

|                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                              |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|
|  | <p align="center"> <b>AGENDA - ADRC of Southwest WI-Iowa County Board</b><br/> <b>Tuesday, August 22, 2023 at 10:00 a.m.</b><br/> <b>Conference Call: 1-312-626-6799</b><br/> <b>Zoom Meeting ID: 847 6317 8672</b><br/> <b>Passcode: 798394</b><br/> <a href="https://us02web.zoom.us/j/84763178672?pwd=NE1lcGlJOFQzeHBJallqTUVIUGFCZz09">https://us02web.zoom.us/j/84763178672?pwd=NE1lcGlJOFQzeHBJallqTUVIUGFCZz09</a><br/> <b>Health &amp; Human Services Center, Community Room,</b><br/> <b>303 W Chapel St., Dodgeville, WI 53533</b> </p> |  | <p align="center"> <b>Iowa<br/>County<br/>Wisconsin</b> </p> |
| 1                                                                                 | Call to order.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                              |
| 2                                                                                 | Roll Call.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                              |
| 3                                                                                 | Approve the agenda for this August 22, 2023 meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                              |
| 4                                                                                 | Approve the minutes of the June 27, 2023 meeting.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                              |
| 5                                                                                 | Report from committee members and an opportunity for members of the audience to address the committee. No action will be taken.                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                              |
| 6                                                                                 | Action Item: Approve 2024-2028 Southwestern Wisconsin Locally Developed Coordinated Transit Plan for Iowa County.                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                              |
| 7                                                                                 | Review ADRC Monthly Financial Summaries. No action will be taken.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                              |
| 8                                                                                 | Department Reports:<br>a) SUN:<br>b) Transportation:<br>c) ADRC: (Benefit specialists, ADRC Specialists)                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                              |
| 9                                                                                 | ADRC Manager:<br>a) ADRC Managers Report<br>b) Advocacy Updates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                              |
| 10                                                                                | <b>Set next meeting date:</b> Tuesday, September 26, 2023 at Health & Human Services Center, 303 W. Chapel Street, Dodgeville, WI 53533. 10:00 a.m. Zoom will still be an option.                                                                                                                                                                                                                                                                                                                                                                 |  |                                                              |
| 11                                                                                | Adjournment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                              |
|                                                                                   | Posting verified by: ADRC                      Date: 8.8.23 Initials: KS                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                              |



June 2023

State of  
Wisconsin  
County of  
Iowa

**UNAPPROVED MINUTES OF THE ADRC OF SOUTHWEST WISCONSIN  
IOWA COUNTY BOARD MEETING HELD  
TUESDAY, JUNE 27, 2023, at 10:00 a.m.  
HEALTH & HUMAN SERVICES CENTER  
303 W. CHAPEL ST., DODGEVILLE, WI 53533**

2023-06

| Item |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Index                                            |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1)   | Chairman Richter called the meeting to order at 10:00 a.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Call to Order                                    |
| 2)   | Roll Call – Members Present in Community Room: W. Michael Britt, Dody Cockeram, Alice Fischer, Dawn Kabot, William Ladewig, Elsie Jane Murphy, Douglas Richter, Susan Schroeder, Brad Stevens, Kari Wunderlin<br>Members Present Remotely: Kathy Elliot, J. Patrick Reilly,<br>Members Excused: Dianne Evans, Marilyn Rolfsmeyer<br>Others Present in Community Room: Valerie Hiltbrand, Kristena Springer, Nikki Mumm, and Cecile McManus                                                                                                                          | Roll Call                                        |
| 3)   | Approval of the <b>June 27, 2023</b> , Agenda. Motion by Ladewig and seconded by Britt to accept the agenda. Motion carried.                                                                                                                                                                                                                                                                                                                                                                                                                                        | Agenda Approval                                  |
| 4)   | Approval of the <b>May 23, 2023</b> , meeting minutes. Motion by Ladewig and seconded by Cockeram to accept the meeting minutes. Motion carried.                                                                                                                                                                                                                                                                                                                                                                                                                    | Meeting Minutes Approval                         |
| 5)   | None.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Members of audience address Committee            |
| 6)   | Hiltbrand introduced and welcomed Dawn Kabot and Kari Wunderlin to the Board                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Introduction of new board members.               |
| 7)   | Hiltbrand presented. Addendum was discussed. Motion to approve by Ladewig. Seconded by Schroeder. All agreed, motion to finalize changes will go to Heal and Human Services Board and then be presented to County Board for final approvals.                                                                                                                                                                                                                                                                                                                        | Action Item: Review revisions of the ADRC Bylaws |
| 8)   | Mumm presented numbers and explained GWAAR and the funding they supply to the county.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Review 2023 GWAAR Budget                         |
| 9)   | Mumm provided report and presented.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Quarter Financial Summary                        |
| 10)  | Review Department Reports:<br><b>SUN (Seniors United for Nutrition):</b> No report provided. Discussion of facility and meal site inspections. Planning to start utilizing the Iowa County Correctional Facility kitchen September 1.<br><b>Transportation:</b> Report provided by Nohe Caygill, Transportation Coordinator. Mumm presented.<br><b>ADRC:</b> (Benefit Specialists, ADRC Specialists) Reports provided by ADRC Specialists. Hiltbrand presented. Delays in disability approvals and increase in clients from last year. No questions from the Board. | ADRC Department Reports                          |
| 11)  | <b>ADRC Manager:</b> Hiltbrand presents. Explained that ADRC is working with Upland Hills Health on monthly presentations to highlight their providers and services.<br><b>Advocacy updates:</b> Hiltbrand provided a report and presented. Highlighted Mug Club for Caregivers.                                                                                                                                                                                                                                                                                    | ADRC Manager                                     |
| 12)  | <b>Tuesday, July 25, 2023</b> , approved for the next ADRC Board meeting. 10:00 a.m., HHS Center, Community Room, Dodgeville. Zoom is still an option.                                                                                                                                                                                                                                                                                                                                                                                                              | Next Meeting Date                                |

|     |                                                                                                       |         |
|-----|-------------------------------------------------------------------------------------------------------|---------|
| 13) | Motion by Ladewig and seconded by Stevens to Adjourn. Motion carried. Meeting adjourned at 10:55 a.m. | Adjourn |
|-----|-------------------------------------------------------------------------------------------------------|---------|





**SOUTHWESTERN WISCONSIN**  
**LOCALLY DEVELOPED**  
**COORDINATED TRANSIT PLAN**

**2024 - 2028**

**IOWA COUNTY**



# SOUTHWEST TRANSIT TEAM

Lori Reid

*Grant County ADRC*

Morgan Kennison

*Green County ADRC*

Nikki Mumm

*Iowa County ADRC*

Nohe Caygill

*Iowa County ADRC*

Dana Harcus

*Lafayette County ADRC*

Roxanne Klubertanz-Gerber

*Richland County ADRC*

Chris Mitchell

*Hodan Community Services*

Jeff Segebrecht

*Southwest Community Action Program*

Corie Dejno

*Southwest Community Action Program*

Derek Kruempel

*Southwest Opportunities Center*

*The Southwestern Wisconsin Transit Team (SWTT) is a group that meets bi-monthly to discuss Transportation Coordination Planning including current programs, issues and funding opportunities.*

## Planning Assistance Provided by:



SOUTHWESTERN WISCONSIN  
REGIONAL PLANNING  
COMMISSION

P.O. Box 262, Platteville WI 53818

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## **SOUTHWEST WISCONSIN PLANNING COMMISSION**

### **Grant County**

Bob Keeney\*  
Eileen Nickels  
Jerry Wehrle

### **Green County**

Jerry Guth\*  
Jody Hoesly  
Erica Roth

### **Iowa County**

John Meyers\*  
Carol Anderson\*  
Todd Novak

### **Lafayette County**

Jack Sauer  
Timothy McGettigan  
Raymond Spellman\*

### **Richland County**

Marty Brewer  
Raymond Schmitz  
Melissa Luck\*

\* denotes Executive Committee

### **STAFF**

Troy Maggied  
*Executive Director*  
Kate Koziol

### *Economic Development Specialist*

Jaclyn Essandoh  
*GIS Coordinator*  
Cory Ritterbusch  
*Associate Planner*

Ellen Tyler

### *Community Resiliency Planner*

Misty Molzof

### *Local Government Services Specialist*

Austin Coppernoll  
*GIS Planner*

Alyssa Schaeffer  
*Assistant Planner*  
Sedgwick Smith

### *Assistant Planner*

Jacob Nelson

### *Research Analyst*

Bryce Mann

### *Administrative Assistant*

## **Executive Summary**

Transportation coordination is a process where human service agencies, transportation providers, consumer groups, and public officials work together to develop and improve services for transportation disadvantaged individuals. Specifically, transportation disadvantaged individuals are people who are unable to provide their own transportation as a result of disability, age-related condition, or income. The Transportation Coordination Plan develops cooperative strategies between county governments and transportation providers through public outreach to providers and individuals who are the most at risk of becoming isolated because of a lack of transportation.

