hours donated	5,096	6,849
Resident Council meetings attended **	206	211
<b><u>Volunteer Coordinator &amp; Supervisor Profile totals:</u></b>	<b><u>2012</u></b>	<b><u>2013</u></b>
Working w/ VOP Activities (number of activities)	5,570	7,190
Working with Volunteer Ombudsmen	2,025	1,929
Community Education Activities	73	56
Information and Consultation Activities	1,240	1,171

\*\*When invited by the council members, volunteer ombudsmen attend resident council meetings to listen to, encourage and empower the residents.

## **The Medigap and Medigap Part D & Prescription Drug Helplines**

The Medigap Helpline and the Medigap Part D & Prescription Drug Helpline are both part of the Wisconsin State Health Insurance Assistance Program (SHIP). Counselors assist beneficiaries with questions about health insurance: including Medicare, Medicare supplements, Medicare Advantage Plans, Prescription Drug coverage, Long Term Care Insurance, and other health care options available to Medicare beneficiaries.

Both Helplines 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 and The Medigap Part D Helpline do not endorse nor express any opinion as to the worth or value of any policy or insurance product. The program is funded through grants from the Federal Centers for Medicare & Medicaid Services (CMS) and the Wisconsin Office of the Commissioner of Insurance (OCI).

The Helplines provide one-on-one telephone counseling services. There is one Medigap Lead Counselor, four full-time Medigap Counselors, two full-time Part D counselors, one full-time intake advocate, one part-time Management Information Systems person and a Medigap Helpline Services Supervisor. All counselors are required to hold a valid Wisconsin license as an insurance agent for Health Insurance.

### **Our primary customers are:**

Medicare beneficiaries of all ages	End Stage Renal Disease beneficiaries
Disabled Individuals	Low income individuals
Pre-retirement individuals	Retirees losing their employer group coverage
Private long term care insurance shoppers	Persons 60 and over seeking for Rx coverage

### **Other customers are: (including but not limited to):**

- Elderly/disability benefit specialists
- Social workers/case managers
- Legislators or staffers
- Non-Medicare individuals without health insurance
- Medical/healthcare providers

The past few years have brought many changes to the Medigap Helpline Services. The Prescription Drug Helpline, which officially began July 2012, provides Prescription reviews in addition to counseling, has broadened the scope of information presented to callers of the Medigap Helpline. Total contacts within the Medigap Helpline Services were 13,426 in 2013 compared to 9,665 in 2012. Implementation of the volunteer program, created to assist the Part D & Prescription Drug Helpline, has allowed the program to increase services to callers. The volunteer program, which includes volunteers from the UW Pharmacy school program, had 26 volunteers this past year who provided plan finder assistance, data entry, and clerical support for the programs.

We anticipate that the agency's volume of calls will continue to grow as more persons enroll into Part D who need annual plan reviews or as beneficiaries reach out to better understand the broad range of options they have when first starting Medicare.

	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>
<b>Overall Incoming Calls:</b>	13,426	9665	8233	8381
Toll-free Live Calls:	4892	3116	2033	n/a
Total Hours:	6561	5157	4458	4681
Avg. Min per call:	29	32	32	34
Referrals:	3519	3428	2815	2670
Volunteers:	26	7	1	0
Volunteer hours:	1080	496	468	0
Outreach Events:	88	49	39	52
Outreach attendees:	9453	8158	5018	9778

Our Medigap counselors provide information, education, and counseling on coverage and other topics including the following:

- |   |  |
|---|--|
| Medicare (Parts A & B)  | Medicare Advantage Plans               |
| Prescription Part D / other Rx coverage                           | Medicare Supplements (Medigap)         |
| Employer-Sponsored Group. Health Insurance                        | Medicare and Marketplace               |
| Understanding Enrollment Periods:<br>Initial, Annual, and Special | Long Term Care Insurance               |
| Medicaid & Medicare Savings Programs                              | Low Income Subsidy (extra help for Rx) |

There have been changes in the health insurance field with the ushering in of the Affordable Care Act which prompted many inquiries to the helpline.

The termination of the Wisconsin’s Health Insurance Risk Pool (HIRSP) and the ending of coverage by many Badgercare Plus recipients added to the agencies normal influx of callers who are looking to assure they were in the best option for their needs for the coming year. These callers along with calls from beneficiaries losing or who can no longer afford their employer sponsored coverage, from new beneficiaries looking for information and guidance on their coverage needs or from those beneficiaries having issues with their current coverage have added to the higher volume with the Medigap Helpline Services.

