

**Long Term Continuum of Care
Market Research & Planning Study**

**Conducted for
Sauk County, Wisconsin
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By

**Keefe & Associates
Sauk City, WI
608.643.3376**

Table of Contents

Executive Summary

- I. **Introduction**
 - A. Scope of Research
 - B. Methodology
- II. **Planning Perspectives and County Parameters**
 - A. Continuum Development Over Time
 - B. Availability of Land
 - C. Other County Parameters
 - D. Long Term Care and Trends
- III. **Definition and Vision for Continuum of Care**
 - A. LT Continuum of Care Defined
 - B. Living Arrangements Defined
- IV. **Target Populations**
 - A. Elderly
 - B. Disabled
 - C. Elderly Demographic Assessment
 - D. Middle Years Demographic Assessment
 - E. Other Demographic Findings
 - F. Conclusions about Target Populations
- V. **Housing and Services**
 - A. Range of Potential Services, by Target Population Niche
 - B. Competitive Assessment of Selected Market Niches
- VI. **Assessments of Market Opportunities**
 - A. Role of Family Care and CMOs
 - B. Financial Assessment and Considerations
 - C. SWOT Analysis
 - D. Value/Risk Assessment
 - E. Potential Role of Cooperatives
- VII. **Road Map to the Future**
 - A. Guiding Criteria
 - B. Short-Term Recommendations
 - C. Long-Term Recommendations
 - D. Next Steps

Appendices

- A. Long Term Continuum of Care for Sauk County Definition
- B. Demographic Tables
- C. Competitive Market Assessment Tables
- D. List of Facilities Surveyed

Executive Summary

This executive summary highlights the findings and supplies recommendations based on Keefe & Associates' study of the housing and services continuum of care markets to meet the long term needs of Sauk County's elderly and disabled via a continuum of care. Planning issues related to the continuum also are addressed.

I. Scope of Research and Planning

The Sauk County Continuum of Care Committee requested Keefe & Associates to conduct market research and provide strategic planning direction to assist in making decisions about developing a long term (LT) continuum of housing arrangements and services for the elderly and disabled. The disabled population was defined as those with physical disabilities (PD) and developmental disabilities (DD). The research was expanded to include those with chronic mental illnesses (CMI).

II. Key Planning Assumptions

Based on direction from Sauk County, the following key planning assumptions were made:

- ✓ The continuum was to focus on utilizing the new 55-acre campus of the recently built Health Care Center, which has 31.7 acres remaining for development, and
- ✓ The planning horizon would be 5-10 years for continuum development.

III. Continuum of Care Defined

As a long term care continuum, services related to primary and acute care were not relevant. The definition used for the LT continuum was based on:

- ✓ The **living arrangements** of the target populations, and
- ✓ The **level of independence (and need for services)** of the target populations.

Three major categories of the continuum were identified, which move from a high level of independence to a high degree of dependence. The categories were:

- ✓ Home-based living arrangements,
- ✓ Community-based services supporting living arrangements, and
- ✓ Facility-based living arrangements.

Home-based includes: 1) owned or rented homes, 2) independent apartments, 3) condominiums, 4) duplexes/quadplexes, and 5) trailer homes.

Community-based services include a broad range of services that can be brought to persons in their homes or in facility-based options, or to which persons can travel from their living arrangement, receive the service on an outpatient basis, and return to their home/facility.

Facility-based living arrangements include: 1) adult family homes (AFHs), 2) community-based residential facilities (CBRFs), 3) residential care apartment complexes (RCACs), and 4) skilled nursing facilities (SNFs).

Besides a comprehensive continuum, it is possible to develop a specialty niche continuum, which can focus on one or more of the following: 1) a dementia continuum, 2) a behavioral continuum, 3) a DD continuum, 4) a mental health continuum, 5) a socialization continuum, and 6) an elderly housing continuum, among others.

IV. Driving Forces

Many factors can influence the success or failure of housing and services provided in a LT continuum. Among the key driving forces relevant to the LT continuum, which were identified as part of the research are:

A. Financial Forces

1. At the County level, budgets for 2011 and at least the next 2-3 years are very likely to be tight, restricted by levy limits, uncertain State aids and shared revenues, minimal (if any) increases in assessed property valuations, and strong voter aversion to increased property taxes.
2. At the State level, Wisconsin faces an \$800 million Medicaid deficit for the current fiscal year, a \$2.7 billion overall deficit for the 2011-13 biennium, potential reduction of Federal aids (including Medicaid), and strong voter resistance to increased taxes of any kind. Adequate financial support for Family Care likewise is highly uncertain.
3. At the Federal level, economic stimulus packages are diminishing, national debt has increased dramatically for many reasons, and Federal aids to states and other programs face significant retrenchment.
4. Nationally and in Wisconsin, recovery from the recent recession is proceeding slowly, unemployment remains high, and the prospects for a slow, drawn-out economic recovery are very high.
5. Sauk County has budgeted prudently in the past, and still maintains a very strong credit rating.

B. Regulatory and Political Forces

1. LT care provider reimbursement rates from Medicaid and Family Care are widely perceived as insufficient to meet costs, with little or no likelihood for improvement in the short-term.
2. Licensing and quality-of-care standards of the State and Federal governments remain high and expensive, regardless of reimbursement levels.
3. Family Care is facing a crisis with inadequate funding and increasing programmatic concerns which have led to a legislative-directed audit of Family Care, creating extensive uncertainty for both providers and program enrollees.
4. Changes in political control of the Governor's Office as well as the State Assembly and Senate are possible, posing considerable uncertainty about future funding policies for housing and services that might be part of the LT continuum.

C. Demographic Forces

1. Elderly population increases in Sauk County are focused almost entirely on the younger seniors (55-64), the first of the Babyboomers to retire, creating probable increases in demand for Medicare-related rehabilitation inpatient and outpatient services, but not choice-driven or need-driven living arrangements outside their homes.

2. The moderately older (75-84) elderly and the oldest elderly (85+) in Sauk County are either no-growth or slow-growth populations in the next five years, limiting demand for alternative living arrangements and support services.
3. In 2015, almost seven out of 10 Sauk County elderly ages 65+ are projected to have household incomes of less than \$50,000, suggesting the “affordable” housing markets are likely to have greater demand unless those with lower incomes simply decide to stay longer in their homes.
4. Disabled populations in Sauk County are relatively small, but generally need a high level of supportive services and rely extensively on government-funded assistance.

D. Market Forces

1. Sauk County has a broad array of competitive market housing options and supportive services for the elderly, especially for independent living and to a considerable extent, assisted living.
2. Persons with behavioral conditions (those with dementias, DD, and CMI, or a combination) have fewer options and greater needs that are putting pressure on public services.
3. Persons with mobility limitations and chronic disabilities encounter greater difficulties accessing services outside their homes.
4. The recent economic recession at the national and State levels has significantly weakened the Sauk County housing market, both in terms of housing values and the length of time needed to sell a home.
5. The recession also has decreased the value of retirement funds, creating increased anxiety among all populations, but especially the elderly, disabled, and their families.
6. The recession has reinforced the already strong preference of the elderly and the disabled to stay in their homes as long as possible, creating likely increased demand for community-based supportive services.

V. Recommendations

Given the extended planning horizon of 5-10 years, it is recognized that development of the LT continuum of care cannot be done instantly or all at once. Therefore, the recommendations are presented as short-term (those that can be addressed in the next 2-4 years) and long-term (those that can be addressed in 5-10 years).

The recommendations focus on three areas—overall strategies, target populations, and services.

A. Short-Term (Next 2-4 Years)

1. Overall Strategies

- a. Continuum Definition—The County should review, revise if necessary, and approve a definition of the LT Continuum, based upon the three-part model suggested in this study, with home-based living arrangements, community-based services, and facility-based living arrangements.
- b. Focused Behavioral Continuum—The County should focus continuum development in the short-term on the needs of persons with behavioral conditions, defined as elderly with dementias, those who are developmentally disabled, the chronically mentally ill, and those with combinations of these conditions.

- c. Phased Development—Given market and financial constraints, the County should approach continuum development in a gradual, phased manner, developing and nurturing the vision and foundations of the continuum, as well as initiating community-based services and programs that are less capital-intensive and/or help leverage partnership funding and agreements.
- d. Maintaining Ownership—Given the long-term development horizon, the County should plan to maintain ownership of the HCC campus lands, and develop them directly over time and/or through partnerships with long-term lease arrangements.
- e. Partnerships and Affiliated Cooperatives—The County should actively solicit interest and proposals from private parties to develop some of the HCC campus, through partnership/leasing arrangements. The County also should explore the potential of cooperatives, either directly or in supportive roles, that are related to the LT Continuum or the County Crossroads concept (see Sec. 3.d. below).
- f. Family Care Relationship—Given the high degree of uncertainty surrounding the State’s Family Care program, the County should utilize Family Care funding and resources to the extent of availability, but not develop services which would be primarily or significantly dependent on Family Care participation.
- g. Annual Updates—Before the annual County budget is submitted each year, a review of Continuum development progress should be completed and new needs and initiatives identified and included in the County budget.

2. Target Populations

- a. Mission of Continuum—Given the long-standing mission of county nursing homes in Wisconsin, Sauk County’s LT continuum should give priority in the short-term to developing options for the hard-to-care-for, especially those with behavioral conditions, as defined in Sec. A.1.b. above.
- b. Disabled Populations—The County should expand its definition of the disabled to include the chronically mentally ill as among those to be served by the LT continuum, as well as the physically disabled and developmentally disabled.
- c. Elderly Populations—Distinctions should be made among the elderly market segments, with emphasis in the short-term on the first generation of retiring Babyboomers (those entering the 65-74 age cohort), whose needs for Medicare-covered services will expand, especially relating to inpatient and outpatient rehabilitation. With the slow growth of the elderly ages 75+, the County should not focus continuum development on them in the short-term, except for those with dementias and other behavioral conditions, especially but not exclusively related to community-based services.

