

Recommendations Regarding Duplication of Functions between Aging and Disability Resource Center (ADRC) Governing Boards and the Department of Health Services (DHS)



A Report to the Joint Committee on Finance by the
Wisconsin Department of Health Services
Division of Long Term Care
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Executive Summary

2015 Wisconsin Act 55 requires the Department of Health Services (DHS) to report to the Joint Committee on Finance no later than July 1, 2016, what responsibilities, if any, of Aging and Disability Resource Center (ADRC) governing boards described under Wis. Stat. § 46.283(6) are duplicative of functions performed by DHS. If duplicative functions are identified, DHS must report the changes needed to the statutory requirements for the resource center governing boards to remove that duplication.

This report is the second of three papers that DHS will be submitting to the Legislature by January 1, 2017, that evaluates the role of ADRCs in Wisconsin's Medicaid long-term care programs.

The report recommends the following:

DHS recommends no changes to the statutory requirements for the composition of resource center governing boards under § 46.283(6)(a).

DHS recommends eliminating the requirement that ADRCs review MCO-related grievances and appeals. Removing this requirement not only removes duplication, but also addresses concerns raised by external stakeholders and clarifies the role of the governing board.

DHS recommends no changes to statute to reduce the authority of the governing board to that of an advisory committee.

DHS recommends deleting obsolete duties of ADRC governing boards regarding the county long-term planning committee.

DHS recommends eliminating regional long-term care advisory committees.

Introduction and Background

2015 Wisconsin Act 55 requires the Department of Health Services (DHS), by no later than July 1, 2016, to assess which responsibilities of Aging and Disability Resource Center (ADRC) governing boards, described in Wis. Stat. § 46.283(6), are duplicative of functions performed by DHS, and shall propose changes to the statutory requirements for the resource center governing boards to remove any duplication of functions.

In developing this report, DHS staff reviewed statutory and contractual requirements relating to ADRCs and ADRC governing boards. DHS examined organizational structures of governing boards and the corresponding authority within each organizational structure, reviewed methods of oversight of the long-term care system, and solicited stakeholder input through an invitation to provide written comments and to participate in a series of meetings and conference calls. DHS solicited input from ADRC directors, managed care organization (MCO) leadership, county human service and social service department directors, aging directors, tribes fully partnered with ADRCs, consumer advocates, and ADRC governing board members. In addition, DHS reviewed methods available for consumers to provide meaningful input to DHS on the long-term care system in Wisconsin. ADRC governing boards are a mechanism for consumer input under current regulations.

Overview of Aging and Disability Resource Centers (ADRCs)

ADRCs are designed as the first place to go for accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone—individuals, concerned family or friends, or professionals working with issues related to aging or disabilities—can go for information tailored to their situation. ADRCs provide information on a broad range of programs and services, help people understand the various long-term care options available to them, help people apply for programs and benefits, and serve as the access point for publicly funded long-term care. ADRC services are available to older people and adults with disabilities regardless of income and regardless of whether the person is eligible for publicly funded long-term care or other government benefits. ADRC services are also available to families, friends, caregivers, physicians, hospital discharge planners, and others who work with or care about older people or people with disabilities.

ADRCs are governed by § 46.283, and provide several required functions: information and assistance services, the initial long-term care functional screen, prevention and intervention services, benefit counseling, options counseling, enrollment counseling, and youth in transition services.

There are currently 41 ADRCs that serve the entire state of Wisconsin, including Wisconsin's 11 federally recognized tribes. The Appendix includes detailed information.

Of Wisconsin's 41 ADRCs, 28 are composed of a single-county and 13 serve multi-county regions. Milwaukee County has a separate Aging Resource Center and Disability Resource Center. The majority of ADRCs (28 of 41, accounting for 68%) are fully integrated with aging units in order to provide more robust and coordinated services to older adults and adults with disabilities.