The top issues which prompted calls from beneficiaries and advocates include:

	<u>2013</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>
Policy terminations or exhaustion of benefits	581	656	431	424
Premium increase	279	310	371	384
Contract provisions	46	72	78	42
Relocation issues	98	83	58	47
Claims issues	42	59	57	57
Low Income Progs. (MA)	586	611	471	461
Employer Sponsored Coverage	922	767	653	549

In addition to mailing out publications and information on Medicare and insurance options, Medigap Counselors refer callers to other resources when appropriate for further assistance and/or information. Numbers of outside referrals have increased in recent years as a result of an increased volume of calls and complexity of needs. In 2013, staff made 3,519 referrals to other agencies. Referrals are made to County Elder or Disability Benefit Specialists for more one to one assistance. Referrals are made back to health care providers to review claims issues. Beneficiaries are referred to Income Maintenance Consortia’s for eligibility into low income programs, to name a few. Also, in 2013, staff began referring persons not yet on Medicare to the Health Insurance Marketplace for assistance selecting coverage along with assessing eligibility for a tax subsidy.

Counselors mail brochures and publications to callers who request information to better understand options available to them. The Medigap Helpline programs sent out information to 3,696 persons in 2013 (3,010 in 2012).

Materials available include the Medicare booklet “Medicare & You”, OCI’s publication “Medicare Supplement Insurance Approved Policies List”, and various Centers for Medicare & Medicaid publications on various coverage topics with Medicare such as Kidney dialysis, Hospice benefits, and Guide to who pays first to list a few. Planfinders and materials are also mailed out to beneficiaries to assist them in selecting their Medicare Prescription Drug plan. The materials often support the counseling efforts by staff.

### **Trends**

1. Call volumes continue to rise as more changes occur in Medicare and other Healthcare programs. Annual changes in premiums and benefits prompt many to call looking for something more affordable or seeking to find which plan would cover their needs more fully. Changes in individual coverage options have encouraged calls from persons needing healthcare coverage. The addition of a volunteer component to the Medigap Part D & Prescription Drug program expanding into the Milwaukee County area will also add to the volume for the coming years.

2. The Medigap counselors continue to see an increasing number of calls from beneficiaries with employer sponsored coverage questions as employers drop coverage or increase the amount of premiums employees pay. Retirees especially are looking for more affordable comprehensive coverage.

3. Medicare beneficiaries who once used the Badgercare Plus program to provide coverage for themselves and their families are finding that the family may be able to continue on the recently restructured version of Badgercare Plus or receive subsidies for use in the Health Insurance Marketplace. As Badgercare Plus members start Medicare, the transition may be confusing without information and guidance. The Medicare beneficiary will have to rely on the Elderly, Blind, and Disabled Medicaid programs which have more limited income/resource eligibility limits or they will have to look at the options surrounding Medicare. The Medigap Helpline can provide counseling to assist the beneficiary to understand which type of coverage better suits their needs.

## Agency Counsel

In addition to the defined responsibility of the Agency Counsel as an advisor to the Board, the Executive Director, and systemic advocate in the role of Legislative Liaison, the Counsel to the Board on Aging and Long Term Care provides consultation to field staff of all programs intended to assist in the resolution of complaints, concerns and problems. These actions on the part of the Agency Counsel are intended to further the interests of individual aging and disabled clients of the agency.

Acting as a resource to assist agency staff, the Counsel researches complex questions raised in field situations, synthesizes possible resolution strategies, and drafts position statements for staff to use in their efforts to resolve problems affecting the persons served by BOALTC.

- The Counsel assists field Ombudsmen who are advocating for a steadily increasing number of individual clients seeking resolution of conflicts by administrative tribunals. Staff who are entering into discussion with local officials frequently seek the aid of the Counsel in collecting and organizing necessary law and rules to support a position which is being argued. These discussions will occasionally develop into the basis for formal position papers issued by the Board on Aging and Long Term Care. The agency has recently expressed its positions on issues including:
  - The ability of persons who have executed a Durable Power of Attorney for Health Care to revoke that document and re-execute another naming a different agent and/or different limits on the actions that the agent is permitted to take;
  - The rights to refuse psychotropic medications under specific circumstances that are reserved to wards under guardianship, and;
  - Cautions that should be considered when potential residents of facilities and their families encounter clauses in admission agreements which require that all potential disputes arising from the resident's presence in the facility be resolved through arbitration.
- The Counsel has assisted the Volunteer Ombudsman Program Supervisor and her staff in the development and creation of operational policy addressing recruitment, training and supervision of an increasing complement of effective volunteers including the processing of initial criminal history checks on Volunteer Ombudsmen.

- The Counsel has worked with the Medigap Helpline Program management and staff who are also dealing with complexities of Medicare and its related insurance plans. Issues which have required research and discussion by the Counsel include:
  - Interpretation of Wisconsin's Office of the Commissioner of Insurance Administrative Rule 3.39; affecting the operation of Medicare Supplemental plans;
  - Development of specific policy and procedure addressing the new Part D Helpline.
- The Counsel functions as the Board's Affirmative Action Officer in cooperation with the State Office of State Employment Relations / Equal Opportunity Office.
- The Counsel reviews and comments on various Memoranda of Understanding with other agencies, both within and without state government.
- The Counsel assists in drafting and review of agency contracts for purchase of services and equipment.
- The counsel assists in drafting and reviewing letters of comment and testimony to be presented to legislative and regulatory bodies relating to various state and national issues.