3. Services

- a. Need-Driven Services—The County should focus on need-driven services in the Continuum (such as those associated with behavioral conditions), instead of choice-driven services (such as independent elderly apartments).
- b. Supportive Services—The County in the short-term should give higher priority to developing community-based supportive services within the Continuum (such as outpatient rehabilitation, transportation, adult day care/respite care if it can be well-marketed and managed, and other programs allowing persons to appropriately stay in their homes longer).
- c. Facility-Based Services—To the extent that public funds can be allocated, or partnership arrangements developed with private providers (including affiliated

cooperatives), the County should place top priority on housing options for those with behavioral conditions, especially the dementias, DDs, CMLs, and those with dual diagnoses.

- d. HCC Campus as a Crossroad—In the short-term, initiatives should be undertaken by the County, especially through partnership arrangements, to develop the campus resources as a “County Crossroad,” i.e., a site for community activities, events, and programs that enhance familiarity with and awareness of the County and the Continuum services, through development of a farmer’s market, a community center for meals and social activities, classes for family and caregiver support, and similar events and programs. The resources of the adjacent technical college and other community organizations should be utilized to the greatest extent possible.
- e. Market Research—At the point the County decides on specific services, it should authorize specific market research that focuses on the services involved and updates any information included in this report.

B. Long-Term (In 5-10 Years)

1. Overall Strategies

- a. Continued Development—As priorities are identified and met through service development, the County should continually assess the needs of the various market segments among the elderly and disabled, and develop additional initiatives as needed and financially appropriate.
- b. Management and Control—As the LT Continuum grows, current management and governance structures should be reviewed and revised as necessary to reflect changes and to assure continuity and coordination of care for the target populations.
- c. Partnerships and Affiliated Cooperatives—The County should continually be open to and actively solicit joint ventures involving partnerships and affiliated cooperatives. However, ownership of the HCC property should remain with the County in order to ensure maximum control and flexibility for future development.

2. Target Populations

- a. Expansion of Populations Served—As the priority needs of those with behavioral conditions are addressed, the County should consider the potential of expanding its focus to other populations, such as the elderly with growing physical and mobility limitations, as well as other specialty behaviors.
- b. Market Niche Populations—As funding and financial resources become available, the County should explore the potential of various market niche populations consistent with the LT Continuum, such as veterans, dually diagnosed persons, and the evolving potential re: Alzheimer’s and dementias.

3. Services

- a. Facility-Based Options—As the elderly population, especially those 85+, grows and their ability to appropriately stay in their homes is compromised, the County should expand its consideration of assisted living options.
- b. Expanded Services—As needs change and emerge, the County should explore not only new services to be added to the LT Continuum, but also expansion of existing services.

I. Introduction

A. Scope of Research

Sauk County and its Continuum of Care Committee retained Keefe & Associates to conduct market research and planning on a range of options for a long term care (LT) continuum of care for the elderly and disabled in Sauk County.

This overview of the issues and options is designed to assist Sauk County decide what options, services, and strategies provide best use potential for development. It also is intended to serve as a road map for the development not just immediately, but over the next 5-10 years. Key findings from the market research and recommendations for next steps are identified for Sauk County's consideration.

At the outset of the study, several key parameters were set by the County and/or became clear from interviews which were conducted. Those set by the County include:

- ✓ The continuum would focus on **long term care services**, or those frequently used by the target populations with long term care needs,
- ✓ The target populations would be the **elderly and disabled**, both broadly defined, and
- ✓ The focus of the initial continuum of services should be **located at the site of the new Health Care Center in Reedsburg**, which opened in 2009.

Other significant parameters identified as a result of the research include:

- ✓ The **realities of significant financial limitations** faced by Sauk County, like most Wisconsin governmental bodies, as a result of property tax levy and tax rate limits, the impact of the national economic recession beginning in 2008, and the restraints on state and federal aids and increased public reimbursements (e.g., Medicaid and Family Care), must have high priority.
- ✓ Time is on the side of the County, allowing for planning and **development of the Continuum of Care over a period of at least 5-10 years**.
- ✓ Reflecting the fiscal constraints, the County wanted to explore both options with the **County as the direct provider of services as well as the County as a partner with others in the private sector**, including the potential for development of services under partnership and cooperative models,
- ✓ The traditional role of the County has been and should continue to be caring for elderly and disabled with **difficult and hard-to-care for needs**, and
- ✓ A balance between "acting like a business" and selected competition with private providers needs to be a significant consideration.

These factors served as guidelines in conducting the research and setting priorities for the next steps in developing a continuum.

B. Methodology

Sauk County has assumed development of the continuum of care would be in phases over a 5-10-year period. This initial stage of the process was designed to provide a broad overview of the potential markets, partners, and options available to the County.

To accomplish this, the research focused on data collection of three types:

- ✓ Demographic data,
- ✓ Competitive market surveys, and
- ✓ Interviews with persons familiar with the elderly and disabled markets identified.

The demographic data were collected for all of Sauk County, even though any service area for a specific project is likely to need to focus more on the Reedsburg area surrounding the Health Care Center.

The competitive market surveys focused on assisted living (including adult family homes) and hospice options.

The interviews included both persons from county agencies involved with the target populations, as well as selected individuals responding to the market surveys.

II. Planning Perspectives and County Parameters

Underlying this study and our report are two considerations essential to the planning perspective for the elderly and disabled continuum of care:

- ✓ The County's guideline that a **continuum of care be developed over time**, not all at once, with at least 5-10 years, maybe longer, spent on the process of identifying, deciding on appropriate options, and building the continuum that works for Sauk County residents, and
- ✓ The **availability of land** at the HCC campus for use in developing a continuum.

A. Continuum Development Over Time

The County's recognition of the necessity of time to develop the continuum of care is an essential element in the process. It is a practical and realistic recognition of the resources currently available to Sauk County, especially during the current recessionary recovery, as well as the slowly emerging elderly and disabled markets.

Implicit in this recognition is the caveat that Sauk County needs to "act like a business" in developing this resource. Many housing and business developers have scaled back and/or delayed pending projects in the last two years, recognizing the national and state economic downturn. It is noteworthy that many have not sold the land for their proposed developments, but continue to hold it. The reason is because timing and available funding are critical to development projects of all kinds.

Holding onto the land, or developing partnerships for appropriate related LT uses, provides a multitude of opportunities for Sauk County and the HCC campus. Selling the land represents an opportunity irretrievably lost.

Factors related to timing include: 1) land acquisition costs, 2) land acquisition location, 3) development costs, 4) cost of financing, and 5) not least of all, the nature of markets, i.e., markets for the elderly and disabled, in the case of Sauk County and its interests.

This report suggests that current timing for extensive development, including major capital commitments, of a continuum of care for elderly and disabled is far from optimal, and therefore, development should be approached in a measured manner. The long-term prospects for development of such a continuum remain reasonably positive, if done prudently. To develop the continuum centered at the HCC campus requires maintaining significant ownership/control/influence of the campus, either directly or under partnership arrangements.

It is a recommendation of this study that the land at the Health Care Center be primarily maintained by Sauk County, to be used 1) by the County, 2) in some kind of partnership with interested third parties, or 3) with affiliated cooperatives.

Developing a continuum of care for elderly and disabled in conjunction with partnership or affiliated cooperative arrangements may be considered as one of two priority options, as long as current recessionary financial conditions continue. Continued County ownership is the other priority option. However, as noted, outright sale of some or all of the land should be considered as inconsistent with the prudent practices of acting like a business, as well as an opportunity lost. The longer term benefits of the County's interests and obligations, as currently defined, significantly outweigh the short-term and one-time benefits of sale revenues from the property. Lease arrangements as part of partnership agreements also offer Sauk County a long-term revenue stream.

B. Availability of Land

Sauk County purchased a strategically well-located property to build the new Health Care Center. It has the advantages of:

- ✓ An urbanized location on the southwest side of Reedsburg, with access to municipal utilities and fire protection,
- ✓ Close proximity to the Reedsburg campus of the Madison Area Technical College, which has an active and stated interest in working with the HCC on a variety of educational programs and other mutually beneficial initiatives, and
- ✓ An extended setting that offers both flexibility for development and marketability of services offered.

It should be noted that should the County sell all or significant parts of the campus, it would be difficult to find a comparable setting in the future should the County continue to pursue development of a continuum. In short, sale of the property is not in the County's best financial interests, especially if long-term lease agreements can be developed.

The amount of land available will shape the nature and direction of any development of the campus. Although Sauk County purchased 55 acres for the HCC center site, it is important to recognize the amount of remaining land that can be developed is slightly less than 32 acres.

The following table summarizes the existing and potential future uses of land available.

Table II-1 Land Available for Development On Sauk County HCC Campus		
Land Use Function	Acres	Totals
Total Acres Purchased		55 Acres
Health Care Center Parcel (with parking)	9.82	
Current Infrastructure (streets, utilities, etc.)	3.1	
Parcel Sold to Reedsburg	0.53	
Undeveloped Land in Floodplain	9.85	
Subtotal Used/Not Developable		23.3 Acres
Remaining Land Available for Development		31.7 Acres

The 31.7 acres is the amount of remaining land available to Sauk County, or Sauk County and its partners if relevant, for use in developing a continuum of care on the HCC site.

C. Other County Parameters

The 5- to10-year time frame for development and the location of the continuum on the Health Care Center campus in Reedsburg are two major parameters provided by the County. In addition, the study identified other parameters which are relevant considerations for the continuum, including:

- ✓ Sauk County budgets are extremely constrained by levy limits, and potentially tax rate limits in the not too distant future, making the 3.4% property tax levy increase for 2010 a likely upper end of the range for adjustments in the next few years,
- ✓ State and Federal aids are likely to be restricted at least for the next biennium, and possibly longer, due to a continuing State deficit, suggesting a potential continuation of the decreased estimates in the 2010 County budget (which were 7% lower than 2009),
- ✓ After the Federal economic stimulus packages of 2008-09, Federal aids, e.g. Medicaid payments, in the future cannot be expected to offset the fiscal pressures at the state and county levels,

- ✓ The national and state economies may have recovered somewhat, but they remain in a state of uncertainty, reinforcing the likelihood that increased state and federal aids will be more scarce than generous for several years,
- ✓ The local housing market has significantly weakened since 2006, making the sale of homes by the elderly (and others) more difficult, and the sale price lower than in the recent past, which weakens the likely demand (but not necessarily the need) for housing facility-specific alternatives for the continuum of care, especially affordable alternatives, and
- ✓ Although a small amount, County revenues from licenses and permits—budgeted to decrease 6.4% in 2010—are considered an index of economic health, suggesting near-term growth is likely to be minimal at best.