All ADRCs are county or multi-county public entities, with the exception of the ADRC of Brown County, which is a nonprofit organization. Five of Wisconsin's 11 tribes partner with the ADRC serving their region and six have a tribal aging and disability resource specialist to provide information and assistance, options counseling, and certain other ADRC functions.

Composition and Responsibilities of ADRC Governing Boards Under Current Law

The requirements and duties of the ADRC governing boards are described in Wis. Stat. § 46.283(6), Wis. Admin. Code § DHS 10.22, and the ADRC's contract with DHS.

Board Membership—§ 46.283(6)(a) establishes requirements for the composition of governing boards. The statute does not mandate the number of members the board must have, but does require the following:

- The board must reflect the ethnic and economic diversity of the geographic area served by the resource center.
- At least one-fourth of the members shall be individuals who belong to the client groups served by the resource center or their family members, guardians, or advocates, with the mix of client group members reflecting the mix of groups served by Family Care statewide. These groups are frail elders, people with developmental disabilities, and people with physical disabilities.
- An individual with a financial interest in a Family Care MCO or Medicaid SSI managed care organization operating in the resource center's service area, or the individual's family member, may not serve on the board.

Board Responsibilities—§ 46.283(6)(a) enumerates specific duties for the governing boards:

1. Determine the structure, policies, and procedures of, and oversee the operations of, the resource center. The operations of a resource center that is operated by a county are subject to the county's ordinances and budget.
2. Annually gather information from consumers and providers of long-term care services and other interested persons concerning the adequacy of long-term care services offered in the area served by the resource center. The board shall provide well-advertised opportunities for persons to participate in the board's information gathering activities conducted under this subdivision.

3. Identify any gaps in services, living arrangements, and community resources needed by individuals belonging to the client groups served by the resource center, especially those with long-term care needs.
4. Report findings made under subds. [2.](#) and [3.](#) to the applicable regional long-term care advisory committee.
5. Recommend strategies for building local capacity to serve older persons and persons with physical or developmental disabilities, as appropriate, to local elected officials, the regional long-term care advisory committee, or DHS.
6. Identify potential new sources of community resources and funding for needed services for individuals belonging to the client groups served by the resource center.
7. Appoint members to the regional long-term care advisory committee, as provided under [§ 46.2825 \(1\).](#)
8. Annually review interagency agreements between the resource center and care management organizations that provide services in the area served by the resource center and make recommendations, as appropriate, on the interaction between the resource center and the care management organizations to assure coordination between or among them and to assure access to and timeliness in provision of services by the resource center and the care management organizations.
9. Review the number and types of grievances and appeals concerning the long-term care system in the area served by the resource center, to determine if a need exists for system changes, and recommend system or other changes if appropriate.
10. If directed to do so by the county board, assume the duties of the county long-term community support planning committee as specified under [§ 46.27 \(4\)](#) for a county served by the resource center.

Variations in ADRC Organizations and Governing Board Authority

The 41 ADRCs in Wisconsin include a variety of organizational structures and governing board arrangements. This flexibility in organizational structure is purposeful and necessary, so that the ADRC may adapt to meet the needs of its local community and county government.

Forty of the 41 ADRCs are county agencies, while one is a non-profit organization. Under [§ 46.283\(6\)\(b\)1](#), an ADRC board within a county is subject to the county's ordinances and budget. These counties are governed by their own county boards, and many report to a county human services board overseeing their human services agency. Consequently, governing boards for county-agency ADRCs serve as advisory councils or committees to the county board or county human services board, rather than as independent governing bodies.

ADRC Organizational Structure and Governing Board Authority

	Single-County Agency	Multi-County Agency	Nonprofit	Total
Governing Role	0	2	1	3
Advisory Role	27	11	0	38
Total	27	13	1	41

In addition, the majority of ADRCs are integrated with county aging units. When ADRCs and aging units are integrated, DHS expects the ADRC governing board to be combined with the commission on aging to form a single, integrated governing body meeting all of the requirements for ADRC governing boards described in statute and contract, as well as the requirements for county commissions on aging described in § 46.82(4). Integration between the two entities promotes coordination of services for older adults and people with disabilities.