The Board on Aging and Long Term Care has historically expressed, and will continue to express its active support for any measures which we believe will strengthen the right of every consumer of long term care to receive safe, effective, and compassionate services which are delivered in a manner that respects the consumer's rights, whether that care is provided in a facility or to the consumer who is living in her or his home.

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

**Appointed Members of the Board on Aging and Long Term Care**  
**2012 - 2013**

The Wisconsin Board on Aging and Long Term Care is a seven-member citizen board created by the Legislature at § 15.105(10) *Stats.* 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 were members of the Board on Aging and Long Term Care.

Eva Arnold	Beloit
Barbara Thoni	Madison [ Through 1 May 2012 ]
Barbara Bechtel	Brown Deer [ Appointed 29 June 2012 ]
Patricia Finder-Stone	De Pere [ Through 1 May 2013 ]
Michael Brooks	Oshkosh [ Appointed 1 May 2013 ]
Terry Lynch	Racine
Tanya Meyer	Gleason
James Surprise	Wautoma
Dale Taylor	Eau Claire

## **Agency Staff 2012 - 2013**

The Board appoints an Executive Director as the chief executive and administrative officer for the agency. The Executive Director appoints and supervises the agency's management 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 staff of the Board on Aging and Long Term Care.

	<b><u>Region</u></b>
<b><u>Executive Director</u></b>	
Heather A. Bruemmer	Statewide
<b><u>Counsel to the Board</u></b>	
William P. Donaldson	Statewide
<b><u>Long Term Care Ombudsman Program</u></b>	
<b><u>Ombudsman Services Supervisor</u></b>	<b><u>Region</u></b>
Kim Marheine	Statewide
<b><u>Regional Ombudsmen</u></b>	
Christy Daley	Northern
Cheri Bourget	Northern
Karren Gunderlach	Northern
Julie Button	Northeastern
Amy Panosh	Northeastern
Jenny Bielefeldt	Western
Carol Kriemelmeyer	Central
Karee Slaminski	Central
Matt Rohloff	Southern
Nancy Studt	Southern
Rachel Selking	Southeastern
Joan Schmitz	Southeastern
Paul Sokolowski	Southeastern
Patti Noble	Southeastern
Rachael Schweitzer	Southeastern
<b><u>Relocation Ombudsman Specialist</u></b>	
Tom LaDuke	Statewide
<b><u>Intake Advocacy Specialist</u></b>	
Bejack Lor	Statewide

**Volunteer Ombudsman Program**

	<b><u>Region</u></b>
<b><u>Volunteer Ombudsman Services Supervisor</u></b> Kellie Miller	Statewide
<b><u>Volunteer Ombudsman Coordinators</u></b> Suzanne Ankenbrandt Karen Price Julia Pierstorff Hillary Schenk Kim Verstegen	Central Western Southern Southeastern Northeastern

**Medigap Helpline:**

	<b><u>Region</u></b>
<b><u>Medigap Services Supervisor</u></b> Vicki Buchholz	Statewide
<b><u>Counselors</u></b>	
<b><u>Lead</u></b> Connie Gengle	Statewide
<b><u>Staff</u></b>	
<b><u>-Medigap</u></b> Steve Shapiro Tracy Lipinski Sam Johnson Mary Jane Ripp	Statewide Statewide Statewide Statewide
<b><u>-Part D : Prescription Drug</u></b> Rich Eggers Jill Helgeson	Statewide Statewide

<b><u>Intake Advocacy Specialist</u></b> Connie Inda	Statewide
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David Cauffman	<b><u>Central Office Manager</u></b> Statewide
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Vi Quang	<b><u>Information Technology Specialist</u></b> Statewide
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**The Board on Aging and Long Term Care can be reached by calling:**

<b>Long Term Care Ombudsman Program:</b>	<b>1.800.815.0015</b>
<b>Volunteer Ombudsman Program</b>	<b>1.800.815.0015</b>
<b>Medigap Helpline:</b>	<b>1.800.242.1060</b>
<b>Medicare Part D Helpline:</b>	<b>1.855.677.2783</b>

- These numbers are accessible nationwide and may be called at any time.
- The Board on Aging and Long Term Care telephone lines are answered live during normal business hours (8 am through 4:30 pm Monday through Friday) and by an electronic messaging system during other times.
- Callers should be aware that the Board on Aging and Long Term Care is not an emergency response service and we are not authorized or equipped to handle health care or other emergencies.
- All of the Board on Aging and Long Term Care incoming telephone lines are able to make use of the Language Line to be accessible for those callers who primarily speak another language.