

**ADRC ADVISORY COMMITTEE MEETING
WEDNESDAY, APRIL 11, 2018 – 1:00 P.M.**



**ROCK COUNTY JOB CENTER
1900 CENTER AVENUE
ROOM D/E
JANESVILLE, WI 53546**

AGENDA

1. Call to Order and Welcome Chairperson Terry Thomas
2. Approval of Agenda
3. Approval of Minutes from the January 10, 2017 meeting.
3. Citizen Participation
4. Old Business
 - A. Family Care Update
 - B. ADRC Successes *
 - C. Customer Satisfaction Survey *
5. New Business
 - A. DBS 2017 Stats
 - B. Change Project Results *
 - C. Carry-over Funds 2018
6. Statistical Information *
7. Complaints and Appeals
8. Committee Member Comments
9. Next Meeting Dates:
July 11, 2018 and October 10, 2018
10. Adjourn

* Denotes Attachment

Committee Members unable to attend, please contact Jennifer Thompson (Rock County ADRC/APS) at 741-3684.

Confidentiality

Disability Benefit Specialist services are confidential. The Disability Benefit Specialist will not disclose information about a Client without the informed consent of the Client, unless allowed by law: DHS 10.23(2) (d) 2.

By signing this document, the Client understands that part of receiving Disability Benefit Specialist services involves the sharing of information between the Disability Benefit Specialist and his/her local supervisor, technical assistance provider, and the Wisconsin Department of Health Services DBS Program Manager for purposes of case oversight, data reporting and quality assurance. The local supervisor, technical assistance provider, and DBS program manager are bound by confidentiality and do not share Client information with anyone other than the Disability Benefit Specialist without informed consent of the Client.

The Disability Benefit Specialist will obtain all necessary releases of information to further the agreed-upon advocacy goals. In addition, the Client gives permission for the Disability Benefit Specialist to share information on a need-to-know basis with the following individuals:

Resource Center Staff: _____

Other: _____

Responsibilities of Disability Benefit Specialist and Client

Responsibilities of Disability Benefit Specialist to Client

- Maintain Client confidentiality as explained above;
- Keep Client informed of the status of his/her case;
- Return phone calls in a timely fashion; and
- Make available to the Client documentation gathered by Disability Benefit Specialist upon request by the Client.
- Upon request, provide information on grievance procedure for Disability Benefit Specialist services.

Responsibilities of Client to Disability Benefit Specialist

- Inform Disability Benefit Specialist of changes in contact information, health status and any other relevant issues;
- Provide Disability Benefit Specialist with copies of relevant documents upon request, as well as information regarding any relevant filing and appeal deadlines and hearing dates;
- Inform Disability Benefit Specialist of receipt of documents from benefit agencies or any developments in the client's situation; and
- Cooperate with Disability Benefit Specialist to advance agreed-upon goals.

Responsibilities of Client, or Authorized Representative, to Social Security

- Fully inform Social Security about all of the information client is aware of related to disability claim;
- Provide Social Security with all evidence client has received related to disability claim.

Client's Signature _____

Date _____

Disability Benefit Specialist's Signature _____

Date _____

November 2, 2015

Thank you so much Jill, you made my wife
1000% better. Thank you _____

Hello Jennifer,

I want to first of all thank you for assigning Ann to our family's case. I wanted to let you know that Ann had come to my in-law's home for a family home visit to discuss services and needs a few weeks ago. She did a fantastic job in explaining the program and services that are options &/or available. She has a great way of talking and answering questions w/my elderly father-in-law and mother-in-law as well as the rest of us. There were several of us at the meeting, such as myself, my husband, father-in-law, mother-in-law, brother-in-law and my father-in-law's caregiver. We all learned a lot and when the meeting was done, we all felt at ease and that it went very well. They all kept saying how nice and informative Ann was, that they all really liked her and said how great of a fit she was w/the family. Her knowledge and understanding working w/elderly was a benefit for us. She was engaging w/my father-in-law in a way that kept him in the meeting even though given his state of mind, he wasn't really there at all times. She would laugh and talk with all of us in a way that made a difficult and challenging situation less difficult, stressful & challenging. We appreciate her assistance and are grateful that he was approved for the waiting list.