Regional Long-Term Care Advisory Committee

Wisconsin Stat. § 46.2825 establishes regional long-term care advisory committees that were intended to have a monitoring, review, and evaluation role with regard to ADRCs, MCOs, and the long-term care system in general. ADRC governing board responsibilities under § 46.283(6) include several duties related to regional committees, including: reporting the board’s findings on community needs and adequacy of services within their local area, recommending strategies for building local capacity, and appointment of the committees’ membership.

External Stakeholder Input

To inform this report, DHS held a series of in-person meetings and conference calls, and provided an opportunity for stakeholders to provide written input. DHS solicited input from ADRC directors, MCO leadership, county human and social service department directors, aging directors, tribes fully partnered with ADRCs, consumer advocates, and ADRC governing board members.

Stakeholder input served as an important opportunity for DHS to identify potential areas of duplication and to recommend statutory changes to the duties of governing boards. Common themes are listed below:

- **Duplication with DHS duties:** Many stakeholders felt that the duties regarding oversight of the long-term care system, specifically review of grievances and appeals, was an area of duplication with DHS.
- **Importance of the board as a consumer voice:** Stakeholders voiced that boards play a critical role in identifying gaps in service, identifying unmet needs, and advocating for the needs of the community. Many felt the need to preserve the board’s role as advocate for

ADRC target populations, and the programs, services, and policies that impact their quality of life.

- **Appropriateness of roles:** The appropriateness of the ADRC governing board as policing the long-term care system was questioned by many stakeholder groups. At the same time, some stakeholders asked what other entity would effectively serve that role
- **Administrative functions:** Some stakeholders discussed that board requirements (such as oversight of ADRC operations and policies, identification of funding sources, and review of interagency agreements) were more administrative functions of the ADRCs, and should be completed by ADRC management. Others disagreed and felt that the functions should remain requirements of the board.
- **Review of agency agreements:** Many stakeholders felt that boards needed to review interagency agreements with MCOs when they are first developed and when material changes are made, but there was no need for annual review. Some questioned why ADRCs governing boards had duties specific to managed care organizations, when their role is broader within long-term care and populations served.
- **Removal of obsolete duties:** Many recommended removing duties that were irrelevant or placed the board in a position where they could not fulfill duties, such as those related to the regional long-term care advisory committees and COP planning committees.

Conclusions and Recommendations

The recommendations in this report focus on areas of duplication between DHS and ADRC governing boards.

Composition and Core Functions of the ADRC Governing Boards

- Governing boards are an integral component of ADRCs that define and uphold the mission of the ADRC. ADRC governing boards provide guidance and direction on the structure, operations, and performance of the ADRC. Boards, with membership representing consumer voices, not only ensure that the ADRC has awareness of community needs, but also advocate for and support changes to meet those needs for their local community.
- Requiring a consumer-driven ADRC governing board ensures that the populations served by the ADRC—older adults and people with disabilities—have a voice in the creation, development, direction, and implementation of their local ADRC's policies and services. Stakeholders articulated ADRC governing board's core function as the ability to act and advocate for ADRC target populations by being knowledgeable about and working to improve the programs, services, and policies that affect their way of life. DHS agrees that ADRC board members have an awareness of and connection to the pulse of those served by the ADRC in the local community, and the ADRC board is, therefore, an appropriate entity

to advocate for their needs. Boards also have a role in shaping the ADRC's local policies and operations to ensure a successful fit with the area and population served by the ADRC.