D. Long Term Care Trends and Regulations

Regulatory, demographic and market trends will impact any LT continuum of care that Sauk County develops.

1. Regulatory Trends

Among the major regulatory trends for LT continuum of care identified are:

- ✓ **Medicaid reimbursement** rate increases for all providers can be expected to be negligible for at least the next two biennia, which is especially significant for nursing homes that will continue to experience increased expense pressures,
- ✓ **Family Care**, which began in Sauk County in September 2008, expanded options for the elderly and disabled (partially excepting those diagnosed with mental health conditions), especially opening access to community living alternatives previously not reimbursed by the traditional Medicaid program (for more information and an assessment of Family Care, see Sec. VI A. below),
- ✓ **Family Care's promise** is currently being threatened by the State's inability to fully fund the program, raising questions from providers about the adequacy of future rates and from beneficiaries about when they may become eligible to enroll,
- ✓ An **inconsistency** between the State's policy of helping elderly and the disabled stay in their homes as long as possible, and its ability to financially support the policy adequately, is growing and threatening long term care services,
- ✓ **Regulatory expectations** (through licensing and certification requirements) continue to remain high, even as financial support fails to keep pace of needs and standards,
- ✓ **Federal health care legislation** enacted earlier in 2010 focused more on health insurance reform and services affecting the overall population, not just the elderly or the disabled; some new requirements, e.g., the prohibition of

denying insurance coverage based on pre-existing conditions, could affect some of the LT care populations,

- ✓ Many **Federal health care legislation provisions** are delayed, often to 2014 or later, including the expansion of Medicaid for persons under 65, and
- ✓ The **new federal legislation** is likely to affect Sauk County more as an employer than as a provider or arranger of services for the elderly and disabled.

2. Market Trends

Market trends among the elderly, the disabled, and their families have changed dramatically in the last decade:

- ✓ Both the elderly and the disabled prefer to remain in their homes as long as possible,
- ✓ Incentives provided by Federal and State governments also are intended to allow elderly and the disabled to remain in their homes as long as possible,
- ✓ If they do need to move into a facility-based option outside their home, they are insisting on privacy (both private rooms and private bathrooms)—a fact which positions the new Health Care Center as a state-of-the-art facility in terms of resident preferences,
- ✓ Given the current real estate markets, the elderly are finding it difficult to sell their homes in a timely manner for the amount it was worth 3-4 years ago, dampening demand for facility-based living options,
- ✓ Home sales in Sauk County decreased from 768 in 2006 to 514 in 2008 (33%), but increased slightly to 562 in 2009 (still 27% down),
- ✓ The median price of homes in Sauk County has dropped in 2010, even as the number of sales began to increase, with the median price in the first quarter of 2010 at \$130,000, compared with the peak of \$169,900 in the second quarter of 2006.
- ✓ Given the recessionary impacts on pension and retirement funds, the elderly are inclined to stay in their homes longer, delaying any admission to facility-based options and shortening the time they would spend there, and
- ✓ The range of private pay living arrangement options in Sauk County has increased for elderly as well as the disabled, but their affordability is limited to 25-30% of the elderly populations, with access by those with lower incomes and/or fewer retirement funds restricted by the (lack of) availability of Family Care and other public funding.

The current economic recession has seriously weakened the facility-based housing markets, especially for affordable choice-driven options, although less so for need-driven alternatives.

3. Demographic Trends

Both the elderly and the disabled are broad labels for target populations that have varied needs and capabilities. Each segment should be reviewed for individualized needs and the market niches that are suggested.

An extensive discussion of demographic trends, with data projected to 2015, for the elderly and disabled is included in Sec. IV. D, E, and F below.

III. Definition and Vision for Continuum of Care

A continuum of care has no absolute form: it is a result of the needs of the organization creating the continuum. In short, a continuum of care can be different things to different people, defined in many ways and from numerous perspectives.

With this multiplicity of perspectives, **it was essential to define a continuum of care for Sauk County for this research, and provide a context for the research and discussion that is to take place.** With this definition, it will be easier for all to better understand the assumptions and considerations that are made, as well as the extent to which Sauk County might want to focus on one option or another.

A. LT Continuum of Care Defined

From a planning perspective, **the long term continuum of care as defined becomes the vision for the County**—the path to be followed over the next decade, as time passes and budgets are revised, as County supervisors and County agency personnel come and go. This continuum definition can be modified, during or as a result of this process, or even after the completion of the study.

After reviewing the range of services already provided by Sauk County and considered by the Continuum of Care Planning Committee, the Consultants developed a definition based on:

- ✓ **Living arrangements of the target populations, and**
- ✓ **Level of independence/dependence (and need for services) of members of those target populations.**

This definition seeks to recognize that **both facilities and services are relevant** to the elderly and those with disabilities and are acknowledged as part of the proposed continuum. From this hybrid perspective, three major categories were identified:

- ✓ **Home-based** living arrangements
- ✓ **Community-based** services supporting living arrangements, and
- ✓ **Facility-based** living arrangements.

Thus, the continuum proposed will assume people move from living arrangements with a high degree of independence to those with less independence and more dependence on others for care giving and support. At the same time, it must be recognized that at certain points in the process of becoming less independent, the continuum is a **two-way street**. It also is worth noting that there is overlap in some of these categories.

Likewise, it should be stated that “community-based” arrangements represent a hybrid. For the most part, they include a wide range of social, informational, and support services, as well as health care, which can be provided to persons either in their homes or those living in facilities. Similarly, the services can often be brought to

the person in their living arrangement (e.g., chores services), or the person can receive the services elsewhere and go back to his/her home or living facility.

B. Living Arrangements Defined

The need for the living arrangements and services vary extensively, depending on the target population being served. Seniors' needs differ from those of persons with developmental or physical disabilities, and a continuum designed for one cannot be presumed to be wholly applicable to the others. Therefore, the continuum for the elderly and those with disabilities must be analyzed with the distinct needs of each target population in mind.

Home-based living arrangements are defined as:

- ✓ Homes (owned or rented),
- ✓ Independent apartments (public and private pay),
- ✓ Condominiums,
- ✓ Duplexes/Quadplexes, and
- ✓ Trailer homes.

Community-based services and living arrangements, in fact, are primarily services that support persons in their living arrangement, whether home-based or facility-based. These can vary widely, with recipients receiving them where they live or traveling to get the services before going back home.

Facility-based living arrangements have a distinct common characteristic—they all are facilities licensed and/or certified by local, state, and/or federal government. As such, they are defined as:

- ✓ Adult family homes (AFHs),
- ✓ Community-based residential facilities (CBRFs),
- ✓ Residential care apartment complexes (RCACs), and
- ✓ Skilled nursing facilities (SNFs).

Hospice care can be either home-based or facility-based.

The research for this project also suggested two corollary continuums, in addition to the comprehensive LT continuum:

- ✓ A **behavioral continuum of care**, focusing on persons with long term behavioral conditions, e.g., those with dementias, developmental disabilities (DDs), and chronic mental illnesses (CMI), especially those with multiple diagnoses, and
- ✓ A **complementary continuum of care**, providing a variety of events, activities, and services on the HCC campus, which would not necessarily be health care specific, but would support the LT continuum while also: 1) creating a market awareness of available services, and 2) fostering familiarity with the campus.

IV. Target Populations

Sauk County specified that the Continuum of Care should be a long term care continuum, designed for the elderly and disabled populations. Both target populations—the elderly and the disabled—comprise broad demographic groups that need to be more specifically defined, to identify and respond to their care needs.

For both populations, it is suggested that any options developed should focus primarily, but not exclusively, on affordable options, i.e., alternatives for those with low or low-moderate incomes. Options that include persons with the ability to pay (usually referred to as “private pay” resources) should be allowed, however, to improve the financial viability of any option and the overall continuum. Although acceptance of those with private pay resources may be competitive with other community providers, it also is an essential element of any prudent business plan and “acting like a business.”

A. Elderly

Not all elderly are incapacitated or in poor health. In fact, most elderly 65+ are healthy and quite independent. The elderly can be categorized by ages—those 65-74, 75-84, and 85+. Although there are numerous exceptions, younger seniors usually are healthier, with physical and mental frailties more likely to increase as they age.

- ✓ Elderly 65-74—The people in this age cohort usually lives in their own home or apartment, are able to drive and care for themselves, and require relatively few health care resources (with exceptions for early-onset dementias and disabilities). At 65, seniors become eligible for Medicare services, which increase the likelihood of hospitalizations for knee, hip, and other surgeries, with resulting short-term rehabilitation often needed in a nursing home.
- ✓ Elderly 75-84—Need for health care services increases in this age cohort, but the elderly usually can stay in their homes, often with their spouse, and receive supportive community-based services, either by traveling to receive the service or having the service brought to the home. If they can afford it, they may choose to move into a retirement community. Moves out of a home at this age usually are less traumatic and easier for the elderly than waiting until an acute episode later that requires the move.
- ✓ Elderly 85+—This age cohort consumes the most health care resources, although many are independent enough to remain in their homes. At this age, health care often becomes more of a need, not a choice, which minimizes the demand for options like independent apartments and adult family homes, while maximizing the demand for assisted living (CBRFs and RCACs) and skilled nursing facilities.

B. Disabled

The disabled are a far more diverse population, and can cover persons of all ages and a range of physical, developmental (DD) and mental disabilities. Sauk County identified both physical and developmental disabilities as within the scope of this study. Although persons with chronic mental illnesses (CMIs) were not specifically included, it should be noted that this group can have dual diagnoses as well as be either elderly or increasingly developmentally disabled. Under any circumstance, the needs of persons with mental illnesses currently are and will likely remain a significant population with major demands impacting on the County's budget.