Ann is an asset to Rock County, your department & also an asset to the families that she works with and assists.

* For customers who received Enrollment Counseling



Dear Customer,

The Aging and Disability Resource Center (ADRC) of Rock County and the State of Wisconsin are working together to improve the ADRCs and their services across the state. We want to learn from you about your recent contact with the Resource Center.

If a friend or family member was with you for the conversation with the Resource Center or helped you with the experience, you may want to complete the survey with them.

If you don't know an answer or a question does not apply to you, please feel free to skip that question. Please take the time to complete this survey. Your opinions are important to us.

Thank you,

Jennifer Thompson, ADRC and APS Division Manager
ADRC of Rock County

GETTING STARTED

Q1 How did you first find out about the Aging and Disability Resource Center (ADRC)? (Please check all that apply.)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Family or friend | <input type="checkbox"/> Brochure | <input type="checkbox"/> Television |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Resource guide | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Nursing home | <input type="checkbox"/> Information fair | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Poster or Flyer | <input type="checkbox"/> ADRC sign |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Billboard | |

Q2 Was this your first time talking with an ADRC?

- | | |
|--|--|
| <input type="checkbox"/> Yes, this was my first contact | <input type="checkbox"/> I spoke to them 1 to 3 years ago |
| <input type="checkbox"/> I spoke to them in the past 12 months | <input type="checkbox"/> I spoke to them more than 3 years ago |

Q3 How much did you know about available long-term care programs BEFORE your conversation with the ADRC specialist? Would you say you knew...

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> A lot | <input type="checkbox"/> Not very much |
| <input type="checkbox"/> A little | <input type="checkbox"/> Nothing at all |

Q4 Aside from the ADRC, where did you look for information?

- | | |
|--|--|
| <input type="checkbox"/> Nowhere else | <input type="checkbox"/> Attorney or Financial Advisor |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Assisted living or nursing home |
| <input type="checkbox"/> Healthcare provider | <input type="checkbox"/> Family or friend |
| <input type="checkbox"/> Discharge Planner at a hospital | |

Q5 Did you know what long-term care program you wanted to choose (such as Family Care or IRIS) before you met with the ADRC?

- Yes No

GETTING IN TOUCH WITH THE ADRC

Q6 Please tell us about your most recent experience with the ADRC. If you don't know or a question does not apply to you, please leave it blank.

- | | Yes | No |
|--|--------------------------|--------------------------|
| The phone number was easy to find..... | <input type="checkbox"/> | <input type="checkbox"/> |
| My calls were returned promptly..... | <input type="checkbox"/> | <input type="checkbox"/> |
| The hours were convenient for me | <input type="checkbox"/> | <input type="checkbox"/> |
| They met with me outside of normal business hours..... | <input type="checkbox"/> | <input type="checkbox"/> |

Q7 How many times did you explain your situation to an ADRC staff person before someone from the ADRC helped you?

- Once 2-3 times 3 times or more Unsure

Q8 Is there one person you consider your main contact at the ADRC? Yes No

Q9 Did you feel concerned about the privacy of your conversation? Yes No

VISITING IN YOUR HOME

Q10 After you called the ADRC, how long was it until the staff person came to your home or met with you in person?

- | | | |
|---|---|---|
| <input type="checkbox"/> Within a week | <input type="checkbox"/> They scheduled a visit, but haven't come yet | <input type="checkbox"/> No one from the ADRC came to my home |
| <input type="checkbox"/> A week or longer | <input type="checkbox"/> We met somewhere other than my home | |

Q11 When you met with the ADRC staff person, was the timing...

- Too soon Just right Longer than I hoped

Q12 Were they better able to help you because they met you in person? Yes No

Q13 Did they take enough time to get to your concerns? Yes No

The ADRC Staff

Q14 The staff person at the ADRC...

	Excellent	Good	Fair	Poor
Was knowledgeable of the programs or services in our area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made it easier to get the information you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained each step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got an understanding of your needs and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided reliable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped with paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you navigate the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you consider the pros and cons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got a good understanding of your physical abilities and limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understood what help you needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q15 Did the ADRC staff person let you know what to expect next?

