



# TABLE OF CONTENTS

ADRC OF BROWN COUNTY

## 2 ADRC OF BROWN COUNTY 2024 DATA

## 3 TESTIMONIALS

## 10 WISCONSIN AGING ADVOCACY NETWORK

- *Key Issues for Wisconsin Aging Advocates*
- *Reducing Falls*
- *Safeguard Meals on Wheels*
- *Invest in Aging and Disability Resource Centers*
- *In-Home Direct Care Workforce Support*

## 20 FLIP THE SCRIPT ON MEDICAID

### *Additional Attachments:*

**ADRC OF BROWN COUNTY  
ANNUAL REPORT 2024**

**ADRC BROCHURE**

**ADRC OF BROWN COUNTY MAGAZINE**



# 2024 ADRC in Numbers



**\$17.4 million**

Savings generated by ADRC in 2024 through reduced hospital usage



**\$5.60**

Return on Investment  
\$1 of tax payer money invested in ADRC creates \$5.60 in return

**26,935**



Community Café Meals Served



**116,252**

Meals delivered to home-bound adults



**1,670**

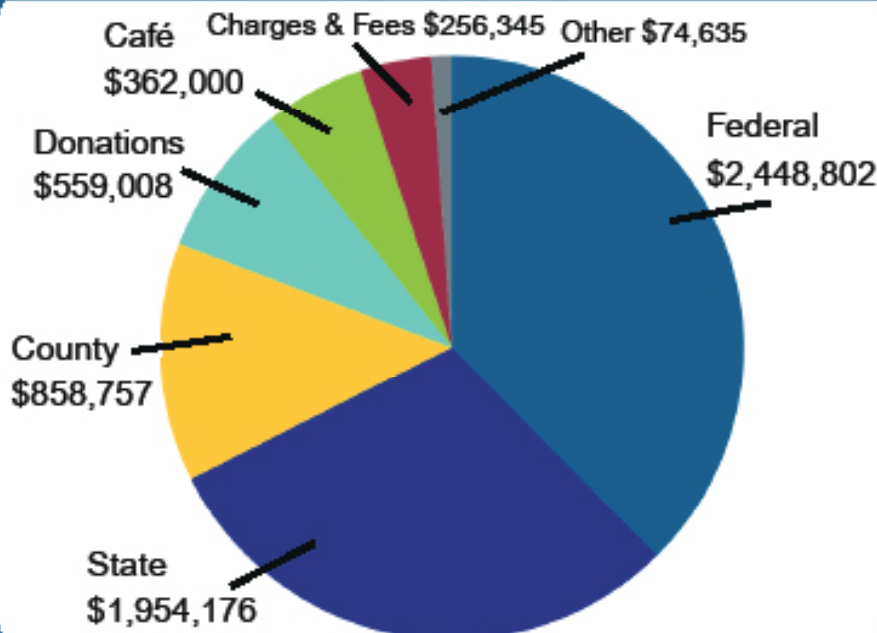
Events hosted



**17,451**

Event attendees

## ADRC Funding Streams 2025



**\$920,168**

Value of volunteered time & in-kind giving (mileage, rent, etc)



**369**

Unique volunteers



**29,504.5**

hours volunteered



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## “I’m an Air Force veteran and a Registered Nurse, and ADRC helped me.”- Terri

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My husband, Les, was diagnosed with the behavioral variant of frontotemporal degeneration in 2020 and we were referred to the ADRC by our neurologist. Signs and symptoms of bvFTD include memory and cognition issues, behavioral symptoms, and a literal shrinking of the brain as evidenced on MRI. Through the dementia care specialist at ADRC, we were connected with a variety of helpful resources to aid us in our journey. The resources included researchers at UW-Madison and the AFTD (Association for Frontotemporal Degeneration) where we’ve gotten connected with genetic counselors and researchers as well as support groups for both of us. We attended the AFTD summit this year, and it brought tears to our eyes to meet with others who have this journey in common. Another area that ADRC has helped us has been with the Fall Prevention programming.

Falls are a serious public health concern in Wisconsin as Wisconsin has one of the highest rates of fall-related deaths in the nation. I was experiencing 3-4 falls each year due to problems with proprioception. After taking a Fall Prevention class that ran over 8 weeks, I have had only one fall in the subsequent 3 years. The class taught me about the impact of vision and hearing on fall risk. We learned exercises that help with balance and flexibility. We had safety assessments of our home and have made changes in our living environment to reduce my fall risk. This is important not only for my health but so I can be a healthy care partner for my husband as his bvFTD progresses. This is only a small amount of what we have gained through the connections with our ADRC. Please support us in your budgetary planning so our community can continue to thrive.



Pictured above: Terri and her husband



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**“This surely was not the plan, and I guess it never is for anyone, but at least I know the love of my life is safe and well cared for.”**

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My name is Gary. I'm 73 and a retired teacher. My wife Kathy is 68 and worked at a local manufacturing company for twenty years. When she was 57 years old she was forced to retire after a fourth neck surgery left her unable to work, and placed her on disability status.