- These core functions of the board are not duplicative of the functions of DHS. While DHS is responsible for oversight of statewide ADRC functions through the Office for Resource Center Development, the ADRC and their local board have latitude to develop and implement local policies and procedures in addition to those required statewide.
- Wisconsin Stat. § 46.283(6)(a) addresses the requirements for member composition of the ADRC governing board. This section of the statutes requires and ensures that a representative voice of ADRC populations and of consumers of long-term care is embodied in ADRC governing board membership. DHS is committed to safeguarding requirements that ensure inclusion of input from people who represent the target groups served. Because there are not duplications in functions, DHS recommends no changes to the statutory requirements for the composition of resource center governing boards.

Oversight of the Long-Term Care System and MCOs

- The ADRC governing board is currently charged under § 46.283(6)(b)9 to review the number and types of grievances and appeals concerning the long-term care system in the area served by the resource center, to determine if a need exists for system changes, and recommend system or other changes if appropriate.
- DHS is responsible for oversight of MCOs and all long-term care programs. DHS performs that oversight through monitoring of contracts, use of an external quality review organization (EQRO) to help implement a multi-level quality management system for managed long-term care on a statewide level, and through annual financial reviews. Quality oversight activities include: onsite annual quality reviews, annual care management reviews that include review of a sample of member individualized service plans, review of quarterly narrative reports, ongoing review of grievances and appeals, review of critical incidents and other adverse events for members, and ongoing review of utilization data. In particular, under the direction of DHS, the EQRO undertakes discovery activities in accordance with DHS quality strategies, while DHS executes remediation and quality improvement efforts.
- Since 2002, DHS has contracted with MetaStar to conduct EQRO activities for the Family Care program. On an ongoing basis, EQRO activities evaluate the quality of the services that are arranged for or provided to Family Care enrollees or potential enrollees under the contract DHS has with MCOs. In reviewing MCOs, MetaStar performs quality compliance reviews, validates performance improvement projects, implements performance measures, as well as other oversight methods. DHS annually publishes a report of MetaStar findings, which is available for public review on the DHS website.
- Groups of external stakeholders questioned the appropriateness of the ADRC governing board's role in oversight of the long-term care system, specifically MCOs. Without authority

to enforce changes or require data from MCOs, concerns were also raised that ADRC boards could only rely on anecdotal evidence rather than actual data.

- DHS recommends eliminating the requirement that ADRCs review MCO-related grievances and appeals. Removing this requirement not only removes duplication, but also addresses concerns raised by external stakeholders, and clarifies the role of the governing board.

Governing Board Authority

- As discussed above, pursuant to county ordinances, county-agency ADRC governing boards typically have an advisory role only.
- DHS recommends that county boards give ADRC governing boards the authority to independently make decisions and act on those decisions, consistent with the scope of the boards' duties under § 46.283(6). This recommendation would not mandate a single prescriptive organizational structure for ADRCs because boards are able to act independently and successfully in various organizational designs.

Single-County ADRCs

- In single-county ADRCs, the ADRC is either a public entity with a board that acts in an advisory capacity to the county, or a nonprofit organization with a board independent of the county. When acting in an advisory function to the county, the ADRC governing board may take different forms, including a subcommittee within the county board, ADRC governing board membership appointed by the county executive, or as an advisory council to the human services or county board.
- Although a governing board may be a public entity that is "advisory" in title, it is possible that the board may be effective in implementing the core functions of the ADRC board. If the ADRC board is able to provide meaningful input to the county entity to which the governing board reports, regardless of the title "advisory" or "governing," the board may have the authority to independently make decisions and act on those decisions within the scope of their duties under § 46.283(6). In order to provide meaningful input, the county entity to which the ADRC governing board reports would need to include ADRC board members' input in decision-making, and provide deference to the ADRC board as appropriate.

Regional ADRCs

- Regional ADRCs that operate under Wis. Stat. § 66.0301 Intergovernmental cooperation, or as long-term care districts, have governing boards with the authority to act as true governing bodies, including the authority to act independently and make local decisions. These arrangements allow the ADRC to continue as public entities while ensuring that core functions of the board are carried out.