This document outlines the planning process of engaging with the transportation disadvantaged, the needs and gaps in services identified by those individuals, and their solutions in meeting their needs on the local and regional scale. Additionally, this plan seeks to expand transportation access to anyone wishing to utilize public transportation. Their feedback was taken as well. Goals and actions identified from the public were honed by a group of transportation experts and developed into the following plan. This document outlines specifically the needs and goals of Iowa County, but shares coordinated plans with Grant, Green, Lafayette, and Richland Counties.

The key components of this plan include:

- Overview of the Planning Process
- Needs and Gaps
- Regional Framework of Goals and Actions
- Local County Goals and Actions
- Proposed Funding Sources
- Agencies and Individuals Responsible for Plan Implementation
- Timeline
- Coordinate trainings across the region.
- Coordinate ride coverage for off-peak time rides.
- Create additional efficiencies in volunteer driver programs.



# Chapter 1: Introduction

## Transportation Coordination Plan Requirements and Funding Sources

Federal transit law, as amended by MAP – 21, requires that projects selected for funding under the section 5310 program be “derived from a locally developed, coordinated public transit-human services transportation plan” (hereafter, “Transportation Coordination Plan”) and that plan be “developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public.”

According to MAP-21, a transportation coordination plan must include an assessment that identifies currently available transportation services and resources, service needs for individuals with disabilities, older adults, and people with low incomes and the gaps between resources and needs to develop a prioritized transportation coordination plan with prioritized goals.

Projects competitively selected for funding from the above sources, must be derived from a coordinated plan that minimally includes the following elements at a level consistent with available resources and the complexity of the local institutional environment:

- An assessment of available services that identifies current transportation providers (public, private, and non-profit).
- An assessment of the transportation needs for individuals with disabilities and older adults.
- Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiency in service delivery.
- Priorities for implementation based on resources (from multiple program sources), time, and feasibility for implementing specific strategies and/or activities identified.

While the above Federal programs require the Transportation Coordination Plan, a number of other transit funding sources are available in Wisconsin. While not all of these programs require this coordinated plan, this plan should prove a universal guide for program planning and further grant/funding identification and application for Southwestern Wisconsin.

State of Wisconsin funding programs:

### *85.21 – Specialized Transportation Assistance Program for Counties*

The purpose of this program is to provide financial assistance to counties providing transportation services for elderly and disabled persons. This funding is designed to promote “human dignity and self-sufficiency,” through providing transportation options to people who typically do not have as much access.

The following are federal transit assistance programs authorized under Fixing America’s Surface Transportation Act (FAST Act), which reauthorized the federal surface transportation programs. FAST Act amended the federal transit laws and took effect October 1, 2015

Federal Transit Authority funding programs:

*Section 5304: Statewide Transportation Planning Program*

Section 5304 is a formula-based grant program apportioned annually to the states for use in rural planning and research. Federal share is 80% with a required 20% non-federal match.

*Section 5310: Enhanced Mobility of Seniors and Individuals with Disabilities.*

This program intends to enhance the mobility of seniors and persons with disabilities by providing funds for programs to service the special needs of transit-dependent populations beyond traditional public transportation services and Americans with Disabilities Act (ADA) complementary paratransit services. Federal share for capital projects is 80% with a required 20% local match. Federal share for operating projects is 50% of the net deficit.

*Section 5311: Formula Grants for Rural Areas*

This program provides formula funding to states for transportation in rural areas, defined by having a population less than 50,000. This program specifically services to enhance healthcare, shopping, education, employment and job access, public services, and recreation. Eligible activities include capital, operation, and planning. Federal share for capital projects is 80% with a required 20% local match. Federal share for operating projects is 50% of the net deficit.

*Section 5311 (b)(3): Rural Transportation Assistance Program (RTAP)*

Section 5311 (b)(3) is formula funding for states to provide research, technical assistance, and training to improve the delivery of transit services in rural areas under 50,000 in population.

*Section 5539: Bus and Bus Facilities Formula Grants*

Section 5339 provides capital funding to replace, rehabilitate, and purchase buses and related equipment and to construct bus-related facilities. It replaced 5309 Bus and Bus Facilities program under SAFETEA- LU. Federal share is 80% with a required 20% match.

## **Existing Planning Efforts**

The Locally Developed Coordinated Public Transit Plan identifies needs and gaps and develops goals and actions that integrate into many other planning efforts in the region. Listed below are existing planning efforts that are ongoing in southwestern Wisconsin.

### **Southwestern Wisconsin Community Action Program Community Needs Assessment**

In 2022, SWWRPC performed a needs assessment for Southwestern Wisconsin Community Action Program (SWCAP). Data was collected through four primary means: SWCAP leadership interviews, quantitative data, stakeholder surveys, and SWCAP client surveys. One of the nine overarching trends or themes that came out of the assessment was the challenges of rural transportation. "Consistently, interviewees discussed the criticalness of transportation services in order for community members to reach doctor's appointments, buy their groceries, get to work, attend school, and many more necessary and recreational daily activities."<sup>1</sup>

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<sup>1</sup> SWWRPC. *Southwestern Wisconsin Community Needs Action Program: Community Needs Assessment 2022*. Pg. 7.



## **Regional Transit Study for Southwest Wisconsin**

In 2017, SWWRPC, in collaboration with the counties of Grant, Green, Iowa, Lafayette, Richland, the City of Richland Center, and Southwest Wisconsin Community Action Program developed a Transportation Needs, Coordination, and Mobility Management Study for the southwest Wisconsin region.

The recommendations of the study were aimed to assist transportation providers in meeting the growing mobility demands of seniors and the disabled, as well as a lack of additional revenue sources.<sup>2</sup>

## **Grow Southwest Wisconsin**

Grow Southwest Wisconsin was a grassroots planning project led by SWWRPC intended to guide our rural region to greater social and economic self-sufficiency. Through the regional outreach effort, transportation became one of nine focus areas of the Grow Southwest planning project. Transportation was determined to be absolutely vital to the social, economic and environmental health of Southwestern Wisconsin and also vital to the day to day survival of individuals who rely on public transportation programs to survive.

## **2019 - 2024 Comprehensive Economic Development Strategy**

The 2019 – 2024 Comprehensive Economic Development Strategy (CEDS), is a five-year strategy for the Southwest Wisconsin Region's economic development program. Socioeconomic conditions and trends, regional infrastructure, geography, natural resources, and projects are included to ensure the continued eligibility of the region as an Economic Development District. One of the region-wide priorities (Goal 4) is to advocate and work for continued support for the region's workforce, including improved childcare options, efficient transportation, sufficient housing, higher wages, and training.

The forth objective of this priority is to increase partnerships between employers and workforce transit options.<sup>3</sup>

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<sup>2</sup> SWWRPC. *Regional Transit Study for Southwest Wisconsin*. (2017)

<sup>3</sup> SWWRPC. *2019-2024 Comprehensive Economic Development Strategy*. (2019).



## Chapter 2: Planning Process

### Public Forums

The Iowa County ADRC held a public meeting on April 25, 2023, from 12:00 pm – 2:00 pm at the Health and Human Services Building, 303 Chapel Street in Dodgeville to develop the following Transportation Coordination Plan in accordance with Federal and State regulations. Invites were sent to a stakeholder list of 149 people. The stakeholder list was created by county staff and was representative of the broad public, private, and non-profit transportation interests in the county. Free refreshments and lunch were provided for all attendees.

21 stakeholders attended the meeting; see Appendix G for a list of these stakeholders by name and organizational affiliation or representation.

The forum provided the following information.

1. An assessment of available services that identifies current transportation providers (public, private, and non-profit).
2. An assessment of the transportation needs and gaps in service for individuals with disabilities and seniors, older adults and people with low incomes.
3. Strategies, activities, and/or projects to address the identified gaps between current services and needs, as well as opportunities to improve efficiency in service delivery.
4. Priorities for implementation based on resources (from multiple program resources), time, and feasibility for implementing specific strategies and/or activities identified.

Stakeholders were informed about the meeting through social media, mailed invitations and emails. A copy of the invitation can be found in Appendix B. Each meeting was publicly posted in the paper of concern for each County (see Appendix C for the agenda).

The meetings were facilitated by SWWRPC and County Aging and Disability Resource Centers (ADRC) agencies. Stakeholders were provided background education on Transportation Coordinated Plan requirements and funding sources available for transportation in each county. Attendees were provided with a current transportation provider list and invited to provide updates as necessary.

Following successful 2019 public forums, SWWRPC and the five county ADRCs developed a program that briefly summarized the requirements of the plan to budget the rest of the meeting time for analyzing existing needs and gaps in service, existing services, and brain-storming new possibilities. The forum's format was designed to get people discussing the issues in small groups to assist in "brainstorming" and then working as a larger body so that all individuals could hear priorities and weigh in on them. The brainstorming session was broken into the following exercises:

1. An analysis of the needs and gaps identified in the previous public forum and 2019 Plan and their relevance in the current planning process.