Four years ago Kathy was diagnosed with Alzheimer's Dementia. I became her sole caregiver as there is no family to help for either of us. Within two months of her diagnosis I was diagnosed with aggressive prostate cancer.

Feeling overwhelmed, I reached out to ADRC of Brown County for information and help. The specialists there have been incredibly supportive and helped me navigate the Medicaid maze.

With their assistance I was able to get 4-hour blocks of respite care twice a week and some help with housekeeping, which gave me some much needed breaks. I took care of Kathy alone for 3 years. As her dementia got worse, she often didn't recognize me and started to try walking away. I installed door alarms, double deadbolts and cameras and had to have her within sight at all times. Still, at one point, she did manage to call 911 and told them a stranger was holding her prisoner. The responding sheriff's officers were very kind and understanding. But from that day on she tried to "go home" at every opportunity. Meanwhile, my own health issues were getting worse and I couldn't keep up. I've had 10 surgeries in the last 5 years and wasn't feeling capable of keeping her safe.



Kathy and I had always promised to never put each other in assisted living, but I felt I'd run out of options. With the help of the wonderful caring professional at ADRC, and the local Medicaid providers, I was able to find and get her placed in a nice local assisted living facility in May of 2024. It is only 10 minutes from my house and she has settled in pretty well. I spend a few hours with her between activities and eat lunch with her every day.

This surely was not the plan, and I guess it never is for anyone, but at least I know the love of my life is safe and well cared for. I am so thankful for the classes, informational sessions, and genuine care from everyone at ADRC. I would have been lost without their help, and that of the local Medicaid workers. To give back in a small way I have become an ADRC volunteer, assisting with a men's caregiver group. It has been a lifeline for me.

My only grandson, Jasper, is 7 years old and is at the far end of the autism spectrum. He is level 3, which means he requires very substantial support and always will. He will be in second grade and lives in Madison. He receives constant individual care that is essential to his well being. Similar to Kathy's needs, these are critical services that are relied on for daily living support.

Kathy and I live month to month on very moderate fixed incomes. For the sake of Kathy and my grandson, I am very concerned about any cuts to Medicare, Medicaid, Social Security and Education. We are already stretched very thin. Your support means everything.





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“The first time I heard him say ‘Mom’ he was four years old...he requires help that we don’t always know how to provide.”- Mimi

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My son Paul didn’t speak until he was 4 years old, and if you don’t have children, that’s a long time to wait! He didn’t speak fluently until he was about 6. Now, he’s 11, and won’t stop talking, and we laugh about the irony of how we wondered if he would ever talk. Due to his lack of speech and other concerns, we were enrolled in the Birth to 3 Program. It was a lifeline and resource to me as I navigated my child that I didn’t know how to help. When he aged out of this program he started the Early Childhood Program at our local elementary school. His teacher was amazing. The therapies, support and kindness he received in this school and with his teachers and aides got him talking. It was the first time I heard him say “mom” at 4 years old. His teachers helped us in the path to finding out that he is autistic, and that he requires help in ways that we don’t always know how to provide. After this diagnosis we were qualified, and held accountable, through a rigorous application process, for the Katie Beckett Program. This Medicaid program paid

for him to have access to in-home therapies. When we talk about efficiency, this is what it’s about: in our home he was able to feel safe, and work on the skills he needed in a familiar environment. He made progress quickly. These therapies helped him address his sensory needs, practice skills for living in society, and work on skills that would help in school. Without Medicaid he wouldn’t have gotten these therapies that have been such an important part of shaping what he is capable of today.

I don’t know what he will need as he gets closer to adulthood, and how much he will rely on Medicaid and community resources it can provide. I’m constantly holding a worry...wondering if these supports that Medicaid helps to provide will still be here when Paul needs them. I worry about how long it will take to rebuild, and organize, and qualify for these programs if they go away.

There are millions more stories like mine. And one of the hardest things about this moment in time for people like us, is the uncertainty. Our lives revolve around depending on others, and this uncertainty isn’t just inconvenient, it’s scary. When the people, and businesses, we depend on are at risk of no longer being there...it is a very scary time.

These days, I feel really lucky that I was raised by people and a community who believed, and still do believe in, taking care of each other. I think of Ghandi’s quote, “(T)he true measure of any society can be found in how it treats its most vulnerable members.” I truly hope that we can agree that this is who we all want to be and have lawmakers who honor everyone’s humanity as well.



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## 2024's Home Delivered Meal Survey Feedback- "How has the program helped you?"

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### Independence and Dignity

"A nutritious meal that is hot and ready for me as I don't drive and can't read. It lets me feel independent when I can have a warm meal on my own."

"It's enabled me to have a warm balanced meal that I would otherwise not get. It's too hard for me to move around and chop food, etc."

### Health and Safety Challenges

"Being visually impaired due to eye disease, cooking is challenging. My family appreciates the wellness check."

### Caregiver Support and Relief

"Having a dementia patient in my home gives me more work to do as I also have to perform many of the tasks he used to do. Home-delivered meals gives me some free time to do other tasks."