Yes No

Q15a Did the staff person use a language you could understand?

Yes No

Q15b If you have a hearing or visual impairment, was the ADRC staff person able to communicate effectively with you?

Yes No

LOOKING BACK ON YOUR VISIT

Q16 Overall, how would you rate your experience with the ADRC?

Excellent Good Fair Poor

Q17 How useful was the information you received from the ADRC?

Very Somewhat Not very Not at all

Q18 How useful was the help you received from the ADRC?

Very Somewhat Not very Not at all

Q19 How easy or difficult was it to find out if you were eligible for the program (such as Family Care, IRIS, Partnership, or PACE) you selected?

Very easy Somewhat easy Somewhat difficult Very difficult

Q20 Did you have enough information to select a program (such as Family Care, Partnership, IRIS, or PACE)?

Yes No

Q21 If you chose Family Care, did you have enough Information to choose a Managed Care Organization (MCO)?
 Yes No Unsure or does not apply

Q22 If you chose IRIS, did you have enough Information to choose an IRIS Consultant Agency (ICA)?
 Yes No Unsure or does not apply

Q23 If you would have liked more Information about the long-term care programs, what additional Information would have been helpful?

- | | | | |
|--|--------------------------|---|--------------------------|
| The reputation of the programs | <input type="checkbox"/> | More information about service providers..... | <input type="checkbox"/> |
| What services are covered..... | <input type="checkbox"/> | How to hire workers/choose my providers | <input type="checkbox"/> |
| More Information about self-direction..... | <input type="checkbox"/> | If family can be paid care providers | <input type="checkbox"/> |

YOUR PEACE OF MIND

Q24 How important are these things to you?

		Very Important	Somewhat Important	Not Important
A. The ADRC has no financial Interest in your decisions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. The ADRC does not charge for Information		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q25 Have you had any second thoughts about your choice of programs? Yes No

Q26 Are you aware that you can change your mind and reconsider your decision? Yes No

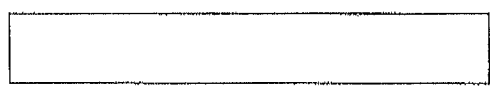
Q27 AFTER your visit to the ADRC, how confident are you that you have the information you need to make an informed decision?
 Very confident Somewhat confident Not confident

Q28 How much did you know about available long-term care programs AFTER your conversation with the ADRC specialist? Would you say you knew...
 A lot A little Not very much Nothing at all

Q29 Would you recommend the ADRC to someone else? Yes No

Thank you for taking the time to complete this survey!

Please return the survey in the enclosed self-addressed, stamped envelope.



* For Customers who received Options Counseling & Home Visit



Dear Customer,

The Aging and Disability Resource Center (ADRC) of Rock County and the State of Wisconsin are working together to improve the ADRCs and their services across the state. We want to learn from you about your recent contact with the Resource Center.

If a friend or family member was with you for the conversation with the Resource Center or helped you with the experience, you may want to complete the survey with them.

If you don't know an answer or a question does not apply to you, please feel free to skip that question. Please take the time to complete this survey. Your opinions are important to us.

Thank you,

Jennifer Thompson, ADRC and APS Division Manager
ADRC of Rock County

GETTING STARTED

Q1 How did you first find out about the Aging and Disability Resource Center (ADRC)? (Please check all that apply.)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Family or friend | <input type="checkbox"/> Brochure | <input type="checkbox"/> Television |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Resource guide | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Nursing home | <input type="checkbox"/> Information fair | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Poster or flyer | <input type="checkbox"/> ADRC sign |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Billboard | |

Q2 Did you contact the ADRC for yourself or on behalf of someone else?

- Self Someone Else

Q3 What did you contact the ADRC about? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Help staying in my home | <input type="checkbox"/> Help finding a device like a walker |
| <input type="checkbox"/> Help finding housing with services | <input type="checkbox"/> Concern about memory loss |
| <input type="checkbox"/> Medicare or other insurance questions | <input type="checkbox"/> Help with services needed after high school |
| <input type="checkbox"/> Information about Family Care or IRIS | <input type="checkbox"/> Help paying for services |
| <input type="checkbox"/> To appeal Medicaid decision | <input type="checkbox"/> Caregiver services or information |
| <input type="checkbox"/> Help with a disability | <input type="checkbox"/> General information |

Other:

Q4 At the time you contacted the ADRC, were you... (Please check all that apply.)