2. An assessment of needs in the county and the potential gaps between the services provided in the county and the providers in that county's ability to provide those services.
3. An analysis of the actions identified to meet the goals identified in the previous public forum and 2019 Plan, assessment of the providers' actions taken in the last five years to meet those goals and their relevance in the current planning process.
4. A brain-storming exercise to develop future actions to address the needs and gaps in the county.
5. Small groups worked through exercise 1-4 and then presented the most relevant to the entire meeting for discussion and prioritization.

## **Plan Process as Related to Goals and Actions**

The goals identified and prioritized from the public forum were reviewed by Iowa County ADRC, and by SWWRPC to develop a more formalized and targeted structure to the implementation of plan goals building on the success of the 2019 Plan.

Additionally, a set of regional trends were again established between the needs and gaps identified in the forums. Each of the five counties in southwestern Wisconsin continues to have similar needs and gaps. The common needs from county to county provided the framework necessary to draft a shared set of regional goals. This shared set of goals provide additional benefit to the region by acknowledging regional challenges and the steps necessary to collaborate with regional partners in implementation.

## **Keeper of the Plan**

The Southwestern Wisconsin Regional Planning Commission will be the designated keeper of the Transportation Coordination Plan.



## Chapter 3: Present Conditions

Southwest Wisconsin is a rural region, with small Villages and Cities separated by long distances. Small populations and long distances make providing public transportation difficult and expensive. Efficiencies found with larger and concentrated populations are not as readily available in rural regions. Currently, a significant amount of transit services are provided and requested in Cities and Villages, yet public outreach identified the need for rural – to – rural transit services in the region as well. Additional drivers and volunteers was also identified as a major need of the county. Most people in the region rely on personal vehicles for transportation needs.

Low income, aging and elderly, and disabled populations have historically been the most likely to need access to public or assisted transportation in southwest Wisconsin. This remains largely the case, with additional issues heard at public meetings regarding workforce-oriented transit.

A number of providers (public, private, and non-profit) serve regional transportation needs. The following sections outline the services provided at the county and at the regional level. A complete list of all transportation providers can be found in Appendix E.

### Iowa County

Iowa County is a rural County, with a 2020 decennial census population of 23,709 residents.<sup>4</sup> Population is expected to increase by 14% to 27,105 in 2030.<sup>5</sup> The largest community in Iowa County is the City of Dodgeville, with a population of 4,984 residents.<sup>6</sup> The County covers a large land area, approximately 768 square miles.

Iowa County is served by a volunteer driver service for elderly and disabled individuals needing transportation to non-emergency medical appointments with drivers using their own vehicles. The ADRC in Iowa County operates a mini-bus that runs on a fixed route with deviations and days available for group enrichment trips twice each week. The City of Dodgeville has a memorandum of understanding with the ADRC to provide taxi service to its citizens three days per week. The ADRC in Iowa County operates a Rural Taxi to provide rides to Iowa County residents who reside in communities outside of the Dodgeville city limits two days per week.

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<sup>4</sup> United States Census Bureau (2023), data.census.gov, Accessed 7/3/2023.

<sup>5</sup> Wisconsin Department of Administration. *Population Projections for Wisconsin Counties, Components of Change by Decade: 2010 -2040*. (2013).

<sup>6</sup> United States Census Bureau (2023), Accessed 7/3/2023.

## **Additional Transportation Providers**

Southwest Wisconsin is additionally served by the following regional transportation providers and services that attend regular Southwest Transit Team (SWTT) meetings with the County ADRCs and are considered to be key partners in the transportation coordination planning process:

**Southwest Community Action Program (SWCAP)** - SWCAP provides several functions to the community in their ongoing mission to end poverty in southwestern Wisconsin. The Work 'n Wheels Program provides 0% interest auto loans, purchasing assistance, and counseling to low-income persons who are able to make monthly payments. No one is excluded from the program solely due to past credit history, lack of other assets, etc.

SWCAP's Leadership through Innovative Flexible Transportation program (LIFT) operates in Grant, Green, Iowa, Lafayette, and Richland Counties, as well as Crawford, Sauk, and Juneau Counties. LIFT facilitates access to available transportation services, minimizes duplication of those services, and seeks cost effective transport utilizing available resources.

**Hodan Community Services** - The Hodan Center provides a community rehabilitation program for adults with disabilities. It is the mission of Hodan Center, Inc. to provide and promote opportunities for work and personal development so that persons with disabilities can achieve individual life goals.

Hodan Community Services provides a transportation service very different from the county-provided and shared-ride taxi services. This service is primarily oriented to getting clients to and from the Hodan Community Services' Center. Hodan transportation system runs eight bus routes in Iowa, Lafayette, and Grant counties. Fees for this service are subtracted from a daily rate, attached to the service center.

**Southwest Opportunity Center** - Southwest Opportunity Center (SOC) provides a service similar to the Hodan in which accessible vehicles provide door-to-door transportation to clients attending SOC for employment and day services programming, Monday through Friday, along fixed routes. Rates are included in the client service fee. If pre-scheduled and along an existing route, rides at times may be provided to community members at a fee.



## Chapter 4: Needs and Gaps

The following needs and gaps were identified by participants at the public forum. The number next to the need will identify it with the County's goals and actions. These publicly identified issues were used to inform the goals and actions in the next chapter.

### Iowa County

1. Central transportation information resource.
2. Driver Escort program improvements and increasing the volunteer base.
3. Continue, expand, and diversify outreach and communication methods.
4. Increase bilingual resources.
5. Public education on other transportation resources.
6. Increase access to transportation services in rural areas of Iowa County.
7. Advocate for different forms of transportation.
8. Regional coordination, education campaign, and recruitment efforts needed.
9. Increase funding for expansion of services in Iowa County.
10. Iowa County services should be expanded.

## Chapter 5: Goals and Actions

The following strategies establish the framework for a five-year work program from 2024 to 2028. The listed goals and actions were identified by meeting participants and voted on to establish priority. County staff and SWWRPC collaborated to take the goal recommendations and establish local goals and actions. Common elements between all five counties' public forum results were used to establish a regional framework.

### Regional Framework

The following is a shared set of goals and actions between Grant, Green, Iowa, Lafayette, and Richland Counties. If a need was expressed in a public forum that was also shared across all five counties then it was added as a discussion for the regional framework. This way if a need was addressed in a public forum, but a corresponding goal was not also addressed, then strategies could be shared from county to county. Goals specific to Iowa County are listed as well.

### Regional Goals and Actions

#### Goal 1: Enhance the quality and quantity of communication about transportation services.

- Continue to partner with organizations and municipalities to communicate and advertise services through printed materials, social media, at community events, and other marketing methods, especially to the Hispanic and other non-English speaking populations. Create bilingual flyers to post at different locations including food pantries, churches, local farms employing large numbers of employees, and Mexican restaurants and grocers. Municipalities should share county and regional links and collaborate to notify potential customers.
  - Timeline: Short Term (1 – 2 years), ongoing
  - Responsibility: Counties, SWCAP.
- Develop a link with local advocacy leaders of Spanish speaking residents to educate and provide resources.
  - Timeline: Short Term (1 – 2 years), ongoing
  - Responsibility: SWCAP.
- Collaborate with school districts with ESL staff and high school Spanish students to help provide translation services.
  - Timeline: Short Term (1 – 2 years), ongoing
  - Responsibility: SWCAP.
- Educate the public on other transportation resources available within the community including the “Find your own driver” program. Develop a process for reimbursing those who drive their own family. Specifically market resources to work commuters.
  - Timeline: Short Term (1 – 2 years), ongoing
  - Responsibility: Counties, SWCAP.



- Continue to implement regional marketing strategy
  - Timeline: Ongoing
  - Responsibility: SWCAP.
- Create and establish a consistent marketing platform across regional transportation services.
  - Timeline: Short Term (1 – 2 years).
  - Responsibility: SWCAP.

## **Goal 2: Improve the quantity and quality of transportation services.**

- Continue to create and promote volunteer recruitment marketing materials aimed to increase the number of volunteers available to the various transportation programs. Engage in a regional marketing campaign to attract volunteers.
  - Timeline: Short Term (1 – 2 years), ongoing
  - Responsibility: Counties, SWCAP.
- Expand services to allow after-hours transportation.
  - Timeline: Short Term (1 – 2 years), ongoing
  - Responsibility: SWCAP.
- Provide transportation for residents who need to commute to work especially those who can no longer drive due to accidents (deer, etc.), loss of driver's license, medical, and change of circumstances.
  - Timeline: Short Term (1 – 2 years), ongoing
  - Responsibility: SWCAP.
- Investigate alternative transportation options and emerging technologies to help further accommodate existing services and recoup cost savings save costs (i.e. driverless vehicles, electric vehicles, artificial intelligence)
  - Timeline: Medium Term (2 – 3 years).
  - Responsibility: Counties, SWCAP.
- Expand services to transport bariatric individuals.
  - Timeline: Short Term (1 – 2 years), ongoing
  - Responsibility: Counties, SWCAP.