### Accessibility and Transportation Barriers

"We have been able to use this program well. Neither of us drives anymore and our meals have to be brought in."

"I can't drive so I very much like and appreciate the great meals being delivered. The volunteers are wonderful too."

### Social Connection and Emotional Well-Being

"It's a way of feeling connected to the community. A touch with the outside world. The meal drivers are so friendly."







Seeing our work firsthand is the best way to understand why investing in these services matter. Together, we can build an even stronger Brown County.

"I am the parent of two Intellectually Disabled young adults," -Amy

When you think of ADRCs, you often think about services for our senior population. Well, did you know that ADRCs help young adults and their families with the transition process from children to adult services? I am here to tell you that this is a big, gigantic deal. Unless you've been through the process yourself, you may think of it as merely a seamless shuffling of paperwork. No. It Can be a scary, time consuming, information voice process. ADRCs are instrumental in ensuring families and young adults are prepared with



Pictured above: Amy, her two children, and husband



the information they need to receive the necessary services to make them successful community members. I am the legal parent and guardian of two intellectually disabled young adults. I wanted to share with you a list of the things we needed to consider and apply for during the transition period to adulthood. As I was jotting down the things I could remember, I could feel my blood pressure and anxiety skyrocket. These tasks are all in addition to the intense care already given to our loved ones: Apply for CLTS - Waiver, petitioning for Guardianship or Supported Decision Making, applying for SSI, applying for SSI-E, establishing ABLE accounts, setting up Special Needs Trust, apply for long-term care, choose a long-term care provides, choose a

fiscal agent, enroll in DVR services, choose an employment service provider, choose a school program like Project Search, apply for jobs, transition to adult medical providers, arrange for transportation services, research independent living options, arrange for respite care, arrange for social and recreational opportunities. ADRC helped me through this entire process. They held my hand and gave me unbiased and up-to-date information so I could make these decisions. We must make sure funding keeps pace with the growing need in our community. Please help us maintain the integrity of these centers through strong support and funding- we need ADRCs.



“The goal of so many is to live on their own {but} they will need help.” -Maureen



When I started to write my story to share with you, I was going to tell you Stephanie's story; she was diagnosed with a cognitive and fine motor disability at a very young age. However, after attending Special Olympics this past weekend for a state track and field competition, I realized that my daughter's story is just one of many. There were over 1200 athletes who competed, and all of those families need help just like mine.

My family has been blessed because we need support only with transportation, getting a job, and planning for my

daughter's future independent living. But I know that other families aren't as lucky. There are families that need help with every aspect of life due to a severe disability. They rely on agencies like Curative Connections, Aspiro, DVR, ADRC of Brown County, Project Search and NWTC (to name a few). All these agencies rely on government funding to provide vital supports to families.

With the help of these services and programs, the goal for many is to be able to live on their own. To live a dignified life making choices that people take for granted each day. Whether the support comes as assistance with shopping, cooking, cleaning or laundry, these services cost less than sending people to live in group homes.

I wish all decision makers debating where funding should go, would spend a week, even a day, with a family whose loved one depends on Medicaid help. They could experience first-hand the joy, pride and health that these programs contribute to.

In closing, I need to share a little more about my daughter, Stephanie. I was told that my daughter would need to live in a group home by the time she was 16 years old. However, with many of the supports throughout our community, she is now 32 years old, living on her own. She has a job, and she has been involved with Special Olympics for over twenty years. Stephanie is an amazing woman who thrives with friends, and without programs that rely on Medicaid funding, life would be so hard for her. Please support these programs, and support our community.





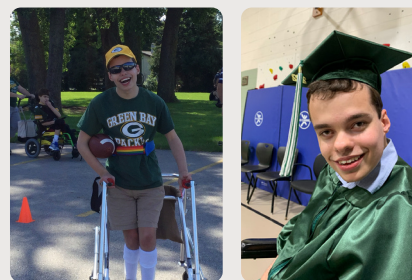


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“Let me be clear: In our household, like so many others, Medicaid isn’t just helpful, it’s essential.” - Lynn

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I’m the mother of a 23-year-old man named Henry. He has profound developmental disabilities and requires 24/7 care. He can’t bathe, use the restroom, take medication, prepare food, or get anywhere independently. He will need full-time care for the rest of his life. Henry has been on Medicaid since he was a toddler — through Katie Beckett, then the Children’s Long-Term Support Program, and now IRIS. And let me be clear: in our household like so many others, Medicaid isn’t just helpful — it’s essential.



We’re fortunate to have private insurance through my husband’s job. But here’s the reality most people don’t understand: private insurance doesn’t cover many of the things people with disabilities need. Things like school-based and private physical, occupational and speech therapies, leg braces, durable medical equipment — all prescribed by doctors — are denied again and again. Medicaid steps in where private insurance fails. As an adult, Medicaid now pays for Henry’s place in a wonderful day program at the CP Center. If you’ve never raised a nonverbal, physically vulnerable child, you can’t fully understand the fear that comes from sending them out into the world without you. Henry’s day program at the CP Center gives my husband and me peace of mind — knowing he’s with trained, compassionate people who treat him with dignity and meet him exactly where he is on any given day.