- DHS recommends that regional ADRCs organize structurally under § 66.0301 for efficiency in operations. Regional ADRCs that are structured under § 66.0301 are streamlined with a single autonomous governing board. This design allows for effectiveness and efficiency in operations for the ADRC. When regional ADRCs are not organized under § 66.0301, the ADRC board will act in an advisory capacity to multiple counties, often through different entities. It is possible that requiring the ADRC governing board to report to multiple counties in a disjointed structure will result in inefficiency. Reporting to multiple counties with disparate priorities could also pose challenges to the functioning of the ADRC and their governing board's core functions.

Regional Long-Term Care Advisory Committee

- Regional long-term care advisory committees were convened once in 2012, and are currently inactive due to several challenges DHS has encountered. First and primarily, the statutory duties of the committees are significant in number and depth. The commitment needed by committee members to adequately perform the duties is unreasonable to expect of a citizen advisory committee. Secondly, neither DHS nor ADRCs are funded or staffed to provide technical assistance or training to the committees. Furthermore, in meetings with stakeholders, the appropriateness of the ADRC governing boards and regional long-term care advisory committees in policing the long-term care system has been called into question.
- Therefore, DHS recommends deleting the regional long-term care advisory committee statute and relieving the ADRC governing boards of those duties rather than requiring duties that boards are unable to fulfill due to DHS challenges in convening the committees. Stakeholders also mirror the recommendation to strike the duties related to the committees, as long as an alternate mechanism for reporting board findings to DHS and addressing unmet service needs at a regional or state level is maintained.
- Stakeholder groups also recommended that rather than convening the advisory committees as defined in current statutes and charging the governing boards with duties related to these committees, DHS actively solicit stakeholder involvement and input on the long-term care system through the Wisconsin Long-Term Care Advisory Council. DHS agrees with this additional recommendation.

County Long-Term Support Planning Committee

- DHS recommends removing the duty of the ADRC governing board related to the county long-term support planning committee under § 46.283(6)(b)10. This section of the statute charges the resource center governing board to assume the duties of the county long-term support planning committee, if so directed by the county.
- The county long-term support planning committee is responsible for overseeing the Community Options Program (COP) in that county. When Family Care is implemented in a

county, COP funding support services to frail elders and adults with physical and developmental disabilities transfer to the Family Care and IRIS programs. Historically, the COP program has also served children with disabilities and adults with mental illness and substance abuse. The 2015-17 biennial budget reallocated COP funding for these target groups to the new Children's Community Options Program and the new Community Aids Community Mental Health Allocation in Family Care counties. Once Family Care is implemented in all counties, all COP funds will have been transitioned to other programs. At that point, the county long-term support planning committee will no longer have a role, and there will no longer be a need for the ADRC governing board to assume its duties.

Proposed Changes to Clarify Statutory Language

In summary, DHS recommends the following changes to clarify the duties of the ADRC governing boards:

- Preserve the board's role in assessing and making recommendations regarding long-term care service delivery, but broaden the focus to include review of service quality and capacity and making system recommendations. Allow boards to gather all relevant information as part of this assessment. Under Wis. Stat. § 46.283(6)(b)2, clarify that the boards' scope regarding annual information gathering from stakeholders should include both public and private long-term care systems.
- Remove board responsibility for reviewing MCO-related grievances and appeals; retain responsibility for reviewing ADRC-related grievances and appeals.
- Eliminate the Regional Long-Term Care Advisory Council statute and ADRC governing board duties with respect to those councils.
- Eliminate provisions regarding the board assuming the duties of the county long-term support planning committee.
- Combine the administrative and operational functions of governing boards currently listed under §§ 46.283(6)(b)1 and 8, so that the two are grouped in one subsection.
- Renumber subsections consistently with recommendations to remove §§ 46.283(6)(b)4,7,8, and 10.