- ✓ Physical disabilities—The number of persons with physical disabilities does not approach those of the elderly, but they are extremely diverse, in ages, conditions, and required cares. While dependent in some ways, many can still make significant contributions (with appropriate supports) in the work force and in other ways.
- ✓ Developmental disabilities—The DD group also is diverse in age, ranging from birth and more and more into elderly age cohorts. As they approach 65, and sometimes before they reach 65, they also develop the same physical frailties as other seniors, complicating their conditions and care. They also are prone to developing dementias at an earlier age. A “hidden” DD population, with probable impact on County governments, is the unknown number of adult DDs living at home with their aging parents. As their parents age and die, living and health care alternatives for these DD children of the elderly will often need to be developed.
- ✓ Dementias—Persons with dementias usually are more associated with the elderly than with the disabled. However, dementias do affect persons with all kinds of conditions, and the behavioral manifestations of the diseases suggest they should be considered as a special situation.

Two other specialized target populations identified were veterans and persons with chronic mental illnesses (CMIs).

Persons with CMI diagnoses were not included within the target populations identified by the County for the LT continuum of care. However, it should be noted that 54% of the Family Care enrollees through the Spring of 2010 were identified as also having mental health conditions, in addition to the age or disability criteria that made them eligible for Family Care. Interviews with County officials indicated persons with CMI diagnoses were a critical high need population, with recurring behavioral issues.

Veterans, from past service as well as the current conflicts in Iraq and Afghanistan, return home with a wide range of residual issues. Physical

disabilities are increasingly prevalent, as the survival rates for conflict-related injuries increase. Mental and emotional conditions also appear to be increasing significantly, creating a unique target population with very specialized needs. Although the Veterans Administration and the Wisconsin Department of Veterans Affairs are the primary providers of services for vets, supplementary services from the County could be beneficial. While a need may be demonstrated for veterans, creating the necessary relationships for services and funding with federal and state agencies is likely to be arduous and time consuming, although beneficial.

C. Elderly Demographic Assessment

The demographic assessment focuses on the elderly (65+) and those in their middle years (35-64) for all of Sauk County, with statewide comparisons where relevant. When Sauk County proceeds with developing a specific service, more detailed and updated data for a more focused service area around Reedsburg is suggested.

The data, including estimates for 2010 and projections for 2015, were provided by Neilsen Claritas, a national demographic firm. It bases its estimates and projections on the most recently released Census data, in this case, the 2000 Census. The 2010 Census, which is scheduled to be available in 2011, will provide more current information.

The following tables focus first on the elderly populations, then the middle years. Table IV-1 shows the growth from 2010 to 2015 both in numbers and by percentage.

Table IV-1				
Sauk County Elderly Population, 2010 & 2015				
Age Cohort	2010	2015	# Growth	% Growth
65+	9,253	10,329	1,076	11.6%
65-74	4,501	5,430	929	20.6%
75-84	3,114	3,085	-29	-0.9%
85+	1,638	1,814	176	10.7%

Key Findings:

- ✓ Due to the wide growth variability, the key elderly growth information is the individual age cohorts, not the overall 65+ average of 11.6%.
- ✓ The primary elderly growth is the 65-74 cohort, the young elderly who increase almost 21% from 2010-2015, who are not likely to want or need senior housing or assisted living for 10-20 years. Statewide, the 65-74 age group is projected to grow 21.6%.
- ✓ The 65-74 cohort provides 86% of the 65+ growth in the next 5 years, similar to the statewide 65+ growth share of 84%.
- ✓ Those 75-84 are actually projected to decrease slightly countywide, by 29 persons or just under 1%, during the period, while the age group statewide is projected to grow 2.2%.
- ✓ The oldest elderly (85+) are projected to increase almost 11% countywide, slightly more than the statewide growth of 9.3%. But the Sauk County total growth for the 85+ is only 176 persons.

Table IV-2 shows the distribution of elderly household income by age for 2010 and 2015.

Table IV-2					
Sauk County Elderly Household Income, 2015					
Age	0-\$24,999	\$25,000-\$49,999	\$50,000-\$99,999	\$100,000+	Total HHs-Age
65-74	773	1,191	1,048	376	3,388
75-84	938	669	353	129	2,089
85+	571	281	100	33	985
Total HHs-Income	2,282	2,141	1,501	538	6,462

Key Findings:

- ✓ Elderly households projected to be earning less than \$25,000 a year in 2015 total 2,282 households, or 35.3% of the total 6,462 households, compared with 35.1% statewide.
- ✓ Those earning \$100,000 or more in 2015 are estimated at 538 households, or only 8.3% of the total, somewhat less than the 9% statewide projection.

- ✓ Those in the lower-middle income range of \$25,000-\$49,999 make up 33.1% of the total households (compared with 33.8% statewide) , while the upper middle range of \$50,000-\$99,999 comprise 23.2% of total elderly households (slightly more than the 22.2% statewide projection).
- ✓ The older elderly 75+ most likely to need assisted living are least likely to afford it, based on their household incomes.
- ✓ Overall, income distribution among the elderly in Sauk County is quite similar to the State as a whole. Some could have sufficient assets (e.g., home, farm) which would more likely enable them to afford assisted living.

Table IV-3 shows the distribution of all owner-occupied housing unit values in Sauk County in 2010 and 2015. Housing value data are not available by age. However, 26% of the owner-occupied households in Sauk County are 65+, compared with 23.9% statewide. Of the renter-occupied households in Sauk County, 19% are 65 and older, slightly more than the 17.6% statewide.

Table IV-3		
Owner-Occupied Housing Values, 2010 & 2015		
Housing Value	2010 # of Units	2015 # of Units
0-\$99,999	3,715	3,301
\$100,000-\$199,999	8,897	8,710
\$200,000-\$399,999	4,444	5,435
\$400,000+	934	1,333
Total Units	17,990	18,779

Key Findings:

- ✓ Total housing units in Sauk County are projected to grow modestly from 17,990 to 18,779, or 4.4%, from 2010 to 2015.
- ✓ By 2015, 17.6% of the housing units are projected to be worth less than \$100,000, while 7.1% are estimated to be worth \$400,000 or more.
- ✓ Almost half (8,710 or 46%) are valued at \$100,000-\$199,000, while 5,435 (29%) are estimated to be worth from \$200,000-\$399,000.
- ✓ More than 6 out of 10 housing units are projected to be valued at less than \$200,000, suggesting more affordable housing options are likely to have greater demand in the years after 2015, based on home values.

- ✓ In 2015, the distribution of housing values in Sauk County are similar to those statewide, but median housing values are slightly lower (\$167,386), compared to the statewide median value of \$170,087.

D. Middle Years Demographic Assessment

The following table focuses on the middle years populations—those 35-64. Table IV-4 shows the growth from 2010 to 2015 both in numbers and by percentage.

Table IV-4 Sauk County Middle Years Population, 2010 & 2015				
Age Cohort	2010	2015	# Growth	% Growth
35-64 Total	24,315	24,685	370	1.5%
35-44	7,872	7,691	-181	-2.2%
45-54	9,077	8,584	-493	-5.4%
55-64	7,366	8,410	1,044	14.2%

Key Findings:

- ✓ Those 55-64—including the next wave of Babyboomers—will continue to grow (14.2%) over the next five years, but many will not reach retirement age until 2020.
- ✓ Most of these younger Babyboomers are likely to remain healthy and independent and not require need-driven long term care services for at least another 25-30 years.
- ✓ Sauk County persons in their mid-years (35-54) are projected to decrease by 674, or 4%, over the next five years, the result of the first of the Babyboomer generation turning 65.

E. Other Demographic Findings

A review of the Nielsen Claritas demographic data provided the following additional elderly and disabled highlights for Sauk County:

- ✓ Females make up a larger portion of the 65+ population—57.5%, compared with 42.5% for males. For those 85+, the difference is even greater—68% female and 32% male,
- ✓ In 2000 (2010 and 2015 data not available), 499 of the males 65+ and 1,851 of females 65+ lived alone, and
- ✓ Disability and mobility data also are limited to the year 2000. For those 65+ in Sauk County, the 2000 Census identified:
 - 2,006 persons with **physical disabilities**, or 54% of the 3,732 total persons 16 and over,
 - 558 persons with **mental disabilities**, or 34% of the 1,639 total,
 - 601 persons with **self-care disabilities** (unable to care for self), or 63% of the 961 total, and
 - 1,397 persons with **restricted-to-home disabilities**, or 49% of the 2,865 total.

F. Conclusions about Target Populations

The conclusions about the target populations are based on both the demographic data, interviews with County agency personnel and others, and the market survey.

Primary Conclusions:

- ✓ In the short-term and long-term, the greatest growth cohort for the elderly are those 65-74, including the first of the Babyboomers to retire, who are likely to create an increase of Medicare-funded rehab services both in the nursing home and on an outpatient basis.
- ✓ The older elderly age cohorts—those 75+ most likely to need facility-based housing—are no-growth or small-growth categories, minimizing the need for additional housing options.
- ✓ **In the short-term, persons with behavioral, need-driven conditions (e.g., those with dementias, DD, and/or CMI) are more likely to need both community-based services and housing, and should have a high priority. These include not only the elderly with advanced dementias, but also the many disabled who are in their middle years and even younger.**
- ✓ Today's elderly have strong preferences to stay at home, living independently if possible or with community-based support in the home if necessary.
- ✓ Today's elderly also have longer estimated lives and improved health status, making it more realistic for most of them to stay at home longer.

- ✓ These preferences, coupled with current recessionary economic conditions, are likely to:
 - Weaken elderly demand for independent elderly housing units,
 - Weaken demand for facility-based housing arrangements, and
 - Strengthen demand for community-based services that can be provided in the home or accessed while living at home.

V. Housing and Services

In developing any continuum of service, the needs of the target populations must be balanced with available resources and County considerations. It should be assumed that needs will vary by the specific target population under consideration.

A. Range of Potential Services by Target Population Niche

The discussion of a LT continuum of care in Sec. III above provides the overview of the services that could be provided. Others could be added in the future as needs are identified.

The two primary types of services of short-term relevance for the continuum of care are:

- ✓ Community-based services, and
- ✓ Group housing or facility-based services.

It should be noted independent living apartments, primarily a choice-driven option part of the home-based living arrangements, is not considered a short-term priority.