## **Goal 3: Continue to increase collaboration and coordination among services**

- Create and promote a network to promote cost effective transportation opportunities across the region.
  - Timeline: Medium Term (2 – 3 years), Ongoing.
  - Responsibility: SWCAP.

- Develop a frequently updated region-wide information hub or transportation directory referencing all the transportation services available within the region that will be used to update and train staff to best serve clients and their transportation needs.
  - Timeline: Short Term (1 – 2 years)
  - Responsibility: SWCAP.
- Align policies to enable efficiencies for shared scheduling /ride-sharing and volunteer driver programs.
  - Timeline: Ongoing
  - Responsibility: Counties, SWCAP.
- Provide regional education and recruitment efforts. Create a regional driver pool to share volunteer drivers between transportation providers across the region.
  - Timeline: Medium - Term (2 – 3 years).
  - Responsibility: SWCAP.

#### **Goal 4: Collaborate regionally to advocate for continuing transportation funding.**

- Research and secure additional local, state and federal funding for the increasing operational costs associated with transportation services.
  - Timeline: Short Term (1 – 2 years).
  - Responsibility: Counties, SWCAP.
- Meet with legislators at least annually to discuss transportation needs and gaps and what is being done to alleviate these needs and gaps. Develop a one-page advocacy sheet for legislators on transportation.
  - Timeline: Long Term (3 – 5 years).
  - Responsibility: SWCAP
- Continue to explore funding opportunities from private market opportunities.
  - Timeline: Long Term (3 – 5 years).
  - Responsibility: SWCAP



## Iowa County Goals and Actions

### Goal 1: Improve and Diversify Communication and Outreach efforts.

- Create an information hub or transportation directory
  - Need or Gap addressed: 1, 3,4,5, 8, 10
  - Timeline: Short Term (1 – 2 years).
  - Responsibility: ADRC-Iowa County, SWCAP.
  - Proposed funding source: Grants, Fees, and Contracts.
- Continue to and expand utilization of non-traditional media to promote services to the community (Social Media/Internet).
  - Need or Gap addressed: 3,4,5, 8, 10
  - Timeline: Short Term (1 – 2 years), Ongoing.
  - Responsibility: ADRC-Iowa County, SWCAP.
  - Proposed funding source: Grants, Fees, and Contracts.
- Partner with other organizations and municipalities to communicate and advertise services through printed materials, social media, at community events, and other marketing efforts especially to the Hispanic and other non-English speaking populations. Provide bi-lingual posters and flyers
  - Need or Gap addressed: 3,4,5, 8, 10
  - Timeline: Short Term (1 – 2 years).
  - Responsibility: ADRC-Iowa County.
  - Proposed funding source: Grants, Fees, and Contracts.
- Educate public on other transportation resources available within the community including the “Find Your Own Driver” program.
  - Need or Gap addressed: 1, 3,4,5, 8, 10
  - Timeline: Short Term (1 – 2 years).
  - Responsibility: ADRC-Iowa County.
  - Proposed funding source: Grants, Fees, and Contracts.

### Goal 2: Increase Access to Transportation especially in Rural Iowa County.

- Investigate additional funding sources to assist with increasing access of transportation to all rural areas in addition to Dodgeville.
  - Need or Gap addressed: 2, 6, 7, 8, 9, 10.
  - Timeline: Medium Term (2 to 3 years).
  - Responsibility: ADRC - Iowa County.
  - Proposed funding source: Grants, Fees, and Contracts.

- Continue to coordinate core needs - identify core needs and create routes that will allow rural areas to connect to areas that supply core needs on a regular basis.
  - Need or Gap addressed: 2, 6, 7, 8, 9, 10.
  - Timeline: Medium Term (2 to 3 years).
  - Responsibility: ADRC - Iowa County.
  - Proposed funding source: Grants, Fees, and Contracts.
- Advertise more heavily in local papers, churches, and businesses in targeted rural areas that are not receiving as much service.
  - Need or Gap addressed: 2, 3, 6, 7, 8, 9, 10.
  - Timeline: Medium Term (2 to 3 years).
  - Responsibility: ADRC - Iowa County.
  - Proposed funding source: Grants, Fees, and Contracts.

### **Goal 3: Continue to Expand and Improve the Driver Escort Program and Volunteer Base.**

- Continue to provide orientation and training to support driver escorts.
  - Need or Gap addressed: 2, 6, 8, 10
  - Timeline: Short Term (1-2 years).
  - Responsibility: ADRC - Iowa County, SWCAP.
  - Proposed funding source: Grants, Fees, and Contracts.
- Continue to recruit volunteers by partnering with businesses, services organizations, and marketing to the general public.
  - Need or Gap addressed: 2, 6, 8, 10
  - Timeline: Short Term (1-2 years).
  - Responsibility: ADRC - Iowa County, SWCAP.
  - Proposed funding source: Grants, Fees, and Contracts.
- Provide additional training for Driver Escorts in areas other than safety such as training for assisting users with special needs that may need specialized attention and/or care.
  - Need or Gap addressed: 2, 6, 8, 10
  - Timeline: Short Term (1-2 years).
  - Responsibility: ADRC - Iowa County, SWCAP.
  - Proposed funding source: Grants, Fees, and Contracts.

### **Goal 4: Promote Regional Coordination among Services.**

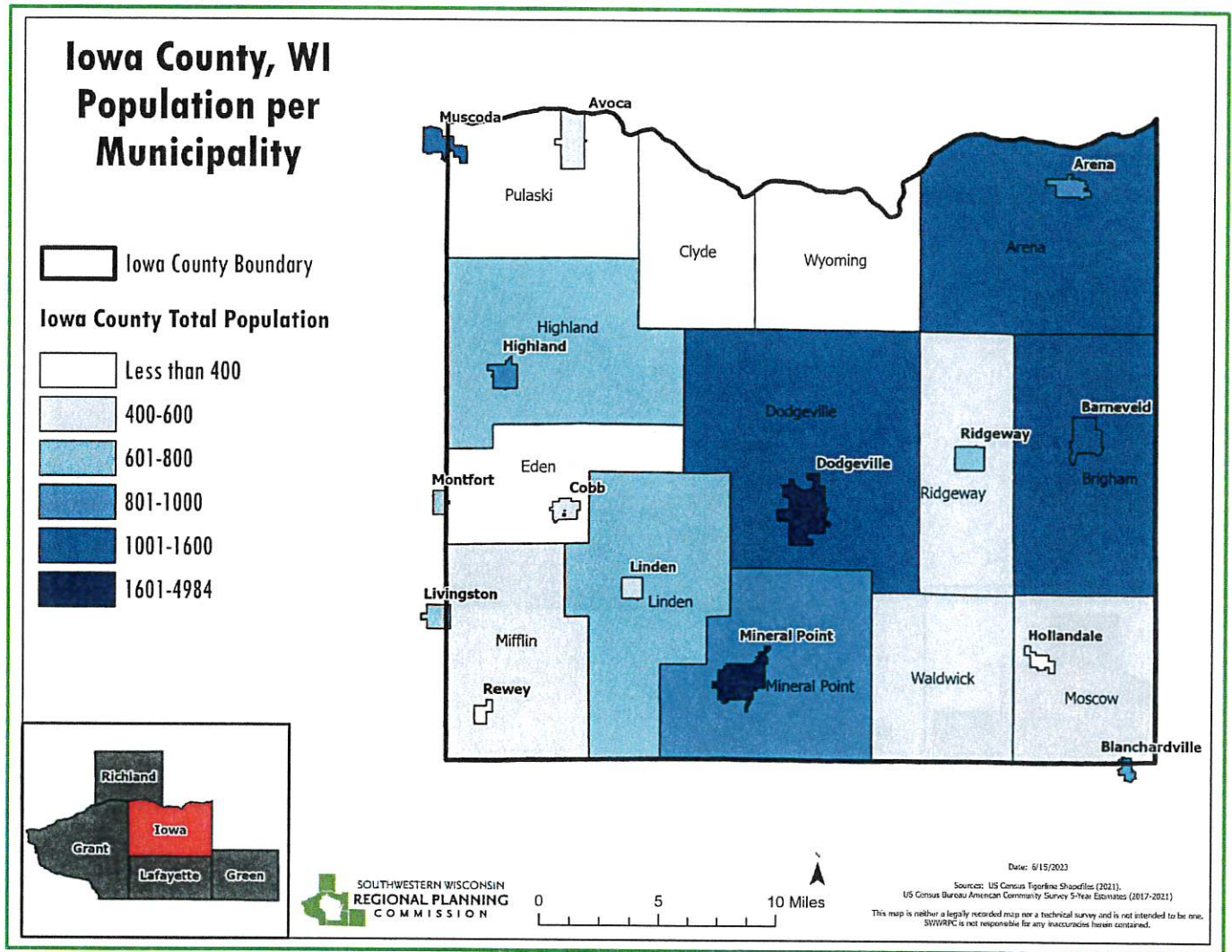
- Continue to participate in SWTT meeting; pursuing and implementing regional collaboration opportunities.
  - Need or Gap addressed: 1, 2, 5, 6, 7, 8, and 10.