Raising Henry means we live in a constant state of worry. That worry never ends. But one of the things that has always given us a sliver of reassurance is Medicaid — knowing that when we’re gone, Henry will still get the care he needs to live with safety, dignity and connection to his community. But now I am fearful because I know that cuts to Medicaid as large as are currently being considered will hurt people like Henry. No matter what legislators say, those of us who know Medicaid know that no amount of talk about exceptions or exemptions will stop the impact of these cuts. Real families will be hurt. Real lives will be irreparably changed and the quality of those lives will be diminished. I have spent every day since January working to educate our legislators about how Medicaid works and help them understand that cutting the Medicaid budget is a bad idea. I will continue to do so until the last vote is cast. I do this because I understand how the system works. I know that it is efficient and highly regulated. I know that there are not great swathes of people on Medicaid who shouldn’t be. And I know that Medicaid helps so many individuals like my son live with dignity.

# Key Issues for Wisconsin Aging Advocates

## 2025-2027 State Budget

The Wisconsin 2025-2027 Biennial Budget will significantly impact older adults and family caregivers. The Wisconsin Aging Advocacy Network (WAAN) advocates for the following key investments which support older adults to improve their health and well-being, live with maximum independence and dignity, and reduce health and long-term care costs.

### Our Requests:

**1. Aging & Disability Resource Centers (ADRCs) - Increase funding to ADRCs by \$19.9 million in the 2025-27 biennial state budget to address funding inequities between ADRCs and increasing service needs resulting from a growing aging population.**

Wisconsin's statewide network of ADRCs provides information about critical, cost-saving services and programs related to aging or living with a disability. A robust and well-funded ADRC network will help Wisconsin residents navigate their unique challenges with confidence and dignity. Increased funding will enable every ADRC to offer reliable and comprehensive support, allowing individuals to age in place, delay entry into long-term care and improve their overall quality of life. ADRCs serve the fastest growing demographic of our state's population. Nearly one-quarter of Wisconsin's population is aged 60 or older. ADRCs have over 500,000 contacts each year with individuals, families, and professionals seeking guidance and support. A person interacts with an ADRC in Wisconsin every 60 seconds. By reducing hospital readmissions and emergency department visits, ADRCs save individuals, families and taxpayers \$3.88 for every \$1 invested in Wisconsin's ADRCs

**2. Direct Care Workforce Supports – To support the training, recruitment and retention of direct care professionals (DCP) – a) Increase the Medicaid Personal Care rate, b) Create and fund a state certification process for in-home caregiver training, c) Support higher Medicaid rates for home and community-based services (HCBS), and d) Create an earned income disregard program for DCPs applying for public benefits.**

Direct care professionals (DCPs) provide essential assistance – dressing, bathing, eating, meal preparation, housekeeping, basic medical tasks - to older people and people living with disabilities. Low wages, limited benefits, low insurance reimbursement rates, and the high-cost childcare, transportation, and housing are making it difficult for agencies to recruit and retain DCPs. Unfilled positions are causing agencies to turn away customers in need of service. The direct care workforce shortage results in a lack of essential services, increased pressure on family caregivers, challenges for long-term care providers, and puts many older people and people with disabilities at risk of hospitalization and more expensive residential care.



## Key Issues for Wisconsin Aging Advocates

**3. Safeguard Meals on Wheels/Home-Delivered Meals – To meet the need across Wisconsin, an increase of \$12.6/million in each year of the budget is needed. Home-delivered meals (HDMs), often referred to as Meals on Wheels (MOWs), are an economical and proven way to support Wisconsinites as we age.**

Home-delivered meals (HDMs) are more than food, they are vital services that sustain lives and independence by providing nutritious foods, safety checks, socialization, and connections to services. HDMs address isolation, hunger, and malnutrition among older people.



A 2023 survey revealed for nearly 70% of the 34,000 people served, this meal was their main source of food and nutrition each day. Wisconsin's home-delivered meal programs are challenged by unprecedented levels of need, increased expenses driven by inflation and a lack of resources, federal funding cuts, and the expiration of COVID funding and flexibilities. One year of HDM and the services that accompany the meals roughly equate to the same cost of one day in the hospital or 10 days in a nursing home. This funding increase would enable Wisconsin's Older Americans Act (OAA) HDM programs to meet the need in their communities and avoid or eliminate the need to establish waiting lists for the program, restrict or limit services in part of their service area, or have areas without service at all.

**4. Reducing Falls Among Older Adults - To reduce the high rate of deadly fall among older adults, we request a \$450,000 annual state budget appropriation to support the Falls Free Wisconsin Center.**

Nationally, more than one in four older adults experience a fall each year, but Wisconsin has the nation's highest rate of deadly falls among older adults. From 2021-2023, there were 5,287 deaths due to falls among Wisconsin's 65+ population. Falls are the number one cause of injuries in older adults and are a key driver of emergency department (ED) visits, hospitalizations, and nursing home admissions. An estimated \$1 billion is spent annually on falls-related health costs in Wisconsin which includes Medicare, Medicaid, and out-of-pocket expenses. In 2022, emergency medical services (EMS) in Wisconsin responded to over 130,000 falls.