In developing any services, the current economic recession, and the presumed recovery over time from that recession, must be taken into consideration. **This suggests the need for a phased and gradual approach, as well as potential partnerships.**

In the short-term, services should be designed to increase awareness and familiarity with the HCC and its campus, creating traffic to and from the campus by the elderly, the disabled, and especially their families. These could include services and event-oriented functions that only indirectly relate to LT but enhance the image of the HCC and the range of County coordinated services in the eyes of the community. Examples would be:

- ✓ Those designed for outpatient populations (e.g., rehabilitation),
- ✓ Space for family/caregiver support and education,
- ✓ Community-gathering space (e.g., community and elderly center),
- ✓ Provide education and training for caregivers, and
- ✓ On-campus events and activities (e.g., farmer's market, crafts sales).

Over the long-term, as resources become available, especially financial resources, more capital and labor-intensive projects can be considered. Based on current conditions, need-driven options (e.g. assisted living, especially for those with behavioral conditions like dementias, developmental disabilities, and

especially chronic mental illnesses) are likely to have the greatest short-term demand.

In both the short-term and the long-term, innovative alternatives involving joint ventures, partnerships, and facilitation of co-operative models of care and services can be explored and pursued when feasible.

B. Competitive Assessment of Selected Market Niches

A key step in assessing the housing and service needs of the elderly and disabled is to conduct an inventory of the state licensed facilities and providers to better understand the competitive market environment. This process provides an overview of the availability of and accessibility to components of a continuum of care which allows us to identify in broad terms where there may be gaps in housing and service options.

Typically, a continuum of care involves moving from a situation where individuals need few support services to one where additional specialized housing and care services are required, i.e. transitioning from more personal independence to more dependence on the providers. Although individuals may enter the continuum at any point, the housing and service stages include: 1) independent living with minimal services, 2) assisted living with various levels of support services and care, 3) skilled nursing facility with more nursing and specialized care, and ultimately, if needed, 4) hospice care.

Assisted living can be provided in an Adult Family Home (AFH), Community Based Residential Facility (CBRF) or Residential Care Apartment Complex (RCAC). Some facilities offer memory care units to serve residents suffering from Alzheimer's Disease or other forms of dementia. Others may focus on serving the developmentally or physically disabled. It is not unusual to find facilities, especially CBRFs and AFHs that serve a multitude of special needs populations. RCACs (which can provide up to 28 hours of nursing care) serve the elderly almost exclusively. RCAC tenants also must be able to make their own independent decisions.

Although we documented 47 independent living apartment buildings/duplexes with a capacity of over 1,000 units, we concluded that this housing need for the elderly was already being met and that our focus should be on the assisted living facilities. As a result, we conducted interviews with staff of licensed AFHs, CBRFs, RCACs and hospice facilities in Sauk County to gather data on:

- ✓ Populations served,
- ✓ Capacity and occupancy,
- ✓ Services provided,
- ✓ Rent and government payment sources accepted/certification,
- ✓ Future expansion plans,
- ✓ Unmet needs of seniors and the disabled, and
- ✓ Factors impacting their future operations.

We received participation from all State licensed facilities in the County. They all would consider cooperating with Sauk County in future endeavors to better serve the needs of county residents.

Table V-1 Inventory & Capacity Analysis – Housing For Sauk County Facilities					
Facility Types – Number	Accepts Medicaid, SFCa or Care Wisconsin	Number of Facilities	Capacity # Beds	# Beds Filled	Monthly Rent Range
Adult Family Homes – 5	5	5	20	16	\$1,524 – 10,174
Community Based Residential Facilities – 18	18	18	275	232	\$2,000 – 4,600
Residential Care Apartment Complexes – 4	2	4	102	81	\$2,250 – 4,200
Hospice – 1	1	1	4	Refused	\$225 per day plus services requested
Total	26	28	401	329	\$1,524 – 10,174

Most facilities said their residents come from nearby towns, although adult children living in the area often bring a parent in from farther away. In addition, CBRFs and AFHs stated they accept hard to place individuals, such as the DD, PD and CMI, when there are no vacancies available in other counties. However, several noted admission of more difficult persons also depended on their compatibility with other residents. It is not unusual for the HCC to receive transfer requests from other facilities when a person becomes too difficult to care for.

Keep in mind that one AFH has chosen to accept only two residents even though it is licensed to care for four residents. Also, two of the RCACs are relatively new facilities that may have lower occupancy due to the economic environment that makes it difficult to sell homes.

Most of the licensed facilities accept government funding, including SFCa and Care Wisconsin, which means that at least partial access to facilities for low-income persons. Access for low-income persons could be limited by: 1) bed availability, 2) the assessment criteria, 3) resident compatibility, and 4) any facility policies on limits on the number of government-funded residents they will accept. Two of the four RCACs are certified to take Medicaid and Family Care residents.

Key Findings:

- ✓ The AFHs, CBRFs, and RCACs collectively had, at the time of the survey, an occupancy rate of less than 83%, suggesting current capacity is more than sufficient for market demands for traditional residents.
- ✓ With the potential exception of AFHs and a dedicated Hospice, there is adequate capacity for the other types of senior housing, based solely on current occupancy.
- ✓ The range of monthly rents reflects the level of care supplied in serving different populations in various settings and market affordability, as well as the rates provided by Medicaid, SFCA and CWI.
- ✓ The monthly rent at most facilities includes laundry, three meals per day plus snacks, help with taking medications, cable or satellite television, help with getting dressed, housekeeping, transportation to doctors, activities and utilities.

<p align="center">Table V-2 Inventory & Capacity Analysis – Privacy For Sauk County Facilities</p>						
Facility Types – Number	Private Bathroom	Shared Bathroom	Combo Private & Shared	Single Bedrooms	Double Bedrooms	Both Single and Double Bedrooms
Adult Family Homes – 5	0	2	3	3	2	0
Community Based Residential Facilities – 18	9	5	4	13	3	2
Residential Care Apartment Complexes – 4	4	0	0	3	0	1
Hospice – 1	1	0	0	1	0	0
Total	14	7	7	20	5	5

- ✓ Adult Family Homes mostly have shared bathrooms, although three of the five have one or more rooms with a private toilet. Among CBRFs, nine have private baths, five have shared baths, and four have a mix or combination of private and shared baths. All four RCACs have private bathrooms, as does the one Hospice facility.
- ✓ Three of the five AFHs have only single beds per room, while 13 of the CBRFs have only rooms with a single bed. Three others only have two beds per unit, while two facilities offer both single and double bedrooms. Three of the four RCACs have only one bed per room, while one has both single and double bedrooms (available for couples). The Hospice has only private rooms.

**Table V-3
Inventory & Capacity Analysis – Populations Served
For Sauk County Facilities**

Facility Types – Number	Seniors Who Need Some Support Services	Developmentally Disabled	Physically Disabled	Alzheimer’s Disease & Dementia	Chronically Mentally Ill
Adult Family Homes – 5	2	4	4	4	2
Community Based Residential Facilities – 18	10	7	9	11	3
Residential Care Apart. Complexes – 4	4	1*	4	4*	4
Hospice – 1	1	0	0	0	0
Total	17	12	17	19	5

* As long as the RCAC tenant is able to make independent decisions

- ✓ Although many facilities admit seniors who need some support services in an assisted living setting, they are more likely to differ by facility type in terms of the special needs populations that they serve.
- ✓ The population that is least likely to be served is the chronically mentally ill, often because they have behavioral problems and would not fit in well with the other residents.
- ✓ Other populations less frequently served, subject to screening, include: healthy seniors who can care for themselves, persons needing physical therapy and rehabilitation, persons suffering from post traumatic stress syndrome, persons with drug addiction problems, persons with mental illness, and veterans of all ages with social integration problems.
- ✓ Facilities reported not having any future expansion plans at this time, which is another indicator that supply and demand for beds are in line with economic reality.

VI. Assessment of Market Opportunities

Many factors and programs impact the decisions about how to develop a LT continuum of care, and when to develop selected segments. In addition to those cited above, the following deserve special consideration.

A. Role of Family Care and Care Management Organizations

Family Care was initiated in Sauk County in September 2008. Two care management organizations (CMOs – the equivalent to long term care HMOs), operate in Sauk County. The Southwest Family Care Alliance, which includes other counties in Southwest Wisconsin, is county-affiliated and accepts only enrollees eligible for Medicaid. Care Wisconsin, a private CMO, accepts enrollees who are on either Medicaid or both Medicaid and Medicare. Family Care has replaced the Community Options Program (COP) and the Community Integration Program (CIP).

A primary advantage of Family Care is its ability to expand benefits to enrollees, especially for assisted living services which are not eligible benefits under traditional Medicaid. The two CMOs already have succeeded in eliminating the original waiting list that existed under COP and CIP, but restrictions in state funding have slowed the ability to accept new enrollees. As a result, a new waiting list is now being developed.

Currently, the Aging and Disability Resource Center of Sauk County is estimating that Family Care enrolment will remain at 380 persons through September 2011. Some enrollments will continue, as persons disenroll, or move out of nursing homes which open up additional funds for their care.

The following two tables summarize Family Care enrollment data for the Southwest Family Care Alliance since the program began in September 2008. The data are for the SFCA enrollees only. Similar detailed data for Care Wisconsin were not available, although its Sauk County enrollments during 2010 have been slightly more or less than 50, as enrollments fluctuate. Table VI-1 on the next page shows the number of persons enrolled, disenrolled, the net enrollment, and the percentage of disenrollment, as of April 2010, by each target population.

Table VI-1				
Sauk County Family Care Net Enrollment by Group				
September 2008 – April 2010				
Target Population	# Enrolled	# Disenrolled	% Disenrolled	Net Enrollment
Developmental Disabilities	184	22	12%	162
Physically Disabled	101	15	14.9%	86
Frail Elderly	96	37	38.5%	59
Total	381	74	19.4%	307

Key Findings:

- ✓ As of April 2010, persons with developmental disabilities were the largest group enrolled in Family Care with 162 net enrollees, while the frail elderly make up the fewest enrollees (59).
- ✓ Conversely, the frail elderly had both the highest number of disenrollments (37) during the period, as well as the highest percentage (38.5%). A contributing factor to this trend is the likelihood that frail elderly are more likely to have deteriorating conditions and die.
- ✓ The rate of disenrollment for both those with developmental disabilities and physical disabilities was less than 15%.