- Timeline: Long Term (3-5 years). Ongoing.
  - Responsibility: ADRC - Iowa County.
  - Proposed funding source: Grants, Fees, and Contracts.
- Continue to increase collaboration between transportation providers on a local and regional level.
  - Need or Gap addressed: 1, 2, 5, 6, 7, 8, and 10.
  - Timeline: Long Term (3-5 years).
  - Responsibility: ADRC - Iowa County, SWCAP.
  - Proposed funding source: Grants, Fees, and Contracts.
- Collaborate with surrounding counties and providers in coordinating services so needs are met in border towns and rural areas.
  - Need or Gap addressed: 1, 2, 5, 6, 7, 8, and 10.
  - Timeline: Long Term (3-5 years).
  - Responsibility: ADRC - Iowa County.
  - Proposed funding source: Grants, Fees, and Contracts.
- Advocate for continued funding and continue to seek additional revenue streams to improve and expand transportation.
  - Need or Gap addressed: 9,10
  - Timeline: Long Term (3-5 years).
  - Responsibility: ADRC - Iowa County.
  - Proposed funding source: Grants, Fees, and Contracts.

# Appendixes

## Appendix A: Maps





# Iowa County, WI Population Age 65 and Older

 Iowa County Boundary

## Iowa County 65+ Population

 Less than 65

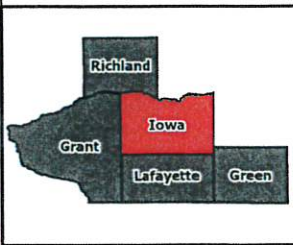
 65-120

 121-180

 181-240

 241-400

 401-709



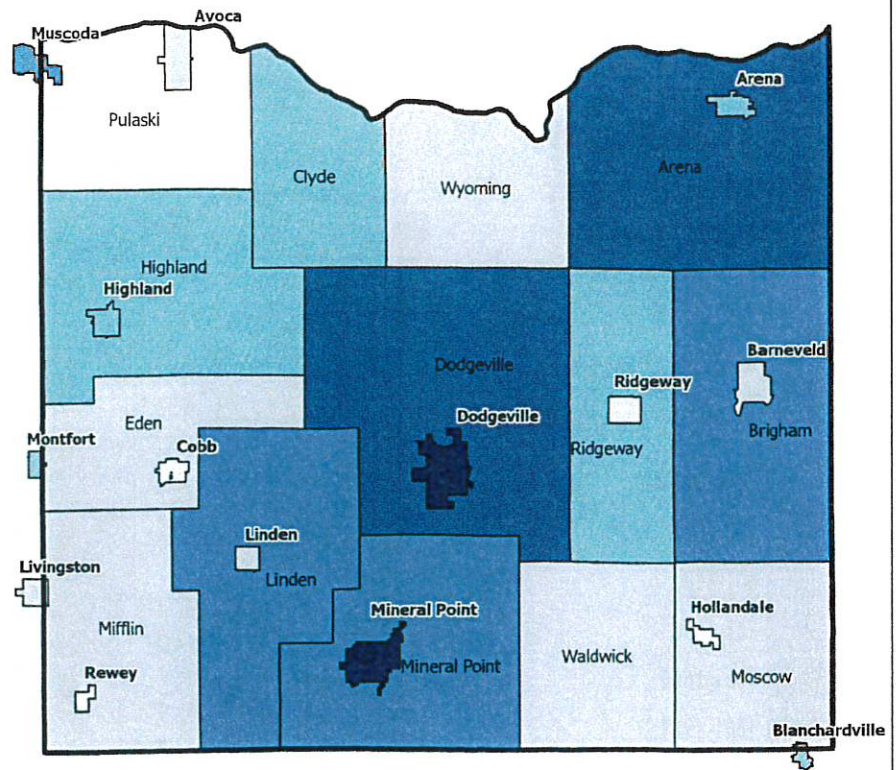
 Southwestern Wisconsin  
Regional Planning  
Commission

0 5 10 Miles

Date: 6/15/2023

Sources: US Census Tigris Shapefiles (2011),  
US Census Bureau American Community Survey 5-Year Estimates (2017-2021)

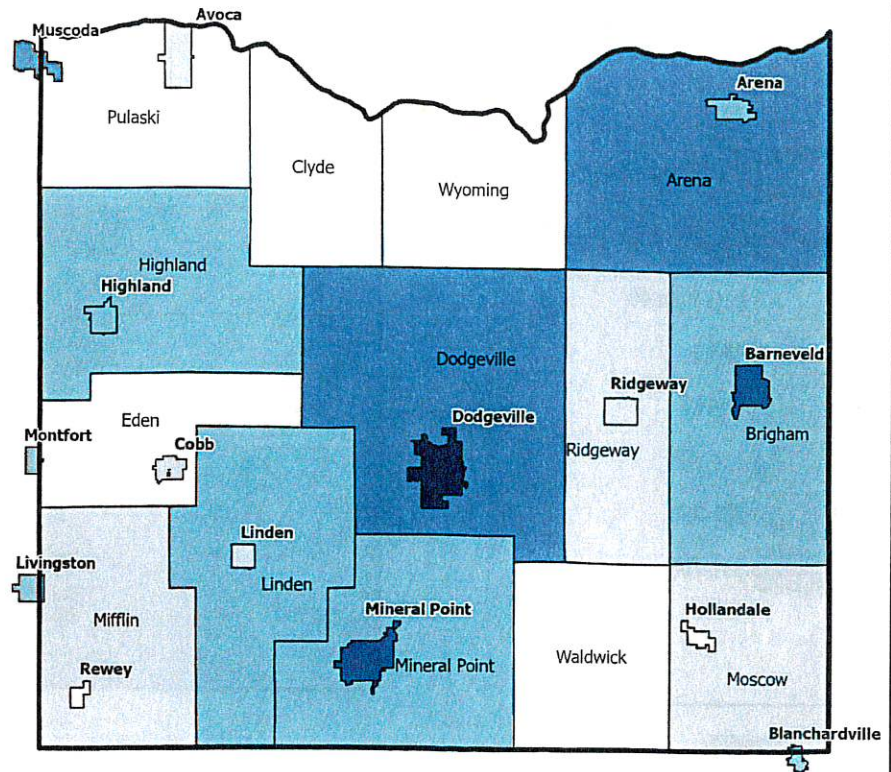
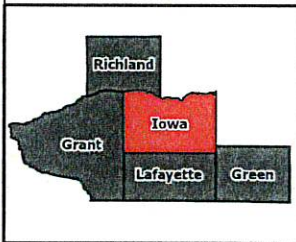
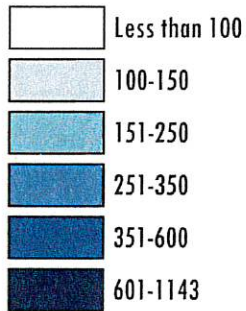
This map is neither a legally recorded map nor a technical survey and is not intended to be one.  
SWRPC is not responsible for any inaccuracies herein contained.