<input type="checkbox"/> Planning ahead	<input type="checkbox"/> Needing help immediately
<input type="checkbox"/> Deciding what to do next	<input type="checkbox"/> Reconsidering a decision

Q5 Was this your first time talking with an ADRC?

<input type="checkbox"/> Yes	<input type="checkbox"/> No, I spoke to them in the past 12 months
<input type="checkbox"/> I spoke to them 1 to 3 years ago	<input type="checkbox"/> I spoke to them more than 3 years ago

Q6 Did the ADRC refer you to any other place for a service or for more information?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q7 If you contacted the other service, are you receiving the service that you were seeking?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

Q7a If no, is it because... (Please check all that apply.)

<input type="checkbox"/> Haven't called yet but I plan to	<input type="checkbox"/> Phone number not working
<input type="checkbox"/> Decided not to contact	<input type="checkbox"/> Program not available
<input type="checkbox"/> Service was not what I needed	<input type="checkbox"/> I was not eligible

GETTING IN TOUCH WITH THE ADRC

Q8 Please tell us about your most recent experience with the ADRC.

	Yes	No
The phone number was easy to find.....	<input type="checkbox"/>	<input type="checkbox"/>
My calls were returned promptly.	<input type="checkbox"/>	<input type="checkbox"/>
Their hours were convenient for me	<input type="checkbox"/>	<input type="checkbox"/>

Q9 How many times have you spoken with an ADRC staff member, not including leaving a message or speaking with the receptionist?

<input type="checkbox"/> Once	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> More than 3 times
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Q10 How many times did you explain your situation to an ADRC staff person before someone helped you?

<input type="checkbox"/> Once	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> More than 3 times
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Q11 Did you feel concerned about the privacy of your conversation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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VISITING IN YOUR HOME

Q12 After you called the ADRC, how long was it until the staff person came to your home or met with you in person?

- | | |
|---|---|
| <input type="checkbox"/> Within a week | <input type="checkbox"/> We met somewhere other than my home |
| <input type="checkbox"/> A week or longer | <input type="checkbox"/> No one from the ADRC came to my home |
| <input type="checkbox"/> They scheduled a visit, but haven't come yet | |

Q13 When you met with the ADRC staff person, was the timing...

- Too soon Just right Longer than I hoped

Q14 Were they better able to help you because they met you in person?

- Yes No

Q15 Did they take enough time to get to your concerns?

- Yes No

THE ADRC STAFF

Q16 The staff person at the ADRC...

	Excellent	Good	Fair	Poor
Was knowledgeable of the programs or services in our area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made it easier to get the information you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained each step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got an understanding of your needs and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided reliable information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got a sense of what fits in your budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped with paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you navigate the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you consider the pros and cons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Told you the cost of each option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you use your money wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you consider your future needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17 Is there one person you consider your main contact at the ADRC?

- Yes No

Q18 Did the staff person let you know what to expect next?

- Yes No

Q19 Did someone from the ADRC follow-up with you?

- Yes No

Q19a If no, would you have liked to have had someone call to follow-up with you?

- Yes No They asked, I said no

LOOKING BACK ON YOUR VISIT

Q20 Overall, how would you rate your experience with the ADRC?

- Excellent Good Fair Poor

Q21 How useful was the help you received from the ADRC?

- Very useful Somewhat useful Not very useful Not at all useful

Q22 How useful was the information you received from the ADRC?

- Very useful Somewhat useful Not very useful Not at all useful

Q23 Were you ever overwhelmed by too much information provided by the ADRC?

- Yes A little No

Q24 Did the information you received from the ADRC help you make a decision or find the service you needed?

- Yes No

YOUR PEACE OF MIND

Q25 How important are these things to you?

- | | Very Important | Somewhat Important | Not Important |
|--|--------------------------|--------------------------|--------------------------|
| A. The ADRC has no financial interest in your decisions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The ADRC does not charge for information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q26 After your conversation with the ADRC, how confident are you that you have the information you need to make an informed decision?