Table VI-2 shows the percentage of total persons enrolled, disenrolled, and net enrollment for each target population:

Table VI-2			
Sauk County Family Care % of Total Enrollment by Group			
September 2008 – April 2010			
Target Population	% of Total Enrolled	% of Total Disenrolled	% of Total Net Enrollment
Developmental Disabilities	48.3%	29.7%	52.8%
Physically Disabled	26.5%	20.3%	28.0%
Frail Elderly	25.2%	50.0%	19.2%
Total	100.0%	100.0%	100.0%

Key Finding:

- ✓ After accounting for disenrollments for all groups, DD persons make up more than half (52.8%) of those enrolled, while the frail elderly comprise less than one-fifth (19.2%) of the total net enrollment.

The concept of Family Care offered considerable promise for the elderly and the DD populations. However, the inability of the State to adequately fund the program is imposing significant limitations on the program and its promise. The restrictions include both the ability to accept new enrollees as well as the ability to pay providers reimbursement rates which they feel are adequate to meet their business costs. Some providers, especially for assisted living options, have decided not to contract at current rates with the Family Care CMOs, in Sauk County as well as other counties.

The inability of the State to adequately fund Family Care also impacted the rate of enrollment. Currently, Sauk County has restricted new enrollments, and plans to continue that policy until September 2011. At that time, the Family Care benefit is scheduled to become an entitlement for eligible persons. It is possible that the State could defer that deadline, especially if it continues to face significant budgetary deficits. In the meantime, the County is creating a new waiting list for persons in need of services.

In July 2010, the Legislative Audit Committee approved a wide-ranging audit of the Family Care program, due in large part to the growing questions regarding the initiative. The audit report is due in the Spring of 2011. Its findings and recommendations have the potential to impact the program significantly.

The uncertainties surrounding State support of Family Care directly impact the risk associated with developing new facility-based options, for Sauk County as well as private developers.

In the short-term, the uncertainties surrounding Family Care options create a distinct restraint on the development of new affordable options that might serve the eligible populations. The needs of the low-income elderly and the disabled may exist, but the necessary financial resources cannot be guaranteed by either of Sauk County's two Family Care CMOs until and unless the State is able to more adequately fund the program.

Even with adequate funding, eligible persons retain the right to choose where they want to live, and could opt to remain longer in their homes or choose alternatives that would be elsewhere than on the HCC campus.

B. Financial Assessment and Considerations

Financial resources for Sauk County must be considered scarce, at least in the short-term, and not just for the Family Care program. As long as county levy limits exist at current levels, and property assessments do not grow significantly through either new development or higher prices for property, it can be expected the County will not have the financial ability to respond to many, if any, capital-intensive projects. It also must be assumed that any tax increases, especially property tax increases, are likely to be minimal in the short-term. As noted elsewhere in this report, State and Federal aids are not likely to grow and in some cases could decrease, adding to the financial limitations faced by the County.

The economic recession also has impacted potential development of a LT continuum of care. Demand for any assisted living or other housing option is partially dependent on the ability of the elderly and disabled to sell any home they currently own. In Sauk County, like many other counties, the housing market has been weak since the end of 2006, both in terms of the number of homes sold and the declining sale price of single-family homes:

- ✓ Annual home sales in Sauk County peaked in 2006 at 768,
- ✓ Home sales dropped to 514 in 2008, a decrease of 33%,
- ✓ Home sales recovered slightly in 2009 to 562, but were still 27% below the 2006 peak, and
- ✓ Although sales began to increase in 2009, median home prices have continued to go down, reaching a bottom near \$129,000 in the last quarter of 2009 and then rising to \$130,000 in the first quarter of 2010, still 23% below the \$169,900 high in the second quarter of 2006.

From a labor market perspective, the retirement of the Babyboomers is likely to decrease the available workforce and the ability to staff any new services, creating a potential need for higher wages to attract and keep workers in an increasingly competitive environment. With the current economic conditions, some Babyboomers may delay their retirement or go back to work at least part-time, which could partially offset the decrease in the labor force.

Thus, financial and labor realities in the private sector as well as at all levels of government—Federal, State, and County—must be considered a major restraint on new initiatives, at least in the short-term.

C. SWOT Analysis

As an overview of the development of a LT continuum of care, the SWOT analysis (strengths, weaknesses, opportunities, and threats) focused on factors affecting Sauk County's ability to accomplish its goals in the 5-10 year period assumed. At this point, a SWOT analysis of individual service options is premature, given the need for the County to identify appropriate short-term and longer-term focuses for the LT continuum of care.

Consequently, the factors assessed in the SWOT analysis below relate to those strengths and weaknesses (first table), and opportunities and threats (second table) which the County should be aware of as it makes the preliminary decisions about developing a continuum.

Table VI-3 on the next page focuses on the strengths and weaknesses related to LT continuum development which were identified during the study.

It is followed by Table VI-4 which lists the opportunities and threats that were identified.

Table VI-3
SWOT Analysis
Strengths and Weaknesses

Factors	Strengths	Weaknesses
Base Facility	<ul style="list-style-type: none"> • New state-of-the-art, downsized facility • Good reputation • Good caring staff • Competent management 	<ul style="list-style-type: none"> • Operates with County subsidy • Highly dependent on Medicaid reimbursement • Family Care referrals and reimbursement uncertain • High employee benefit package
Campus	<ul style="list-style-type: none"> • New location, in Reedsburg • Land available • Adjacent to Tech College • Most infrastructure in place 	<ul style="list-style-type: none"> • Not centrally located in County
Continuum Governance	<ul style="list-style-type: none"> • Broad support of HCC • Fiscally prudent County budgeting • Good County credit rating • Higher probability of continuity of care 	<ul style="list-style-type: none"> • Fragmented governance • Operating w/ significant fiscal restraints
Need	<ul style="list-style-type: none"> • High <u>need</u> for living arrangement options for persons with <u>behavioral conditions</u> (dementias, DD, and CMI) Need for supportive services, all populations • Rapid growth in younger elderly (65-74) • Insufficient <u>affordable</u> assisted living options, especially for those with behavioral conditions 	<ul style="list-style-type: none"> • Slow to no growth for older elderly 85+ • Preference for target populations to live at home • Uncertainty about Federal and State focus of future housing and services programs, policies and regulations
Demand	<ul style="list-style-type: none"> • Longer term, likely to grow as populations age and acuity increases • Stronger demand for home-based and community-based options 	<ul style="list-style-type: none"> • Less <u>demand</u> for housing options, especially elderly assisted living arrangements • Limited by preferences to stay at home • Limited by uncertainties about Family Care • Limited by lack of affordability • Limited by insufficient Federal and State support
Financial Viability Of Continuum	<ul style="list-style-type: none"> • Improved with increased diversity of revenue streams 	<ul style="list-style-type: none"> • Continued County levy limits • Continued constraints on County budgets/taxes • Continued limits on Federal and State reimbursements, especially Medicaid
Environmental	<ul style="list-style-type: none"> • Strong support from Technical College • Limited competition for living arrangements and services for persons with behavioral conditions 	<ul style="list-style-type: none"> • Uncertain Family Care rates • Uncertain Family Care referrals • Strong private pay competition • Weak housing markets • Stringent regulations

Table VI-4
SWOT Analysis
Opportunities and Threats

Factors	Opportunities	Threats
Base Facility	<ul style="list-style-type: none"> • Expansion of outpatient services, as well as new inpatient services, such as a free-standing Hospice 	<ul style="list-style-type: none"> • Ongoing reimbursement limits • Insufficient budgetary supports
Campus	<ul style="list-style-type: none"> • Phased development of the land and continuum services/living arrangements • Short-term, focus on continuum options for persons with behavioral conditions • Long-term, development of affordable assisted living arrangements, as demand improves • Joint ventures with Technical College • Partnerships and affiliated cooperatives in general • Community/senior meeting places for activities, events, and services 	<ul style="list-style-type: none"> • County levy limits • Slow County property tax growth • Continued Federal/State financial restrictions
Continuum Governance	<ul style="list-style-type: none"> • Integrated governance • Integrated management 	<ul style="list-style-type: none"> • Divided governance • Divided management
Need	<ul style="list-style-type: none"> • CBRF/AFH for dementias • CBRF/AFH/duplex for dual diagnoses, including CMIs • Community/senior center • Campus as community crossroad location for events and activities • Longer-term, affordable elderly assisted living • Hospice beds 	<ul style="list-style-type: none"> • Slow/no growth 75+ elderly population growth in the next five years
Demand	<ul style="list-style-type: none"> • Growth in housing markets • Elderly willingness to move out of home • Affordable options 	<ul style="list-style-type: none"> • Low housing values • Continued preference to remain in homes • Continued or slow recovery from economic recession • Uncertain Family Care conditions
Financial Viability of Continuum	<ul style="list-style-type: none"> • More financial flexibility • Increased County assessed property values • More County taxing capability 	<ul style="list-style-type: none"> • Inadequate Federal/State funding support • Uncertain Family Care conditions/rates
Environmental	<ul style="list-style-type: none"> • Technical college cooperative agreements • Partnership arrangements • Affiliated cooperative arrangements • Continued ownership of land, with leasing options 	<ul style="list-style-type: none"> • Private development that meets needs

D. Value/Risk Assessment

A value/risk assessment seeks to examine strategies and options being considered and compare them based upon their potential value with the goals (development of a LT continuum of care, in this case) and the risk that may be associated with them.

The factors assessed can be either of two kinds:

- ✓ Strategic approaches to the goals (*ital in table*), and/or
- ✓ Specific service options considered (**bold in table**).

Value, which may be either high or low, relates to the benefits and financial return which might be expected by the County by pursuing the identified factor. Risks can be lower or higher, and depend upon a variety of considerations, including: 1) identified trends (e.g., market trends, financial trends, etc.), 2) level of competition and regulations, 3) degree of perceived support, 4) levels of user need and 5) demand, as well as others.

The purpose of the assessment is to provide a short-hand way of identifying priorities for consideration in the County's decision-making process.

The strategies and options which are highlighted in the upper right corner of the table, under high value and lower risk, would be considered as first priority choices.