# Iowa County, WI Population Under Age 18

 Iowa County Boundary

## Iowa County Under 18 Population



 SOUTHWESTERN WISCONSIN  
REGIONAL PLANNING  
COMMISSION

0 5 10 Miles

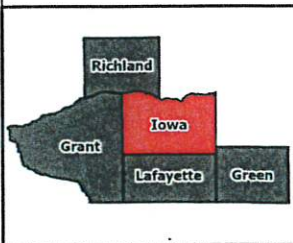
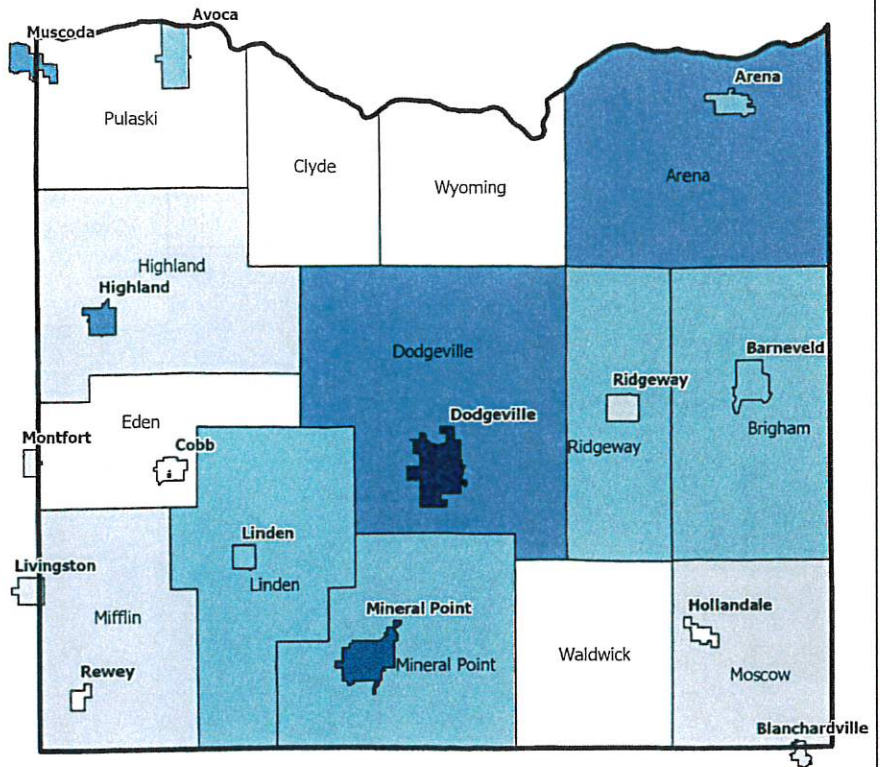
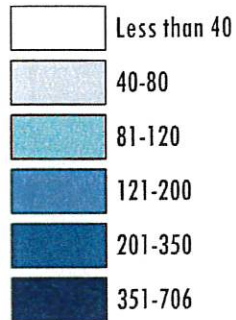
Date: 6/15/2023  
Sources: US Census Tigerline Shapefiles (2021),  
US Census Bureau American Community Survey 5-Year Estimates (2017-2021)  
This map is neither a legally recorded map nor a technical survey and is not intended to be one.  
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# Iowa County, WI Disabled Population

 Iowa County Boundary

## Iowa County Disabled Population



 SOUTHWESTERN WISCONSIN  
REGIONAL PLANNING  
COMMISSION

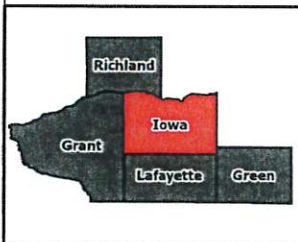
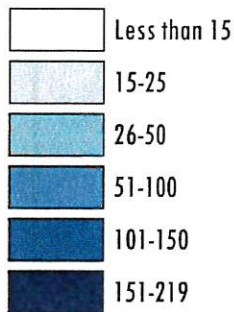
0 5 10 Miles

Date: 6/15/2023  
Sources: US Census Tigerline Shapefiles (2021),  
US Census Bureau American Community Survey 5-Year Estimates (2017-2021)  
This map is neither a legally recorded map nor a technical survey and is not intended to be one.  
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# Iowa County, WI Veteran Population

 Iowa County Boundary

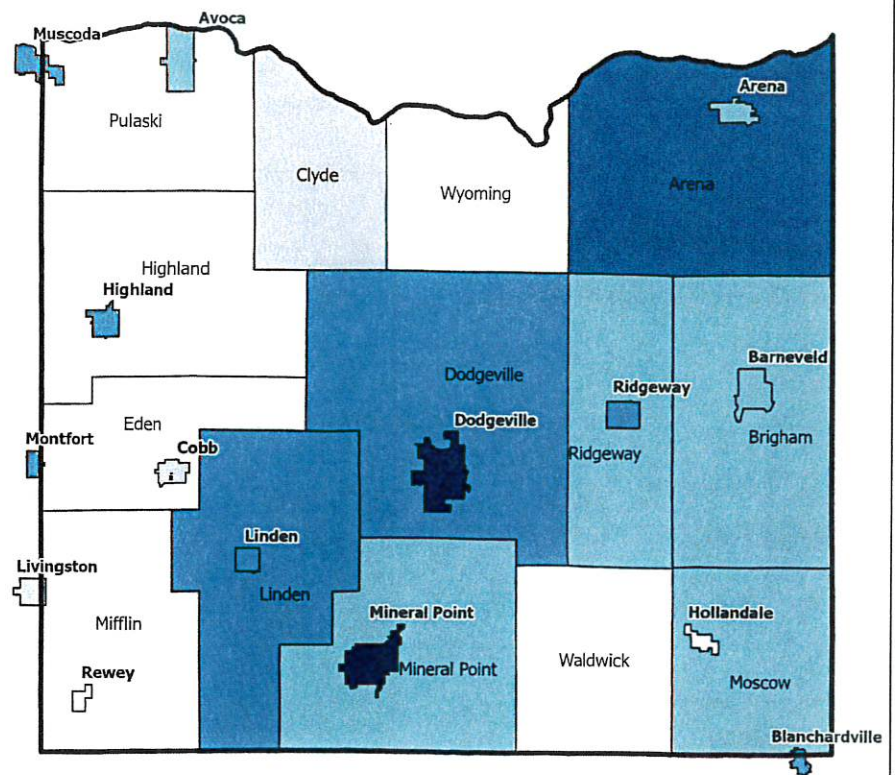
## Iowa County Veteran Population



 SOUTHWESTERN WISCONSIN  
REGIONAL PLANNING  
COMMISSION



Date: 6/15/2023  
Sources: US Census Tigerline Shapefiles (2021),  
US Census Bureau American Community Survey 5-Year Estimates (2017-2021)  
This map is neither a legally recorded map nor a technical survey and is not intended to be one.  
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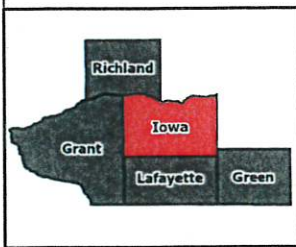
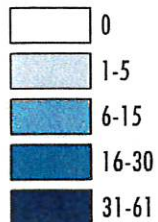