- Very confident Somewhat confident Not confident

Q27 Did the ADRC help you to stay in your home when you might otherwise have needed nursing home care or moved to an assisted living facility?

- Yes No This question does not apply.

Q28 Would you recommend the ADRC to someone else?

- Yes No

Thank you for taking the time to complete this survey!
Please return the survey in the self-addressed, stamped envelope.

* For Customers who received
Options Counseling + NO HomeVisit



Dear Customer,

The Aging and Disability Resource Center (ADRC) of Rock County and the State of Wisconsin are working together to improve the ADRCs and their services across the state. We want to learn from you about your recent contact with the Resource Center.

If a friend or family member was with you for the conversation with the Resource Center or helped you with the experience, you may want to complete the survey with them.

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Thank you,

Jennifer Thompson, ADRC and APS Division Manager
ADRC of Rock County

GETTING STARTED

Q1 How did you first find out about the Aging and Disability Resource Center (ADRC)? (Please check all that apply.)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Family or friend | <input type="checkbox"/> Brochure | <input type="checkbox"/> Television |
| <input type="checkbox"/> Health care provider | <input type="checkbox"/> Resource guide | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Nursing home | <input type="checkbox"/> Information fair | <input type="checkbox"/> Phone book |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Poster or flyer | <input type="checkbox"/> ADRC sign |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Billboard | |

Q2 Did you contact the ADRC for yourself or on behalf of someone else?

- Self Someone Else

Q3 What did you contact the ADRC about? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Help staying in my home | <input type="checkbox"/> Help finding a device like a walker |
| <input type="checkbox"/> Help finding a place with services | <input type="checkbox"/> Concern about memory loss |
| <input type="checkbox"/> Medicare or other insurance questions | <input type="checkbox"/> Help with services needed after high school |
| <input type="checkbox"/> Information about Family Care or IRIS | <input type="checkbox"/> Help paying for services |
| <input type="checkbox"/> To appeal Medicaid decision | <input type="checkbox"/> Caregiver services or information |
| <input type="checkbox"/> Help with a disability | <input type="checkbox"/> General information |

Other:

Q4 At the time you contacted the ADRC, were you... (Please check all that apply.)

<input type="checkbox"/> Planning ahead	<input type="checkbox"/> Needing help immediately
<input type="checkbox"/> Deciding what to do next	<input type="checkbox"/> Reconsidering a decision

Q5 Was this your first time talking with an ADRC?

<input type="checkbox"/> Yes	<input type="checkbox"/> No, I spoke to them in the past 12 months
<input type="checkbox"/> I spoke to them 1 to 3 years ago	<input type="checkbox"/> I spoke to them more than 3 years ago

Q6 Did the ADRC refer you to any other place for a service or for more information?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q7 If you contacted the other service, are you receiving the service that you were seeking?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Q7a If no, is it because... (Please check all that apply.)

<input type="checkbox"/> Haven't called yet but I plan to	<input type="checkbox"/> Phone number not working
<input type="checkbox"/> Decided not to contact	<input type="checkbox"/> Program not available
<input type="checkbox"/> Service was not what I needed	<input type="checkbox"/> I was not eligible

GETTING IN TOUCH WITH THE ADRC

Q8 Please tell us about your most recent experience with the ADRC.

	Yes	No
The phone number was easy to find.....	<input type="checkbox"/>	<input type="checkbox"/>
My calls were returned promptly.....	<input type="checkbox"/>	<input type="checkbox"/>
Their hours were convenient for me	<input type="checkbox"/>	<input type="checkbox"/>

Q9 How many times have you spoken with an ADRC staff member, not including leaving a message or speaking with the receptionist?

<input type="checkbox"/> Once	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> More than 3 times
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Q10 How many times did you explain your situation to an ADRC staff person before someone helped you?

<input type="checkbox"/> Once	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> More than 3 times
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Q11 Did you feel concerned about the privacy of your conversation?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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VISITING IN YOUR HOME

Q12 Did an ADRC staff person come to your home?