Falls related calls have major implications for EMS availability, as it can decrease their availability to respond to more urgent needs and have financial consequences on communities. Support for the Falls Free Wisconsin Center, a falls prevention center of excellence, would help to raise awareness of the incidence and cost of older adult falls; help older adults, their families and caregivers identify and reduce falls risk; reduce the burden of falls and provide resources to emergency services and healthy systems, and deliver evidence-based prevention education and interventions across the state.



# Invest in Aging and Disability Resource Centers

**Aging and Disability Resource Centers (ADRCs) are a cornerstone of Wisconsin's support system for older adults, adults living with a disability, and their caregivers.**

Wisconsin's statewide network of ADRCs provide information about critical, cost-saving services and programs related to aging or living with a disability. They serve individuals, family members, friends and professionals working with related issues. The state's 54 ADRCs and 10 tribal Aging and Disability Resource Specialists (ADRSs) serve the fastest growing demographic of our state's population.

**WAAN's position: Increase funding for Aging and Disability Resource Centers (ADRCs) by \$19.9 million in the 2025-2027 biennial state budget to continue to address the funding inequities between ADRCs and begin to address the population growth in Wisconsin.**

A robust and well-funded ADRC network will help Wisconsin residents navigate their unique challenges with confidence and dignity. According to the Wisconsin Department of Health Services, nearly one-quarter of the population of Wisconsin is aged 60 or older. As these numbers increase, the contributions of ADRCs to their communities will positively affect the quality of life for even more community members.

## **Increasing funding to ADRCs will deliver substantial benefits to constituents and taxpayers**

The current funding inequities lead to inconsistent service delivery and limit the ability of some ADRCs to provide essential, contractually required services. An investment of \$19.9 million will enable every ADRC to offer reliable and comprehensive support, allowing individuals to age in place, delay entry to long-term care and improve their overall quality of life.

**Investing in ADRCs yields a remarkable return on investment. In 2023, for every dollar invested in ADRC services, taxpayers saved \$3.88, demonstrating a total return on investment of 388%.**

To ensure that ADRCs can continue to provide high-quality, unbiased services, we need support for increased funding. Together, we can strengthen our commitment to the well-being of all Wisconsin citizens.

## **Impact of ADRCs**

In 2023, ADRCs facilitated over 536,627 contacts with individuals, families, and professionals seeking guidance and support.<sup>5</sup> Despite this significant reach, current funding levels are inadequate to sustain operations and meet the rising demand for services. The existing funding formula does not adequately account for the changing demographics and increasing operational costs faced by ADRCs.

**The mission of ADRCs and Tribal ADRSs is to provide older adults and people with physical and intellectual disabilities the resources needed to live with dignity and security and achieve maximum independence and quality of life.**



# Invest in Aging and Disability Resource Centers

Over the past 12 years, the baseline funding for ADRC services has been increased only once—by \$5.1 million in the 2023- 2025 biennial budget. While this increase provided some relief, it falls short of addressing the ongoing challenges posed by an underfunded system. Providing the funding needed to support ADRCs is an investment that benefits all of Wisconsin, one community member at a time.

Sources:

Recommended reading:

1. The Impact of ADRC and Tribal Programs in Wisconsin Status Report, 2023

This report summarizes ADRC and Tribal program services and uses a variety of data and customer stories to outline the impact that ADRCs and Tribal ADRCs made in Wisconsin in 2023.

<https://www.dhs.wisconsin.gov/publications/p00251.pdf>

2. Additional sources available online:

<https://gwaar.org/api/cms/viewfile/id/2008440>



# In-Home Direct Care Workforce Support

## Support Aging in Place, Preserve Independence, and Save Money

As we age, it's no surprise that a growing number of us want to remain in our homes. The research supports this trend by demonstrating that aging in place can promote higher quality of life and self-esteem. Direct care workers, also known as Direct Care Professionals (DCPs), are entry-level healthcare workers who provide essential support to older adults and people with disabilities. They assist with daily living tasks like dressing, bathing, and eating, and may also help with meal preparation, housekeeping, and errands. Some are trained to perform basic medical tasks under supervision.

Wisconsin has over 100,000 DCPs, including an estimated 76,000+ home health and personal care aides and nearly 27,000 certified nurse aides.

The direct care workforce shortage is a serious problem that negatively impacts adult adults and individuals with disabilities, as well as their families and the healthcare system. It leads to a lack of essential services, increased pressure on family caregivers, and challenges for longterm care providers.

The number of people living at home who are older and/or disabled is increasing, yet many lack the services they need to do so safely.

Family members have been stepping up to fill the care gaps left by unfilled shifts and waiting lists for services, but caregiver exhaustion and a lack of family members and other supporters to fill all the gaps and meet all the care needs is putting many older adults and people with disabilities at risk of hospitalization and more expensive residential care.