# Iowa County, WI Households Without Access to a Vehicle

 Iowa County Boundary

Iowa County 0 Vehicle Households

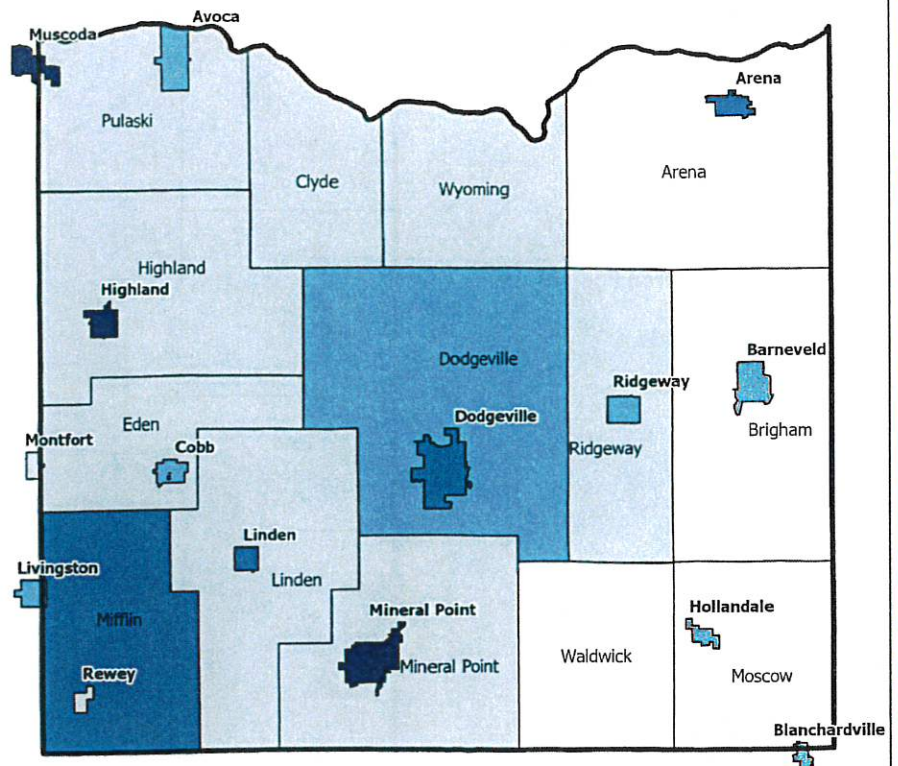


 SOUTHWESTERN WISCONSIN  
REGIONAL PLANNING  
COMMISSION

0 5 10 Miles



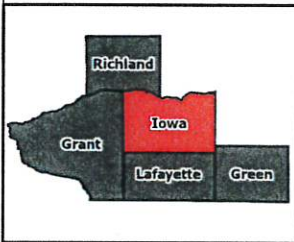
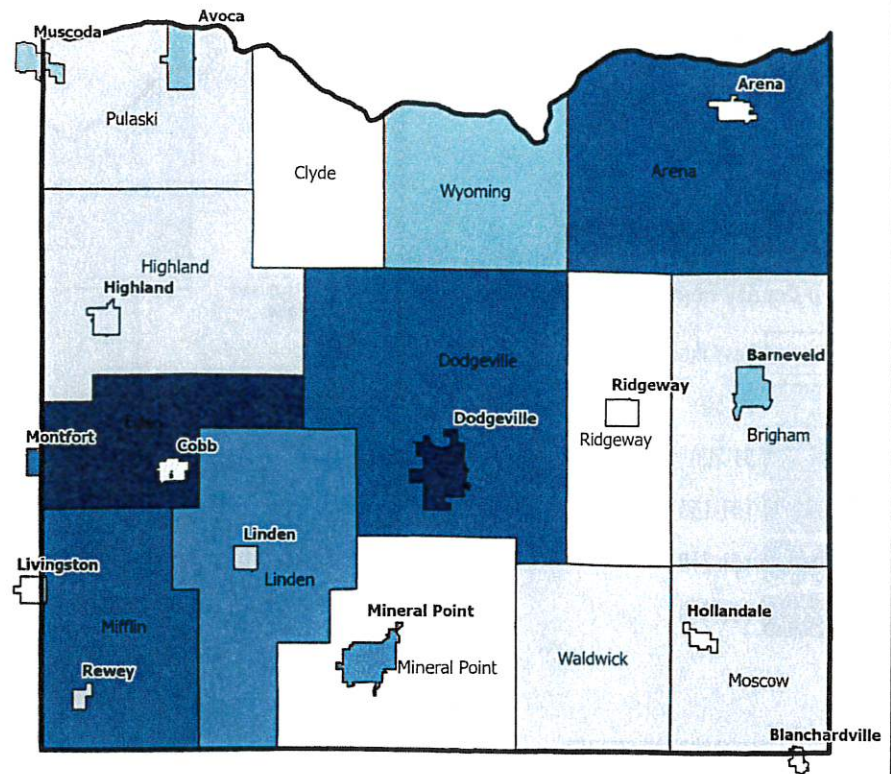
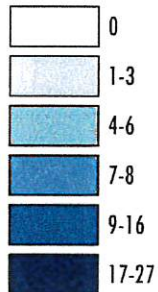
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Source: US Census Tigerline Shapefiles (2021),  
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This map is neither a legally recorded map nor a technical survey and is not intended to be one.  
SWWRPC is not responsible for any inaccuracies herein contained.



# Iowa County, WI Population With Limited English

 Iowa County Boundary

Iowa County Limited English Population



 SOUTHWESTERN WISCONSIN  
REGIONAL PLANNING  
COMMISSION

0 5 10 Miles

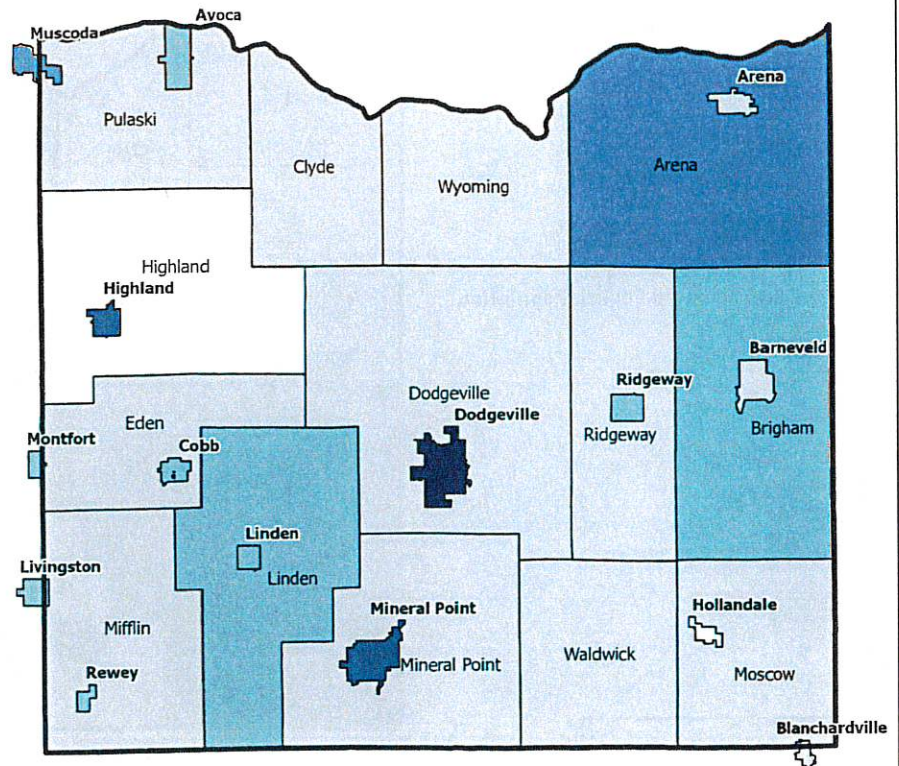
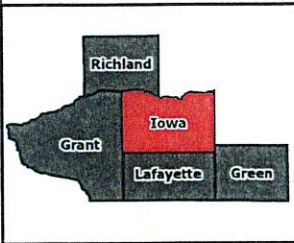
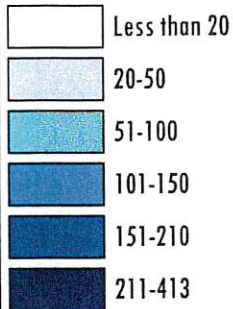
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Source: US Census Tigerline Shapefiles (2021),  
US Census Bureau American Community Survey 5-Year Estimates (2017-2021)  
This map is neither a legally recorded map nor a technical survey and is not intended to be one.  
SWWRPC is not responsible for any inaccuracies herein contained.



# Iowa County, WI Population Living in Poverty

 Iowa County Boundary

## Iowa County Population in Poverty



 SOUTHWESTERN WISCONSIN  
REGIONAL PLANNING  
COMMISSION

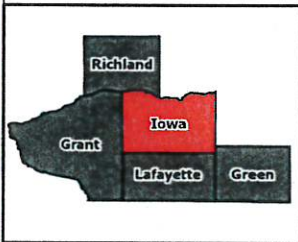
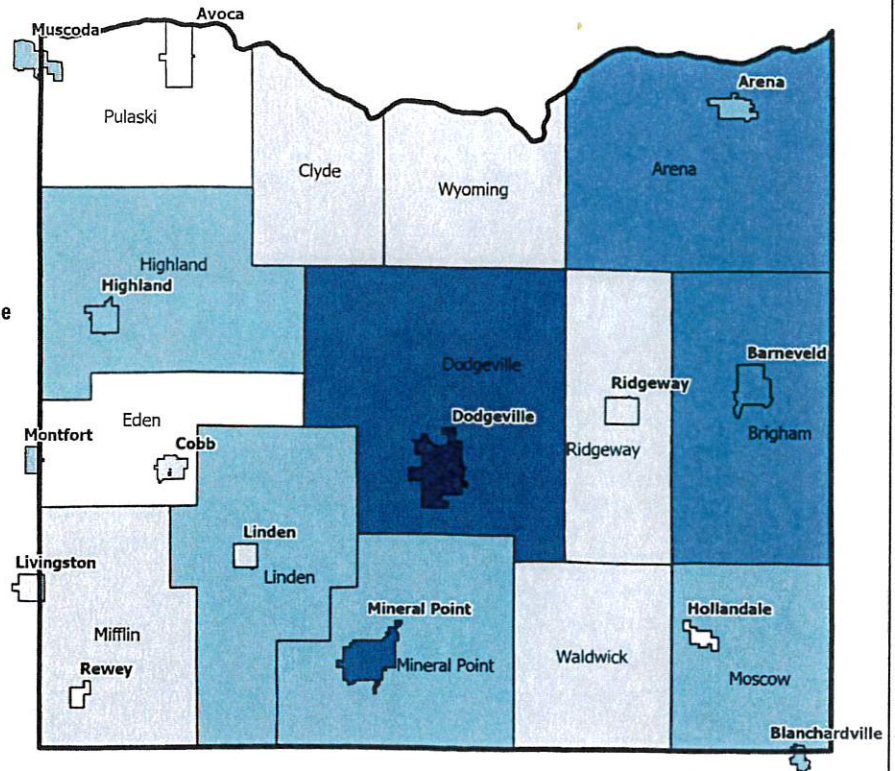
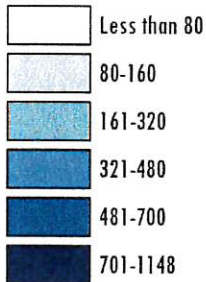
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Date: 6/15/2023  
Source: US Census Tigerline Shapefiles (2021),  
US Census Bureau American Community Survey 5-Year Estimates (2017-2021)  
This map is neither a legally recorded map nor a technical survey and is not intended to be one.  
SWWRPC is not responsible for any inaccuracies herein contained.