<input type="checkbox"/> Yes	<input type="checkbox"/> Someone offered, but I declined	<input type="checkbox"/> No one offered to come to my home
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Q13 Would you have liked to have someone come to your home?
 Yes No Someone did come

Q14 If an ADRC staff person came to your home, were they better able to help you because they met you in person?
 Yes No

Q15 Did they take enough time to get to your concerns?
 Yes No

THE ADRC STAFF

Q16 The staff person at the ADRC...

	Excellent	Good	Fair	Poor
Was knowledgeable of the programs or services in our area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made it easier to get the information you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explained each step	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got an understanding of your needs and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Got a sense of what fits in your budget.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped with paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you navigate the system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you consider the pros and cons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Told you the cost of each option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you use your money wisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helped you consider your future needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17 Is there one person you consider your main contact at the ADRC?
 Yes No

Q18 Did the staff person let you know what to expect next?
 Yes No

Q19 Did someone from the ADRC follow-up with you?
 Yes No

Q19a If no, would you have liked to have had someone call to follow-up with you?
 Yes No They asked, I said no

LOOKING BACK ON YOUR VISIT

Q20 Overall, how would you rate your experience with the ADRC?
 Excellent Good Fair Poor

Q21 How useful was the help you received from the ADRC?
 Very useful Somewhat useful Not very useful Not at all useful

Q22 How useful was the information you received from the ADRC?
 Very useful Somewhat useful Not very useful Not at all useful

CHANGE PROJECT REPORT

Completion of this form is voluntary; however, use of the form ensures all required elements are incorporated.