The direct care workforce provides in-home care for thousands of older adults and people with disabilities, including daily support to nearly 57,000 Family Care5 and nearly 27,000 IRIS (Include, Respect, I Self-direct) participants.<sup>6</sup> In 2025, the Wisconsin Personal Services Association (WPSA) surveyed personal care agencies in Wisconsin.

Of the 70 responding agencies, 75% have at least one open caregiver position each week and over 25% have 5 or more open caregiver positions each week. This lack of available workers is creating alarming access issues for older people and people living with disabilities. The WPSA survey indicates 87% of responding agencies turned away a client in the past year due to a lack of workers and 41% turn away 5 or more people in need of care each month.

**WAAN's position: To support the training, recruitment and retention of direct care professionals (DCPs):**

- 1. Increase the Medicaid Personal Care (MAPC) rate (currently set at \$24.52/hour) to cover the actual cost of providing care (\$36.52/hour).**
- 2. Create a state certification process for in-home caregiver training to better meet the needs of the variety of caregiving roles in the long-term care system and provide funding to support training of in-home care workers;**
- 3. Support higher Medicaid rates for home and community-based services (HCBS) by providing continued funding to support the minimum fee schedule for adult HCBS services and increase the rates to provide a wage increase to \$17.25/hr.; and**
- 4. Create an earned income disregard program to address the fiscal cliff for direct care professionals when applying for public benefits.**

## In-Home Direct Care Workforce Support

DCPs are challenged by low wages; limited benefits; low insurance reimbursement rates; and the high cost of childcare, transportation, and housing. DCPs play a critical role in preventing initial and rehospitalizations, managing ongoing or recurring health conditions, and making it possible to promptly discharge people from the hospital to their home or rehabilitation setting.

In-home care provider agencies report their workers who rely on public benefits for healthcare, food and/or childcare may turn down extra work hours in order to comply with the strict income eligibility thresholds. The wages earned for additional hours worked are often significantly less than the value of lost benefits; leaving them unable to afford insurance, groceries, and childcare. Modifications should be made to programs like BadgerCare, FoodShare, and Wisconsin Shares to allow workers to phase off public benefits.



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**The lack of long-term care workers providing home and community-based services leaves older adults and people with disabilities stuck in hospitals and nursing homes long after they are ready to return home.**

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Sources for this issue brief can be viewed at: <https://gwaar.org/api/cms/viewfile/id/2008154>  
Find this and other WAAN issue briefs at: <https://gwaar.org/issues-and-initiatives>



# Safeguard Meals on Wheels

## Older Wisconsinites need your help.

Wisconsin is home to over 1.5 million older adults (ages 60+).<sup>1</sup> This equates to one of every four Wisconsin residents! The Older Americans Act (OAA) home-delivered meal (HDM) program is a proven, effective way to support Wisconsinites as we age, as well as offer support to our family caregivers. HDMs, often referred to as Meals on Wheels, are more than food – they are a vital service that sustains lives and independence by providing nutritious food, safety checks, socialization, and connections to services. A 2023 survey revealed for nearly 70% of the 34,000 people served, this meal was their main source of food and nutrition each day.

**WAAN's position:** Older Americans Act Home-Delivered Meals (HDM) are an economical and proven means to address isolation, hunger, and malnutrition among older people. An increase of \$12.6 million in each year of the budget (from the current funding level of \$868,7942 to \$13.5 million annually) is needed to meet the need across the state.

## The program is challenged by:

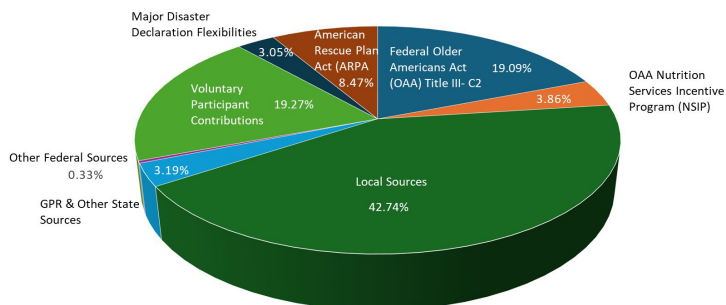
**Unprecedented Levels of Need:** HDM program participation increased by 11% from 2019-2024. While the number of meals served increased by 17% during this same time.

**Expiration of Covid-19 Support** (both funding and flexibilities): Wisconsin's HDM program lost roughly \$10.5 million of Covid-19 relief, accounting for over 27% of total HDM expenditures in 2023.

**Federal Funding Cuts:** The OAA Nutrition Program sustained an overall federal cut of \$8 million in 2024. Local funding (nearly 43% of the total funding in 2024) is also at risk.