Table VI-5		
Value/Risk Assessment for LT Continuum of Care		
	Higher Risk	Lower Risk
High Value	<ul style="list-style-type: none"> ✓ <i>In the short-term, <u>elderly</u>-focused continuum</i> ✓ <i>Reliance on Family Care funding and referrals</i> ✓ Adult day care ✓ Hospice ✓ Outpatient rehabilitation 	<ul style="list-style-type: none"> ✓ <i>In the short-term, <u>behavioral</u>-focused continuum</i> ✓ <i>Phased development</i> ✓ <i>Partnerships</i> ✓ <i>Affiliated cooperatives</i> ✓ <i>Community crossroads philosophy</i> ✓ <i>Focus on need-driven services</i> ✓ Dementia housing/services ✓ Housing/services for dual diagnoses populations, including CMI ✓ Meal center ✓ Caregiver support groups
Low Value	<ul style="list-style-type: none"> ✓ <i>Rapid development</i> ✓ <i>Capital-intensive options for traditional elderly</i> ✓ <i>Focus on choice-driven services</i> ✓ Elderly independent living apartments ✓ Veterans' housing/services 	

E. Potential Role of Cooperatives

Cooperatives have had a long and rich tradition in Wisconsin, in a wide range of industries. Cooperatives are a private model of doing business, and as such counties and other municipalities in Wisconsin have only infrequently considered how they might provide benefits to them.

Early in 2010, the Wisconsin Association of County Homes (WACH) initiated exploration of the role coops might play in their operations, ownership, and management. A legal question of whether counties can participate directly in coops has been identified, although there is apparently no prohibition in state cooperative laws. Indirect county roles, such as encouraging or supporting coop development, do not seem to be in question.

WACH has approved applying for a U.S. Department of Agriculture grant, coordinated by the Center for Cooperatives at the University of Wisconsin-Extension in Madison. The Center solicited WACH's involvement, in part due to the unique issues raised by county participation in coops. If the Center receives the grant, a key part of the research will be to determine the legal and regulatory status of county homes and counties relating to coops.

Initial assessment of the potential of coops suggest they might provide an additional means for counties providing or supporting the delivery of long term care services to the elderly and disabled. Among the benefits identified is the strong ability to maintain local control of facilities and services provided.

In the short-term, Sauk County can encourage the development of and/or support of coops for activities and services that are complementary to the LT continuum of care. The "Campus as a Crossroads" concept, discussed in the short-term recommendations section of the report, relating to "Services" adds information about this approach.

VII. Road Map to the Future

In the planning process for developing a Long Term Continuum of Care on the Health Care Campus, it is important to keep in mind that the Road Map to the Future has many pathways where the intersection of needs and financial reality meet. We have tried to identify and avoid the potential pitfalls and potholes, while at the same time supplying directions to guide Sauk County's next steps in meeting the needs of the elderly and disabled.

A. Guiding Criteria

Throughout the research and evaluation process we have sought and received the full cooperation of public agencies, elected officials and private providers. In evaluating their valuable feedback and insights, as well as data from secondary sources, we have kept these two guiding criteria in mind:

1. The County's guideline that a **continuum of care be developed over time**, not all at once, with at least 5 to 10 years, maybe longer, spent on the process of identifying, deciding on appropriate options, and building the continuum that works for Sauk County residents, and
2. The **availability of land** at the HCC campus for use in developing a continuum, and the preference to use it as the core of the continuum, at least in the short-term. Current estimates place the unused land available for future development at 31.7 acres, after deducting land in floodplains.

B. Short-Term (Next 2-4 Years) Recommendations

Given the extended planning horizon of 5-10 years, we recognize that any development of a LT Continuum must be done in a measured manner. Therefore, the recommendations are presented as short-term (those that can be addressed in the next 2-4 years) and long-term (those that can be addressed in 5-10 years). The recommendations focus on three areas: 1) overall strategies, 2) target populations, and 3) services.

1. Overall Strategies

- a. Continuum Definition—The County should review, revise if necessary, and approve a definition of the LT Continuum, based upon the three-part model suggested in this study, with home-based living arrangements, community-based services, and facility-based living arrangements.
- b. Focused Behavioral Continuum—The County should focus continuum development in the short-term on the needs of elderly and disabled with behavioral conditions, defined as elderly with dementias, those who are developmentally disabled, the chronically mentally ill, and those with combinations of these conditions.

- c. Phased Development—Given market and financial constraints, the County should approach continuum development in a gradual, phased manner, developing and nurturing the vision and foundations of the continuum, as well as initiating community-based services and programs that are less capital-intensive and/or help leverage partnership funding and agreements .
- d. Maintaining Ownership—Given the long-term development horizon, the County should plan to maintain ownership of the HCC campus lands, and develop them directly over time and/or through partnerships with long-term lease arrangements.
- e. Partnerships and Affiliated Cooperatives—The County should actively solicit interest and proposals from private parties to develop some of the HCC campus, through partnership/leasing arrangements. The County also should explore the potential of cooperatives, either directly or in supportive roles, that are related to the LT Continuum or the County Crossroads concept (see Sec. 3.d. below).
- f. Family Care Relationship—Given the high degree of uncertainty surrounding the State’s Family Care program, the County should utilize its funding and resources to the extent of availability, but not develop services which would be primarily or totally dependent on Family Care participation.
- g. Annual Updates—Before the annual County budget is submitted each year, a review of Continuum development progress should be completed and new needs and initiatives identified and included in the County budget.

2. Target Populations

- a. Mission of Continuum—Given the long-standing mission of county nursing homes in Wisconsin, Sauk County’s LT continuum should give priority in the short-term to developing options for the hard-to-care-for, especially those with behavioral conditions, as defined in Sec. A.1.b. above.
- b. Disabled Populations—The County should expand its definition of the disabled to include the chronically mentally ill as among those to be served by the LT continuum, as well as the physically disabled and developmentally disabled.
- c. Elderly Populations—Distinctions should be made among the elderly market segments, with emphasis in the short-term on the first generation of retiring Babyboomers (those entering the 65-74 age cohort), whose needs for Medicare-covered services will expand, especially relating to inpatient and outpatient rehabilitation. With the slow growth of the elderly ages 75+, the County should not focus continuum development on them in the short-term, except for those with dementias and other behavioral conditions, especially but not exclusively related to community-based services.

3. Services

- a. Need-Driven Services—The County should focus on need-driven services in the Continuum (such as those associated with behavioral conditions), instead of choice-driven services (such as independent elderly apartments).
- b. Supportive Services—The County in the short-term should give higher priority to developing community-based supportive services within the Continuum (such as outpatient rehabilitation, transportation, adult day care/respite care if it can be well-marketed and managed, and other programs allowing persons to appropriately stay in their homes longer).

- c. Facility-Based Services—To the extent that public funds can be allocated, or partnership arrangements developed with private providers (including affiliated cooperatives), the County should place top priority on housing options for those with behavioral conditions, especially the dementias, DDs, CMI, and those with dual diagnoses.
- d. HCC Campus as a Crossroad—In the short-term, initiatives should be undertaken by the County, especially through partnership arrangements, to develop the campus resources as a “County Crossroad,” i.e., a site for community activities, events, and programs that enhance familiarity with and awareness of the County and the Continuum services, through development of a farmer’s market, a community center for meals and social activities, classes for family and caregiver support, and similar programs. The resources of the adjacent technical college and other community organizations should be utilized to the greatest extent possible.
- e. Market Research—At the point the County decides on specific services, it should authorize specific market research that focuses on the services involved and updates any information included in this report.

C. Long-Term (In 5-10 Years) Recommendations

1. Overall Strategies

- a. Continued Development—As priorities are identified and met through service development, the County should continually assess the needs of the various market segments among the elderly and disabled, and develop additional initiatives as needed and financially appropriate.
- b. Management and Control—As the LT Continuum grows, current management and governance structures should be reviewed and revised as necessary to reflect changes and to assure continuity and coordination of care for the target populations.
- c. Partnerships and Affiliated Cooperatives—The County should continually be open to and actively solicit joint ventures involving partnerships and affiliated cooperatives. However, ownership of the HCC property should remain with the County to ensure maximum flexibility and control for future development.

2. Target Populations

- a. Expansion of Populations Served—As the priority needs of those with behavioral conditions are addressed, the County should consider the potential of expanding its focus to other populations, such as the elderly with growing physical and mobility limitations as well as other specialty behaviors.
- b. Market Niche Populations—As funding and financial resources become available, the County should explore the potential of various market niche populations consistent with the LT Continuum, such as veterans, dually diagnosed persons, and the evolving potential re: Alzheimer’s and dementias.

3. Services

- a. Facility-Based Options—As the elderly population, especially those 85+, grows and their ability to appropriately stay in their homes is compromised, the County should expand its consideration of assisted living options.

- b. Expanded Services—As needs change and emerge, the County should explore not only new services to be added to the LT Continuum, but also expansion of existing services.

D. Next Steps

The concept of developing a long term continuum of care will, as noted, take time, with periodic reviews and decisions. It will be important for the continuum development to remain a separate organizational initiative within Sauk County, as well as to remain visible. Maintaining momentum also will be critical.

The next steps for the Continuum of Care Committee, and the involved County agencies, relate to a review of this study and making decisions. Suggested steps to follow in the next year include:

1. Review and approval of the proposed continuum definition, which will become the ongoing vision of the Long Term Continuum of Care for the County,
2. Decide whether to pursue a behavioral-focused continuum, or some other alternative,
3. Review, assess, and take action where appropriate on the recommendations of this report,
4. Identify and approve priorities, by County agency with primary responsibilities, for 2011,
5. Based on decisions made, develop needed budget support to address the priorities, and incorporate in the 2011 County budget process,
6. Implement the priorities for 2011, and
7. By July 2011, review progress made on Continuum priorities, update as necessary, and approve continuing activities and priorities for Continuum in 2012, including budgetary needs for 2012.

Appendix A

Long Term Continuum of Care for Sauk County Definition

Sauk County has requested a study of options for a continuum of care for elderly and disabled persons, to be developed over approximately the next 10 years—2010-2020.

But a continuum of care can be different things to different people, defined in many ways and from numerous perspectives.