Proposed Statutory Changes

DHS proposes the following statutory changes to reflect the recommendations enumerated in the discussion above:

s. 46.283(6) GOVERNING BOARD.

(a)

1. A resource center shall have a governing board that reflects the ethnic and economic diversity of the geographic area served by the resource center.

2. At least one-fourth of the members of the governing board shall be individuals who belong to a client group served by the resource center or their family members, guardians, or other advocates. The proportion of these board members who belong to each client group, or their family members, guardians, or advocates, shall be the same, respectively, as the proportion of individuals in this state who receive services under s. [46.2805](#) to [46.2895](#) and belong to each client group.

3. An individual who has a financial interest in, or serves on the governing board of, a care management organization or an organization that administers a program described under s. [46.2805 \(1\) \(a\)](#) or [\(b\)](#) or a managed care program under s. [49.45](#) for individuals who are eligible to receive supplemental security income under [42 USC 1381](#) to [1383c](#), which serves any geographic area also served by a resource center, and the individual's family members, may not serve as members of the governing board of the resource center.

(b) The governing board of a resource center shall do all of the following:

1. ~~Determine~~ With input from consumers, service providers, and other local constituents, review and make recommendations regarding the structure, policies, and procedures of, and oversee the operations of, the resource center, to ensure consistency with applicable statutory, rule and Department requirements. ~~The operations of a~~ resource center that is operated by a county ~~are~~ is subject to the county's ordinances and budget.

2. Annually gather information from consumers and providers of public and private long-term care services and other ~~interested persons~~ relevant sources of information concerning the ~~adequacy~~ quality and capacity of long-term care services offered in the area served by the resource center. The board shall provide well-advertised opportunities for persons to participate in the board's information gathering activities conducted under this subdivision.

3. Identify ~~any~~ gaps in services, living arrangements, and community resources needed by individuals belonging to the client groups served by the resource center, especially those with long-term care needs, and determine if a need exists for system changes.

~~4. Report findings made under subds. 2. and 3. to the applicable regional long-term care advisory committee.~~

~~5.~~ **4. R** As appropriate and based on an analysis of the information gathered, recommend strategies for building local capacity, and making system changes, to better serve older persons and persons with physical or developmental disabilities, ~~as appropriate~~, to ~~local~~ elected officials, ~~the regional long-term care advisory committee~~ other community leaders, and the Department.

6. 5. Identify potential new sources of community resources and funding for needed services for individuals belonging to the client groups served by the resource center.

~~7. Appoint members to the regional long-term care advisory committee, as provided under s. 46.2825 (1).~~

~~8. Annually review interagency agreements between the resource center and care management organizations that provide services in the area served by the resource center and make recommendations, as appropriate, on the interaction between the resource center and the care management organizations to assure coordination between or among them and to assure access to and timeliness in provision of services by the resource center and the care management organizations.~~

9. 6. Review the number and types of grievances and appeals concerning the ~~long-term care system in the area served by the~~ resource center, to determine if a need exists for system changes, and recommend system or other changes ~~if~~ as appropriate to elected officials, other community leaders, and the Department.

~~10. If directed to do so by the county board, assume the duties of the county long-term community support planning committee as specified under s. 46.27 (4) for a county served by the resource center.~~

S. 46.2825

46.2825 — Regional long-term care advisory committees.

~~(1) CREATION.~~ The governing board of each resource center operating in a region established by the department under s. ~~46.281 (1n) (d) 1.~~ shall appoint the number of its members that is specified by the department under s. ~~46.281 (1n) (d) 2.~~ to a regional long-term care advisory committee. At least 50 percent of the persons a resource center board appoints to a regional long-term care advisory committee shall be older persons or persons with a physical or developmental disability or their family members, guardians, or other advocates.