- **More than 75% of participants are age 75 +**
- **1 of every 2 lives alone, increasing their risk of isolation and food insecurity,**
- **Over half face high nutritional risk, putting their health in jeopardy**
- **More than 1 in 4 struggles to make ends meet, living with incomes below the federal poverty level.**

FFY 2024 Home Delivered Meal Expenditures



# Safeguard Meals on Wheels

## Increased Expenses Driven by Inflation and a Lack of Resources:

The average cost to provide a meal statewide in 2023 is approximately \$12.88/meal, an 18% increase over 2018 costs.<sup>6</sup> For many counties demand for HDMs exceeds their capacity. Most of us plan to remain living in our homes as we age. HDM services help to make our plans a reality. The services and resources received from the program play a crucial role in enabling people to live more nourished and independent lives in their homes as they age, avoiding costly long-term care (LTC) institutions or worsened health outcomes.

To ensure the most appropriate services are offered to each person, in 2024 some counties began implementing a meal prioritization process. This process is not limited to existing participants; new participants are being prioritized as well, since we don't have sufficient funding to bring on everyone who needs services. Nineteen counties indicated the meal prioritization process is necessary due to a lack of funding, insufficient numbers of volunteers or staff, and/or increased food and supply costs.

Seven counties currently have a waitlist for meals, while several others anticipate needing to start a waitlist soon.

The ability to access crucial HDM services in a timely and consistent manner is key to the program's successful intervention to support the health and independence of older adults. Yet, reaching all older Wisconsinites who need meals remains constrained by funding and capacity limitations.

We urge you to prioritize funding and support for the OAA Home Delivered Meals Program. Join us in safeguarding the well-being and dignity of older Wisconsinites by ensuring they have continued access to this essential program!

Sources for this issue brief can be viewed at: <https://gwaar.org/api/cms/viewFile/id/2008497>  
Find this and other WAAN issue briefs at: <https://gwaar.org/issues-and-initiatives>

**One year of home-delivered meals and the services that accompany it roughly equate to the same cost of one day in the hospital or 10 days in the nursing home.**

### Participant quotes:

**"This is the only meal I get daily since FoodShare only gives me \$13 a month."**

**"I can't cook anymore. Had a stroke and I get confused when cooking."**

**"The driver reminds me to eat & brightens my low days."**

**"The program helped me keep my husband out of the nursing home for all but one year of his life."**

**END *the* WAIT™** / **iW! MEALS ON WHEELS AMERICA**

**Help us end the wait.  
Fund and support meals  
on wheels.**

# Reducing Falls Among Older Adults in Wisconsin

## Saving Lives, Preserving Independence, Reducing Costs

### The Scope and Cost of Older Adult Falls:

Scope: Nationally, more than one in four older adults experiences a fall each year, but Wisconsin has the nation's highest rate of deadly falls among older adults. Many assume Wisconsin's high death rate is due to the state's cold climate, but the majority of older adult falls occur in the home, and some states with similar climates have lower rates. From 2021-2023, there were 5,287 deaths due to falls among the 65+ population in Wisconsin – nearly triple the number of people of all ages who died in motor vehicle accidents in the same period. The age-adjusted falls death rate rose 19% over that time period, while the nationwide rate increased by 11%. With the state's population aging, the problem is expected to grow.

**An estimated \$1 billion is spent annually on falls-related health costs in Wisconsin which includes Medicare, Medicaid, and out-of-pocket expenses.**

Health impact and cost: Falls are a common cause of injury and disability. In 2019, 83% of hip fracture deaths and 88% of emergency department visits and hospitalizations for hip fractures in older adults – a common cause of both long-term nursing home admissions and rehabilitation stays – were caused by falls.<sup>1</sup> In Wisconsin, the median monthly cost for a semi-private room in a nursing home \$10,068. Likewise, falls and their related injuries have a significant physical and financial impact on family caregivers. An AARP study revealed that family caregivers spend an average of \$7,242 annually on out-of-pocket costs related to caregiving.

Strain on emergency services and health care: Fall-related calls have major implications for emergency medical services (EMS) availability as it can decrease the availability of EMS to respond to more urgent needs and have financial consequences to communities. In 2022, EMS in Wisconsin responded to over 130,000 falls, and the number of falls that EMS responds to are increasing by nearly 10,000 a year statewide. In the same year, falls made up 185 of 911-related ambulance runs.

Many lift-assist calls are followed up by EMS responding to the same address for repeat lift-assists or emergencies. These repeat calls also strain EMS and healthcare resources and show that the individuals making the call don't have the adequate prevention resources.

**WAAN's position: To reduce the high rate of deadly falls among older adults in Wisconsin, we request a \$450,000 annual state budget appropriation to support the Falls Free Wisconsin Center – a falls prevention center of excellence that**

- 1. raises awareness of the incidence and cost of older adult falls,**
- 2. helps older adults, their families and caregivers identify and reduce falls risk due to the multiple causes of falls,**
- 3. reduces the burden of falls and provides resources to emergency services and health systems, and**
- 4. delivers evidence-based prevention education and interventions across the state.**



# Reducing Falls Among Older Adults in Wisconsin

## Reducing Falls in Wisconsin:

The good news is we know how to reduce falls in Wisconsin. Wisconsin's Department of Health Services (DHS) in partnership with the non-profit Wisconsin Institute for Healthy Aging (WIHA) is poised to address the falls epidemic with the Falls Free® Wisconsin initiative – a statewide effort launched in 2023 to reduce falls in Wisconsin by creating a one-stop-shop for consumers, their families, and caregivers and the professionals who support them.