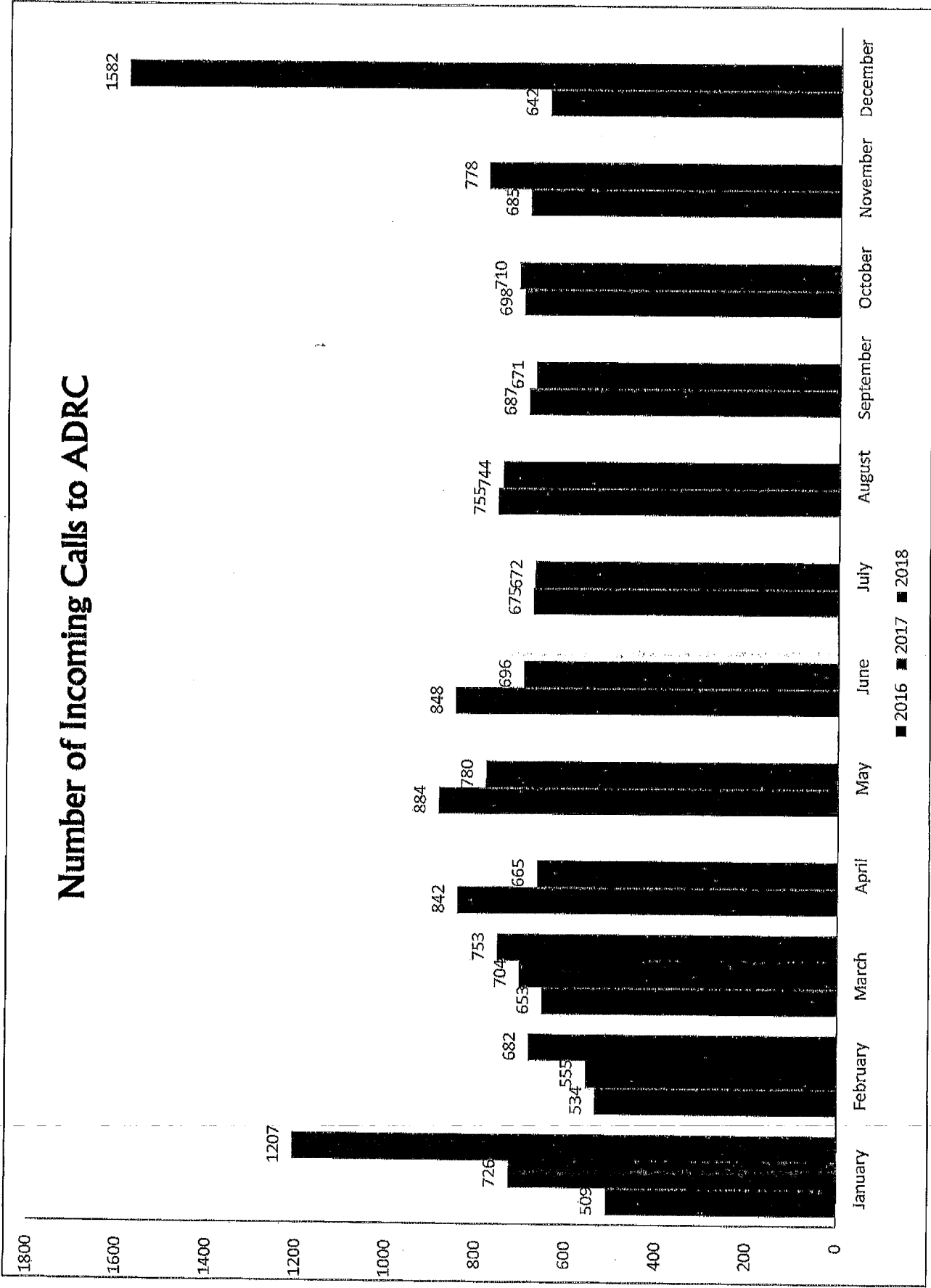
Name of Organization:	ADRC of Rock County
Office or Site Location of Change Project	1900 Center Avenue-Janesville
1. CHANGE PROJECT TITLE	"Getting to Know You"
2. What AIM will the Change Project address?	"BIG A" Increase Utility of Referrals
3. START DATE and anticipated completion date	"small a" (a clear and measurable goal statement related to the "Big A" including baseline measure and target): Percentage of "Missing/Unknown" race/ethnicity counts will decrease from 43% to <10% by 10/31/17. 7/31/17 - 10/31/17
4. Describe the CUSTOMERS you are trying to help.	Those considered in a minority group
5. What SERVICE are you trying to improve?	We want to improve our data collection so that we have a better baseline data source to use later when determining if we need to look at outreach to more minority groups.
6. EXECUTIVE SPONSOR	Jennifer Thompson
7. CHANGE LEADER	Steve Hare
8. CHANGE TEAM MEMBERS	Diane Jones, Amber Strehlow, Amy Woodstock, Roseann Tremain, Jamie Austin
9. How will you COLLECT DATA to measure the impact of the change and who will be responsible for data collection?	Jennifer Thompson received a monthly report from Tara Reeson, Information Systems Analyst (and later Karl Schlenker). This data includes the race/ethnicity counts entered into SAMS for each contact. These reports will show if I&A are entering in a race/ethnic group or if they are continuing to use the "missing/unknown" category.
10. TEAM COMMUNICATION STRATEGY How will the team members, including the Executive Sponsor, stay informed about the change project?	Not only will the change team meet monthly, but this topic will also be included on the agenda for the bi-weekly staff meetings as updates occur. In addition, the Exec. Sponsor will review the data received and monitor it for changes made.
11. What is the anticipated PROGRAMATIC and/or FINANCIAL IMPACT of this change project (business case)?	Once we have additional data to show what race/ethnic groups contact the ADRC, we will then be able to determine if there is a need to reach out to specific ethnic groups or not. Should the data show we have a low number of a specific group contacting the ADRC in relation to the population size in the county, we will then target that specific ethnic group for more outreach.

Rapid Cycle #	Cycle Begin Date	Cycle End Date	Plan What is the idea/change to be tested?	Do What steps are you specifically making to test this idea/change? Who is responsible? Data: what is the result?		Study What were the results? How do they compare with your baseline measure?	Act What is your next step? Adopt? Adapt? Abandon?
				Steps Taken	Data Collected		
Base-line Data			N/A	N/A	Note baseline data 4/17-43% Missing/unknown	N/A	N/A
				-If the ethnic/race was determined, I&A would update SAMS.			
4							
5							

Ethnic Race	Apr	May	Jun	Jul	Aug	Sep	Oct
American Indian/Native Alaskan	3	2	1	3	2	4	4
Asian	4	6	4	3	3	6	8
Black/African American	49	58	46	44	55	70	59
Missing	13	24	26	16	8	9	10
Native Hawaiian/Other Pacific Islander	0	0	0	1	0	1	1
Non-Minority (White, non-Hispanic)	450	537	471	453	485	478	545
Other	2	11	9	5	4	0	6
White-Hispanic	9	7	9	12	11	18	19
TOTAL:	530	645	566	537	568	586	652