~~(2) DUTIES.~~ A regional long-term care advisory committee shall do all of the following:

~~(a) Evaluate the performance of care management organizations and entities that operate a program described under s. 46.2805 (1) (a) or (b) in the committee's region with respect to responsiveness to recipients of their services, fostering choices for recipients, and other issues~~

affecting recipients; and make recommendations based on the evaluation to the department and to the care management organizations and entities, as appropriate.

~~(b) Evaluate the performance of resource centers operating in the committee's region and, as appropriate, make recommendations, concerning their performance to the department and the resource centers.~~

~~(c) Monitor grievances and appeals made to care management organizations or entities that operate a program described under s. 46.2805 (1) (a) or (b) within the committee's region.~~

~~(d) Review utilization of long term care services in the committee's region.~~

~~(e) Monitor enrollments and disenrollments in care management organizations that provide services in the committee's region.~~

~~(f) Using information gathered under s. 46.283 (6) (b) 2. by governing boards of resources centers operating in the committee's region and other available information, identify any gaps in the availability of services, living arrangements, and community resources needed by older persons and persons with physical or developmental disabilities, and develop strategies to build capacity to provide those services, living arrangements, and community resources in the committee's region.~~

~~(g) Perform long range planning on long term care policy for individuals belonging to the client groups served by the resource center.~~

~~(h) Annually report to the department regarding significant achievements and problems relating to the provision of long term care services in the committee's region.~~

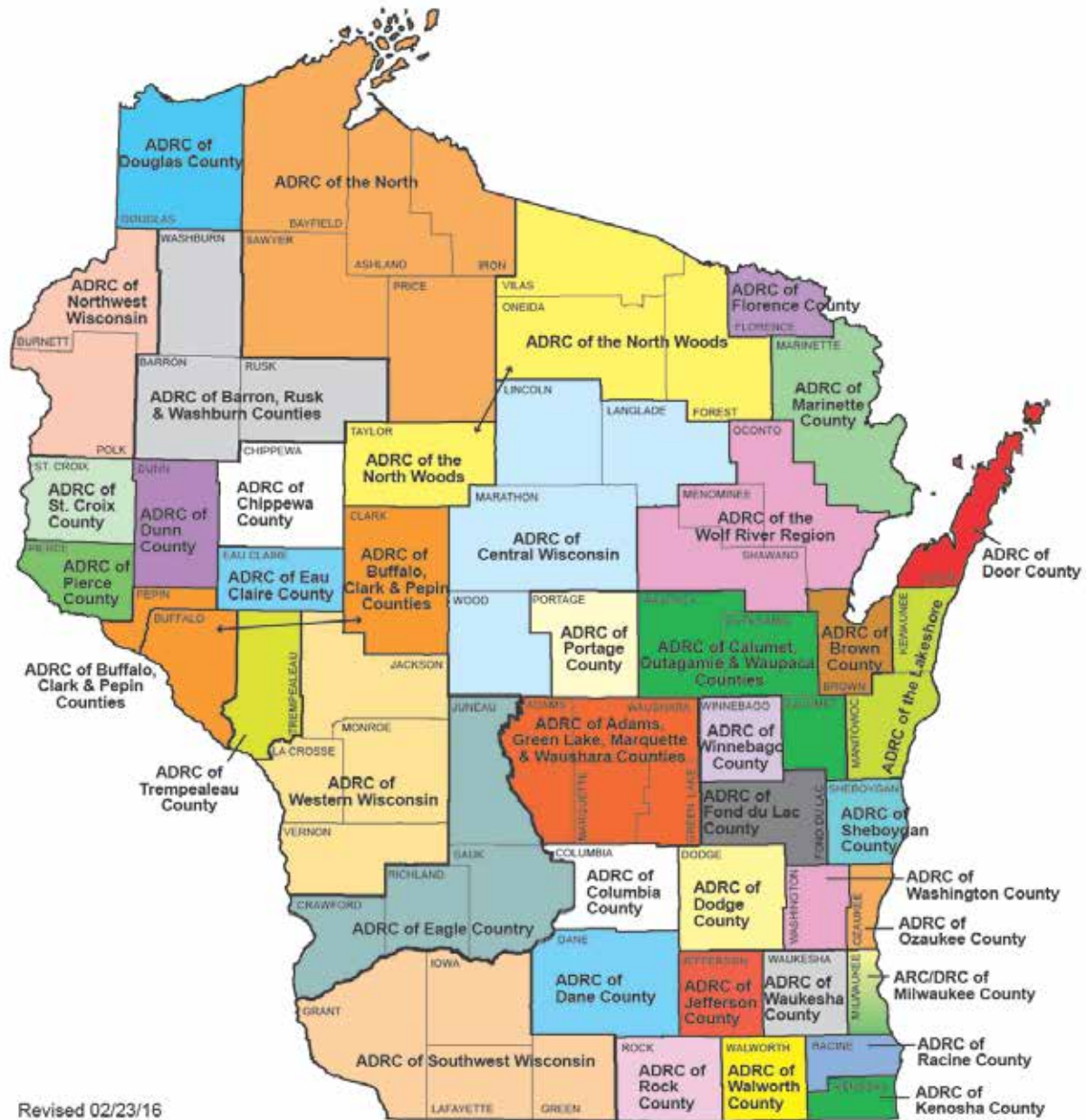
~~46.2825(2)(i) (i) Review and assess the self directed services option, as defined in s. 46.2899 (1).~~