The initiative engages in the following:

- Raising Awareness: Quarterly public education campaigns to help older adults, their families, and caregivers better understand the risk of falls and how they can prevent them;
- Develop and maintain the infrastructure to support implementation of evidence-based falls prevention programs and initiatives throughout the state;
- Identifying people at high falls risk: We work to encourage clinical and falls risk self-assessments and provide resources for both clinical and community-based interventions;
- Support local falls-prevention coalitions and initiatives;
- Develop and maintain an online hub of falls-prevention information and resources for consumers and community organizations (FallsFreeWI.org);
- Share data: We collect and analyze data to support partners and the public with accurate information about the scope and impact of falls and effective intervention strategies.
- Increase Accessibility of Evidence-Based Falls Prevention interventions: WIHA's evidence-based Stepping On program has been researched and proven to reduce falls by 31%.<sup>7</sup>
- We support Aging & Disability Resource Centers (ADRCs), county and tribal aging units, public health, and other local partners to develop and train program leaders and recruit participants.

In addition to Stepping On, WIHA is a clearinghouse for other evidence-based programs and practices related to chronic disease, pain, incontinence, diabetes, and other physical conditions that increase the risk of falls. WIHA partners with Wisconsin's Aging and Disability Network, health care systems and the University of Wisconsin School of Medicine and Public Health to train local agencies statewide to reduce fall-related injuries and deaths. However, WIHA's local partners cannot deliver proven cost-effective programs without statewide coordination and support.

Although these proven falls prevention programs save lives and reduce long-term care costs, they are cost-prohibitive for individual county or tribal Aging & Disability Resource Centers (ADRCs), Aging Units, or health care systems to implement without financial support. Local coalitions are working across Wisconsin to pull together resources and strategies to reduce falls in their communities, but they cannot succeed with their work in isolation.

Sources for this issue brief can be viewed at: <https://gwaar.org/api/cms/viewfile/id/2008534>  
Find this and other WAAN issue briefs at: <https://gwaar.org/issues-and-initiatives>



# Flipping the Script on Medicaid: Efficient. Accountable. Impactful.

## The Competing Narrative

From waste, fraud, and abuse to effective, accountable, and impactful

- |                                   |  |
|-----------------------------------|--|
| ✗ Medicaid is wasteful.           | ✓ Medicaid is cost-effective and saves taxpayer dollars.                 |
| ✗ Fraud and abuse are rampant.    | ✓ Oversight, audits, and strict eligibility rules ensure accountability. |
| ✗ Government programs don't work. | ✓ Medicaid keeps people healthy, working, and independent.               |

## What Medicaid Really Does: The Wisconsin Model

### Saves Money:

Keeping people at home with support costs far less than institutional care.

Home care: \$5,000/month vs. Nursing home: \$10,000/month vs. IDD care: \$45,000/month

### Prevents Costlier Crises:

- Eliminating waitlists prevents people from dying while waiting for care.
- Providing home care reduces hospital overcrowding and frees up beds.
- Supporting caregivers prevents burnout and job loss for family members.

### Ensures Strong Oversight:

- ADRCs track every 15 minutes of staff time.
- Services are audited at multiple levels—state and federal.
- Eligibility is checked annually by certified professionals.

### Supports the Workforce:

7 in 10 people on Medicaid are working—those who aren't often have chronic conditions, disabilities, or are waiting for disability approval.

### Boosts Local Economies:

Medicaid funds pay caregivers, medical providers, and service agencies—supporting jobs and businesses.



## What Medicaid is:

- ✓ Medical insurance **NOT** a cash benefit
- ✓ Workforce program - supporting jobs in community
- ✓ Used for work already provided
- ✓ The only way for people to get this type of care if they lack private pay options

There are 19 different Medicaid programs in Wisconsin, including: MA, BadgerCare, Family Care, IRIS, MAPP, Institutional, and more

## Who is on Medicaid in Wisconsin?

1.2 million Wisconsinites are on Medicaid

This includes:

- 1 in 7 adults age 19 - 64
- 1 in 3 children
- 4 in 7 nursing home residents
- 1 in 6 Medicare beneficiaries
- 1 in 3 people with disabilities

The elderly and individuals with disabilities make up 24% of Medicaid enrollees and account for 57% of Medicaid expenditures.

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## The Economics of Medicaid in Wisconsin

Medicaid accounts for 26% (\$13 billion) of Wisconsin's \$50 billion state budget.

- \$9.24 billion is funded by the federal government.
- \$3.7 billion comes from state funds, which are used to secure federal matching dollars.

### Downstream financial impacts

Community-Based Medicaid saves money & keeps people where they want to live

*Home care: \$5,000/month | Nursing home: \$10,000/month | IDD care: \$45,203/month*

### In Brown County:

**1,414** Businesses utilize Medicaid      **\$480,000,836** was reimbursed right here in our community.

This includes: Hospitals • Medications • Home Care • Transportation & More