

Invest in Aging and Disability Resource Centers

Balance Funding Across the State and Meet the Needs of Wisconsin’s Growing Population of Older Adults and People with Disabilities

Core Member Organizations

- Aging and Disability Professionals Association of Wisconsin (ADPAW)
- Alzheimer’s Association Wisconsin Chapter
- Wisconsin Adult Day Services Association (WADSA)
- Wisconsin Association of Area Agencies on Aging (W4A)
- Wisconsin Association of Benefit Specialists (WABS)
- Wisconsin Association of Nutrition Directors (WAND)
- Wisconsin Association of Senior Centers (WASC)
- Wisconsin Institute for Healthy Aging (WIHA)
- Wisconsin Senior Advocates
- Wisconsin Senior Corps Association (WISCA)
- Wisconsin Tribal Aging Unit Association

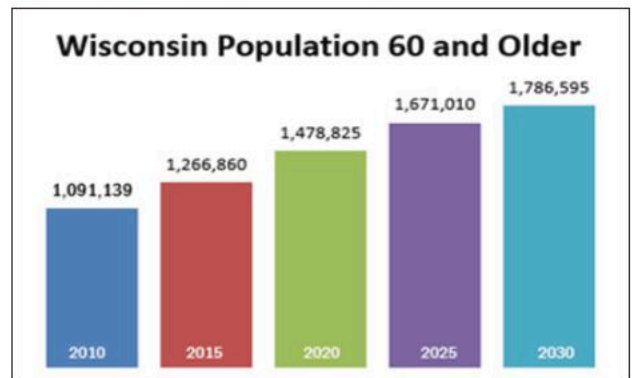
The Wisconsin Aging Advocacy Network (WAAN) is a collaboration of organizations and individuals working with and for Wisconsin’s older adults to shape public policy and improve the quality of life for older people. WAAN advocates for all older adults by educating the community and policy makers on particular issues impacting older adults; mobilizing people on priority issues; and advocating for change.

WAAN’s Position/Budget Request: Increase funding to Aging and Disability Resource Centers (ADRCs) by \$32.4 million to equalize historical funding disparities, fully fund required contracted services for a growing customer base, and provide an additional \$25 million to add critical services to all ADRC operations across the state.

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 46 ADRCs and seven tribal Aging and Disability Resource Specialists (ADRS) that work at an ADRC serve the fastest growing demographic of our state’s population.¹

ADRCs across the state receive different levels of funding based on when they began operations. This method of funding has led to foundational funding inequities among ADRCs.² In addition, the current funding formula does not consider health equity variables, changing demographics and rising expenses impacting operations. As a result, Wisconsin’s network of ADRCs includes underfunded operations unable to provide equitable levels of service.

Funding inequities among ADRCs contribute to an inconsistent approach to delivering required state-contracted services and the need to determine the amount of funding actually required to ensure every ADRC can provide all contractually-required services. **In order to provide reliable, equitable and accurate funding to the state’s ADRCs, factoring in the costs of ensuring health equity and addressing population growth and rising expenses, an increased investment of \$32.4 million is needed.**



Projections demonstrate a 64% increase in the number of Wisconsinites over sixty from 2010 to 2040.



The base allocation for ADRCs has not increased since 2006. Since then, the population of older adults and people with disabilities has grown, as has the number of recommended services included in the ADRCs state contract. In addition to population growth, a number of underfunded ADRCs do not have the resources to provide these additional critical services/programs to their growing number of customers.

To fully fund statewide expansion of critical services/programs known to preserve personal resources and improve quality of life an additional \$25 million is needed. These critical services/programs include:

- Full funding of the Elder Benefit Specialist (EBS) program. EBS funding has remained unchanged for over 20 years [§ 46.81(2)]
- Expanding Caregiver Support and Programs
- Expanding Health Promotion Services
- Expanding Care Transition Services
- Full funding of Aging and Disability Resources in Tribes
- Full funding of Aging and Disability Resource Support Systems

Fully funding ADRCs will deliver cost savings for individuals, families, and taxpayers. In 2021 ADRCs served 223,139 individual customers (a 71 percent increase over 2016).³ One in four ADRC customers reported they were able to stay in their homes instead of going to a nursing home or assisted living facility directly because of the ADRC, saving tens of thousands of dollars per year for more than 35,000 customers.⁴

Based on 2021 data, it is estimated that ADRCs prevent 61 hospital re-admissions, and 101 emergency department (ED) visits per 1,000 customers served, for a **248% return on investment (ROI)**.^{5,6} Every dollar invested in Wisconsin ADRCs leads to a savings of \$2.48 (actual ROI is even more significant as the 2021 calculations relied on 2017 hospital and ED visits costs which are now substantially higher).

With \$32.4 million to address disparities and \$25 million to provide critical services/programs, the state's ADRCs can effectively serve the increasing number of Wisconsinites who need them.



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1. U.S. Census Bureau (2020, June 25). 65 and Older population Grows Rapidly as Baby Boomers Age. Retrieved March 16, 2021, from <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>.
2. Aging Population Projections, www.dhs.wisconsin.gov/aging/demographics.htm.
3. ADRC statewide encounter data for CY2021 (as of May 4, 2022)
4. Paul, Raul (2021). ACL No Wrong Door – Return on Investment (ROI). Metastar
5. The Agency for Healthcare Quality and Research report: https://www.hcup-us.ahrq.gov/reports/statbriefs/sb248-Hospital-Readmissions-2010-2016.jsp?utm_source=ahrq&utm_medium=en-13&utm_term=Safety_Program&utm_content=13&utm_campaign=ahrq_en6_18_2019
6. Costs of Emergency Department Visits in the United States, 2017: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.jsp#:~:text=In%202017%2C%20aggregate%20ED%20visit,cost%20per%20visit%20of%20%24530>