APPENDIX

ADRCs in Wisconsin and the Counties and Tribes Served

1. ADRC of Adams, Green Lake, Marquette, and Waushara Counties
2. ADRC of Barron, Rusk, and Washburn Counties
3. ADRC of Brown County
4. ADRC of Buffalo, Clark, and Pepin Counties
5. ADRC of Central Wisconsin (Marathon, Wood, Lincoln, and Langlade Counties)
6. ADRC of Chippewa County
7. ADRC of Columbia County
8. ADRC of Calumet, Outagamie, and Waupaca Counties
9. ADRC of Dane County
10. ADRC of Dodge County
11. ADRC of Door County
12. ADRC of Douglas County
13. ADRC of Dunn County
14. ADRC of Eagle Country (Crawford, Juneau, Richland, and Sauk Counties)
15. ADRC of Eau Claire County
16. ADRC of Florence County
17. ADRC of Fond du Lac County
18. ADRC of Jefferson County
19. ADRC of Kenosha County
20. ADRC of the Lakeshore (Manitowoc and Kewaunee Counties)
21. ADRC of Marinette County
22. Aging Resource Center of Milwaukee County
23. Disability Resource Center of Milwaukee County
24. ADRC of the North (Ashland, Bayfield, Iron, Price, and Sawyer Counties)
25. ADRC of Northwest Wisconsin (Polk and Burnett Counties and the St. Croix Chippewa Indians of Wisconsin)
26. ADRC of the North Woods (Forest, Vilas, and Oneida Counties and the Sokaogon Chippewa Community, Lac du Flambeau Band of Lake Superior Chippewa Indians, and Forest County Potawatomi Community)
27. ADRC of Ozaukee County
28. ADRC of Pierce County
29. ADRC of Portage County
30. ADRC of Racine County
31. ADRC of Rock County
32. ADRC of Sheboygan County
33. ADRC of St. Croix County
34. ADRC of Southwest Wisconsin (Grant, Green, Iowa, and Lafayette Counties)
35. ADRC of Trempealeau County
36. ADRC of Walworth County
37. ADRC of Washington County
38. ADRC of Waukesha County
39. ADRC of Western Wisconsin (La Crosse, Jackson, Monroe, and Vernon Counties)
40. ADRC of Winnebago County
41. ADRC of the Wolf River Region (Menominee, Oconto, and Shawano Counties and the Stockbridge-Munsee Community)

Wisconsin's Aging and Disability Resource Centers



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