There are comprehensive continuums, and partial continuums. There are primary care, acute care, and long term care continuums, and a combination of some or all of these perspectives. And there can be continuums within specialty niches, such as dementia, or mental health, or acute care.

With this multiplicity of perspectives, it is essential to define a continuum of care for Sauk County for this research, and provide a context for the research and discussion that is to take place. With this definition, it will be easier for all to better understand the assumptions and considerations that are made, as well as the extent to which Sauk County might want to focus on one option or another.

From a planning perspective, **the continuum of care as defined becomes the vision for the County**—the path to be followed over the next decade, as time passes and budgets are revised, as County supervisors and County agency personnel come and go.

This continuum definition can be modified, during or as a result of this process, or even after the completion of the study, but having one as a basis for moving ahead will focus the discussion and provide the necessary vision.

After reviewing the range of services already provided by Sauk County, and considered by the Continuum of Care Planning Committee, the Consultants developed a definition based on:

- ✓ **Living arrangements of the target populations, and**
- ✓ **Level of independence (and need for services) of members of those target populations.**

Often a continuum is thought of as a continuum only of facilities (e.g., housing or medical buildings) or as a continuum of only services (e.g., home supports). This definition seeks to recognize **both facilities and services are relevant** to the elderly and those with disabilities and are acknowledged as part of the proposed continuum.

From this hybrid perspective, three major categories were identified:

- ✓ **Home-based** living arrangements,
- ✓ **Community-based** services supporting living arrangements, and
- ✓ **Facility-based** living arrangements.

Thus, the continuum assumes that people move from living arrangements for people with a high degree of independence to those with less independence and more dependence on others for

care giving and support. At the same time, it must be recognized that at certain points in the process of becoming less independent, the continuum is a **two-way street**.

People can and do move from home-based to community-based, and from both home-based and community-based to facility-based, and then back to a more independent living arrangement. The example of a person receiving a hip replacement in a hospital, going to a nursing home for a week or two of rehabilitation, and then back home with outpatient rehab is a classic occurrence. Any continuum must be designed to allow for this flexibility for persons to move back and forth along the continuum of services offered.

With this focus on living arrangements and services, it is possible to analyze services already provided as well as those not provided by Sauk County.

It is worth noting that there is overlap in some of these categories. For instance, some of the arrangements included in “facility-based,” e.g., assisted living options, often are considered community-based. For purposes of this discussion, putting them in a “facility-based” category recognizes both that this is a non-home living arrangement and the person’s degree of independence has been compromised to a certain extent.

Likewise, it should be reiterated that “community-based” arrangements represent a hybrid. For the most part, they include a wide range of social, informational, and support services, as well as health care, that can be provided to persons either in their homes or those living in facilities. Similarly, the service can often be brought to the person in their living arrangement (e.g., chores services), or the person can receive the service elsewhere and go back to his/her home or living facility.

Finally, the need for the living arrangements and services vary extensively, depending on the target population being served. Seniors’ needs differ from those of persons with developmental or physical disabilities, and a continuum designed for one cannot be presumed to be wholly applicable to the others. Therefore, the continuum for the elderly and those with disabilities must be analyzed with the distinct needs of each target population.

Home-based living arrangements are defined as:

- ✓ Homes (owned or rented),
- ✓ Independent apartments (public and private pay),
- ✓ Condominiums,
- ✓ Duplexes/Quadplexes, and
- ✓ Trailer homes.

Community-based services and living arrangements, in fact, are primarily services that support a person in their living arrangement, whether home-based or facility-based.

For purposes of analysis, it is useful to subdivide community-based services in living arrangements, depending on where the services are primarily provided:

- ✓ Services provided primarily in home-based settings,
- ✓ Services provided outside the home or facility-based settings, and
- ✓ Services provided in both home and facility-based settings.

Services provided primarily in **home-based settings** include:

- ✓ Home chores,
- ✓ Home nursing care,
- ✓ Home rehabilitation/therapy services,
- ✓ In-home hospice,
- ✓ Meals,
- ✓ Transportation,
- ✓ Financial assistance-drugs,
- ✓ Financial assistance-energy, and
- ✓ Respite care.

Services provided outside the home or **facility-based settings** include:

- ✓ Community/senior center,
- ✓ Adult day care,
- ✓ Physician office/clinics,
- ✓ Dental office/clinic,
- ✓ Pharmacy,
- ✓ Vocational counseling/training, and
- ✓ Vocational work opportunities.

Services provided in a **variety of settings** include:

- ✓ Benefit information,
- ✓ Financial counseling,
- ✓ Outpatient therapy (speech, physical, occupational),
- ✓ Psychiatric services,
- ✓ Medication monitoring,
- ✓ Technology-based services,
- ✓ Hospice care, and
- ✓ Case management.

Finally, **facility-based living arrangements** have a distinct common characteristic—they all are facilities licensed and/or certified by local, state, and/or the federal government. As such, they are defined as:

- ✓ Adult family homes (AFHs),
- ✓ Community-based residential facilities (CBRFs),
- ✓ Residential care apartment complexes (RCACs), and
- ✓ Skilled nursing homes (SNFs).

While the above definition is useful for this analysis, **other specialty niche options** can exist and be developed. The following are noted as examples, to broaden the range of consideration for the County. These specialty niche options include but are not limited to:

- ✓ Dementia continuum of care,
- ✓ DD continuum of care,

- ✓ Mental health continuum of care,
- ✓ Socialization continuum of care, and
- ✓ Elderly housing continuum of care.

Although these less-than-comprehensive options could be considered, the proposed living arrangement-service continuum discussed above is the primary focus at the start of this research and planning for Sauk County's long term continuum of care. Subsequent discussions may require revisions of this assumption.

Appendix B Demographic Tables

The demographic data were based on reports acquired from Nielsen Claritas.

Appendix B includes the following demographic reports:

1. For Sauk County

- a. Senior Life Report (55+)
- b. Middle Years Report (35-54)
- c. Pop Facts: Demographic Snapshot Report

2. For State of Wisconsin

- a. Senior Life Report (55+)
- b. Middle Years Report (35-54)
- c. Pop Facts: Demographic Snapshot Report

Appendix C

Competitive Market Assessment Tables

The following competitive market assessment tables were based upon the survey of licensed facilities conducted as part of the study.

Tables are provided for:

1. Adult Family Homes (AFHs),
2. Community Based Residential Facilities (CBRFs),
3. Residential Care Apartment Complexes (RCACs), and
4. Hospice Care.

Appendix D

List of Facilities Surveyed

The facilities surveyed for this study are listed in the following order:

1. Adult Family Homes (AFHs),
2. Community-Based Residential Facilities (CBRFs),
3. Residential Care Apartment Complexes (RCACs), and
4. Hospice Care.

Adult Family Homes Interviewed For Sauk County

1. Inspiring Horizons
E8866 Chadwick Road, Reedsburg, WI 53959

608.768.0090
2. Blevins Adult Family Home
2220 Myrtle Street, Reedsburg, WI 53959

608.524.2466
3. Pine Rock Heights
E6267 Pine Rock Road, Reedsburg, WI 53959

608.524.0341
4. Ridgeview
S9068 County Road G, Plain, WI 53577

608.546.2287
5. REM East Ridge
744 East Ridge Drive, Reedsburg, WI 53959

608.768.3493

Community Based Residential Facilities Interviewed For Sauk County

1. Meadow View Memory Care
1600 Jefferson Street, Baraboo, WI 53913

608.356.2944
2. The Meadows Assisted Living
477 Rainbow Road, Spring Green, WI 53588

608.588.2101
3. Meadow Ridge Assisted Living
1700 Jefferson Street, Baraboo, WI 53913

608.356.8770
4. Pine Villa – A Memory Care Residence
950 Prairie Street, Prairie du Sac, WI 53578

608.643.7343
5. The Pines Assisted Living
1050 Prairie Street, Prairie du Sac, WI 53578

608.643.5433
6. The Narrows
E4796 Narrows Creek Road, Loganville, WI 53943

608.727.2259
7. Walnut Grove – An Oak Park Community Memory Care
1114 Silver Drive, Baraboo, WI 53913

608.355.2330 or 356-4837
8. Walnut Grove – An Oak Park Community

1200 Silver Circle, Baraboo, WI 53913

608.355.2330
9. Meadow Lane – St. Clare Meadows Care Center
1414 Jefferson Street, Baraboo, WI 53913

608.355.3325

10. Country Casa
E8509 North Reedsburg Road, Reedsburg, WI 53959

608.524.8054 or 608.524.9729
11. Oak Park Place Baraboo – Memory Care
800 Waldo Street, Baraboo, WI 53913

608.355.3101
12. Maple Ridge – Elderly Care
355 Mack Drive, Reedsburg, WI 53959

608.524.6116 or 745.0331
13. Bluffview Meadows
S7559 US Highway 12, North Freedom, WI 53951

608.643.2232
14. Our House Assisted Living
1135 17th Court, Reedsburg, WI 53959

608.524.1321
15. Our House Assisted Living
1200 Washington Avenue, Baraboo, WI 53913

608.355.2344
16. Casa de Oakes, Inc. – Baraboo
717 Jefferson Street, Baraboo, WI 53913

608.356.9762 or 524.9876 Corporate Office
17. Casa de Oakes, Inc. – Reedsburg
E6846 Fawn Valley Drive, Reedsburg, WI 53959

608.524.4423
18. Casa de Oakes, Inc. – Reedsburg
201 South Grove Street, Reedsburg, WI 53959

608.524.6254 or 524.9876 Corporate Office

Residential Care Apartment Complexes Interviewed For Sauk County

1. Oak Park Place
800 Waldo Street, Baraboo, WI 53913

608.355.3101 or 608.355.4111
2. Ridgeview Place
2350 North Dewey Avenue, Reedsburg, WI 53959

608.524.6487 or 608.768.5804
3. Maplewood Village
1425 Hemlock Street, Sauk City, WI 53583

608.643.8494 or 608.643.3383
4. Greenway Terrace
547 East McKinley Street, Spring Green, WI 53588

608.588.3603 or 608.588.2586

Hospice Facility Interviewed For Sauk County

1. Hospice at Home Health United
St. Clare Hospice House, 915 12th Street, Baraboo, WI 53913

877.356.4514 or 608.242.1516