2.45% 3.72% 4.59% 2.98% 1.41% 1.54% 1.53%

Number of Incoming Calls to ADRC



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Call Priority:

No. of Calls	Call Priority
1	Urgent: Needs assistance/action within approx. 48 hours
1	Total

Planning:

No. of Calls	Planning
2	Has current need or concern
3	Prevention or future planning
5	Total

Who made contact (Caller Type):

No. of Calls	Caller Type
1,413	(Self)
384	11-Legal Decision Maker
152	12-Caregiver
793	13-Relative/Friend/Neighbor/Comm Mbr
770	14-Agency/Service Provider
720	15-ADRC Contacted Consumer/Designee
551	16-ADRC Initiated Collateral Contact
117	99-Other
4900	Total

Topic Categories discussed during call:

No. of Calls	Topic Category
237	Abuse and Neglect
52	Adaptive Equipment
3	Addictions
3	ADRC Complaint
61	ADRC Printed Material
169	Alzheimer's and Other Dementia
10	Ancillary Services
167	Assisted Living (AFH, CBRF, RCAC)
30	Budget Assistance
180	Caregiving
18	Community I&R
18	Complaints (other)
38	Education
14	Emergency Preparedness

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27	Employment
12	End of Life
52	Food
87	Health
6	Health Promotion
481	Home Services
304	Housing
118	Income Maintenance
125	Insurance
142	Legal Services
22	MDS Section Q Referrals
9	Medical Home Care
72	Mental Health
13	Non MDS Section Q
231	Nursing Home
25	Other
3,251	Public Benefits LTC Programs
631	Public Benefits, Other
10	Recreation/Socialization
2	Referral for Evaluation
12	Referral for Financial-Related Needs
16	Referral for Private Pay Options
34	Taxes
91	Transportation
6	Unmet Need -- Dental
2	Unmet Need -- Home Care -- Non-Medical
3	Unmet Need -- Housing
1	Unmet Need -- Mental Health Services Incl Case Mgmt
3	Unmet Need -- Other
2	Unmet Need -- Rent/Mortgage Assistance
1	Unmet Need -- Utility Assistance
22	Veterans
66	Youth in Transition
4879	Total

ADRC Activity:

No. of Calls	ADRC Activity
992	Administrative (Select exclusively.)
346	Attempted Contact (Select exclusively.)
33	Community Partners (Select exclusively.)

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8	Complaints/Advocacy
56	Customer Initiated Follow-up
234	Long-Term Care Functional Screen
20	Memory Screen
2	Outreach/Marketing (Select exclusively,)
193	Provided Assistance with MA Application Process
7	Provided Brief or Short-Term Service Coordination
43	Provided Disenrollment Counseling
135	Provided Enrollment Counseling
410	Provided Follow-up
2,939	Provided Information & Assistance
93	Provided Options Counseling
11	Referral to ADRC
4898	Total

Consumer Age Group:

No. of Calls	Consumer Age Group
7	100 - 150
286	17 - 21
1,311	22 - 59
3,243	60 - 99
4847	Total

Referred By:

No. of Calls	Referred By
10	ADRC Presentation
65	Called Before
5	Economic Support
20	Friend/Family
4	Home Health Agency
5	Hospital
18	Internal Referral
6	Internet
5	Newspaper
8	Other Agency
2	Physician
1	Resource Directory
3	Senior Center
3	Unknown
155	Total

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Disability:

No. of Calls	Disability
286	00-Alzheimer's/Irreversible Dementia
611	01-Developmental/Intellectual Disability
2,756	02-Elderly; Age 60 or Older
536	03-Mental Health
1,521	04-Physical Disability
63	05-Substance Use
388	06-Unknown (Select exclusively.)
4858	Total

Monthly Total

No. of Calls	Total Minutes	Month
1,763	80,611	January, 2018
1,496	102,288	February, 2018
1,641	68,164	March, 2018
4900	251063	Total