# Iowa County, WI Population With a College Degree

 Iowa County Boundary

Iowa County Population with College Degree



 SOUTHWESTERN WISCONSIN  
REGIONAL PLANNING  
COMMISSION

0 5 10 Miles

Date: 6/15/2023

Sources: US Census Tigerline Shapefiles (2021),  
US Census Bureau American Community Survey 5-Year Estimates (2017-2021)

This map is neither a legally recorded map nor a technical survey and is not intended to be one.  
SWRPC is not responsible for any inaccuracies herein contained.



# Please Attend!

## Iowa County Transportation Coordination Public Forum

**TUESDAY APRIL 25, 2023**

**NOON - 2:00 PM**

Health & Human Services Building

303 Chapel St., Dodgeville, WI

(Food to be provided) or Zoom

[https://us02web.zoom.us/j/85663940719?](https://us02web.zoom.us/j/85663940719?pwd=d1ZrU1I1WINSbEcVZlBjU2pXdGxIZz09)

[pwd=d1ZrU1I1WINSbEcVZlBjU2pXdGxIZz09](https://us02web.zoom.us/j/85663940719?pwd=d1ZrU1I1WINSbEcVZlBjU2pXdGxIZz09)

**Your Feedback** is needed to help improve transportation services in Iowa County. The results will help plan future decisions using state and federal funds.

**Anyone who uses public transportation is encouraged to attend.**

### **Your Feedback is Important!**

In Collaboration with the Aging and Disability Resource Center; Hodan Community Center; Southwest Opportunity Center; Southwest CAP; and WisDOT



Free Transportation is available by calling the ADRC (608) 930-9835



## Appendix C: Agenda

### Locally Developed Coordinated Public Transit Plan Public Meeting AGENDA (approximately 90 Minutes)

- |                                                                 |          |
|-----------------------------------------------------------------|----------|
| Welcome, Intro, Agenda, Purpose (SWWRPC)                        | (10 Min) |
| I. Current State of Transit in SW WI (ADRC)                     | (15 Min) |
| a. Resources (providers, hours, types, geography)               |          |
| b. Funding                                                      |          |
| c. Outreach (used to educate/ advertise about transportation)   |          |
| II. Needs/ Gaps (SWWRPC)                                        | (25 Min) |
| a. Data                                                         |          |
| b. Review of 2019 Plan (worked/ didn't, changed/ kept/ removed) |          |
| c. Table work to determine needs (urgency/ who serves)          |          |
| III. Develop Goals (group/table worksheet activity)             | (20 Min) |
| IV. Themes / Prioritize Goals (speaker from each table/group)   | (15 Min) |
| V. Thanks/Fill out evaluation                                   | (5 Min)  |



## Appendix D: Public Meeting Invitation List

| LAST NAME                              | FIRST NAME         | ADDRESS                  | TOWN           | STATE | ZIPCODE |
|----------------------------------------|--------------------|--------------------------|----------------|-------|---------|
| Richter                                | Doug               | 348 Washington St        | Arena          | WI    | 53503   |
| Nelson                                 | Ingmar             | 7516 Loy Rd              | Arena          | WI    | 53503   |
| Lucey                                  | David              | 6780 Baker Rd            | Arena          | WI    | 53503   |
| Joo                                    | Andrea             | PO Box 126               | Arena          | WI    | 53503   |
| Reimann                                | Kate               | 417 Williams St          | Arena          | WI    | 53503   |
| Naeger                                 | Danean             | 345 West St.             | Arena          | WI    | 53503   |
| Arena Congregational Church            |                    | 383 Oak St               | Arena          | WI    | 53503   |
| Elliott                                | Kathy              | 7525 Leaches Crossing Rd | Avoca          | WI    | 53506   |
| Storti                                 | Susan              | 7457 Cty Rd N            | Avoca          | WI    | 53506   |
| Perkins                                | Janet              | PO Box 153               | Avoca          | WI    | 53506   |
| Wilkinson                              | Liz                | 401 Wisconsin St         | Avoca          | WI    | 53506   |
| Avoca Bible Church                     |                    | 209 William St           | Avoca          | WI    | 53506   |
| Spicer                                 | Leah               | 6281 State Rd 130        | Avoca          | WI    | 53506   |
| Peterson                               | Mike               | 106 Savannah Cir         | Barneveld      | WI    | 53507   |
| Meyers                                 | John               | 3110 Cty Rd K            | Barneveld      | WI    | 53507   |
| Murphy                                 | Elsie Jane         | 317 N. Grove St.         | Barneveld      | WI    | 53507   |
| Carden                                 | Jason              | 7701 Lone Pine Rd        | Barneveld      | WI    | 53507   |
| Mieden                                 | Megan              | 407 Business ID          | Barneveld      | WI    | 53507   |
| Forbes                                 | John               | 506 Oak Park Dr          | Barneveld      | WI    | 53507   |
| Walker                                 | Michelle           | 403 E Cty Rd ID          | Barneveld      | WI    | 53507   |
| Barneveld School District              |                    | 304 S Jones St           | Barneveld      | WI    | 53507   |
| Barneveld Lutheran Church              |                    | 505 Swiss Ln             | Barneveld      | WI    | 53507   |
| Immaculate Conception Church           |                    | 100 Church St; PO Box 55 | Barneveld      | WI    | 53507   |
| Middlebury Chapel                      |                    | 2474 Cty Rd HK           | Barneveld      | WI    | 53507   |
| United Congregational Church of Christ |                    | 104 S Jones St           | Barneveld      | WI    | 53507   |
| Crooks                                 | Nick               | PO Box 338               | Barneveld      | WI    | 53507   |
| Kolb                                   | Mary               | 7476 Cty Rd DD           | Blanchardville | WI    | 53516   |
| Barnes                                 | Amy                | PO Box 9                 | Blanchardville | WI    | 53516   |
| Pecatonica Schools                     |                    | 704 Cross St             | Blanchardville | WI    | 53516   |
| United Methodist Church                |                    | 101 N Main St            | Blanchardville | WI    | 53516   |
| Bishop                                 | Andrew             | 302 N Division St        | Cobb           | WI    | 53526   |
| Roelli                                 | Robert             | PO Box 299               | Cobb           | WI    | 53526   |
| Riley                                  | Lisa               | 501 Benson St            | Cobb           | WI    | 53526   |
| Peterson                               | Curt               | 4966 State Rd 23         | Dodgeville     | WI    | 53533   |
| Gollon                                 | David              | 2842 Cty Rd Z            | Dodgeville     | WI    | 53533   |
| Davis                                  | Joan               | 15 Pheasant Pointe       | Dodgeville     | WI    | 53533   |
| Cockeram                               | Dody               | 308 Virginia Ct          | Dodgeville     | WI    | 53533   |
| Stevens                                | Brad               | 115 E Church St          | Dodgeville     | WI    | 53533   |
| Geisking                               | Roger              | 801 N Union St           | Dodgeville     | WI    | 53533   |
| Britt                                  | William<br>Michael | 3160 Lehner Rd.          | Dodgeville     | WI    | 53533   |

|                                                 |            |                            |            |    |       |
|-------------------------------------------------|------------|----------------------------|------------|----|-------|
| Evans                                           | Dianne     | 425 E. Merrimac St.        | Dodgeville | WI | 53533 |
| Reilly                                          | J. Patrick | 502 N. Bennett Rd.         | Dodgeville | WI | 53533 |
| Novak                                           | Todd       | 100 E Fountain St          | Dodgeville | WI | 53533 |
| Aulik                                           | Lauree     | 100 E Fountain St          | Dodgeville | WI | 53533 |
| Peterson                                        | Curt       | 4966 State Hwy 23          | Dodgeville | WI | 53533 |
| Olson                                           | Sara       | 108 E Leffler St           | Dodgeville | WI | 53533 |
| Stenner                                         | Larry      | 3654 Cave Hollow Rd        | Dodgeville | WI | 53533 |
| Thomas                                          | Joe        | 2751 Cty Rd BB             | Dodgeville | WI | 53533 |
| Dodgeville School District                      |            | 916 W Chapel St            | Dodgeville | WI | 53533 |
| Family Practice- Dodgeville                     |            | 833 S Iowa St              | Dodgeville | WI | 53533 |
| Dodgeville Medical Center                       |            | 1204 Joseph St #100        | Dodgeville | WI | 53533 |
| Upland Hills Health Nursing & Rehab             |            | 800 Compassion Way         | Dodgeville | WI | 53533 |
| Sienna Crest Assisted Living                    |            | 404 E Madison St           | Dodgeville | WI | 53533 |
| Crestridge Assisted Living                      |            | 219 Grace St               | Dodgeville | WI | 53533 |
| Bierke                                          | Larry      | 222 N. Iowa St.            | Dodgeville | WI | 53533 |
| Leigh                                           | Zachary    | 222 N. Iowa St.            | Dodgeville | WI | 53533 |
| Peterson                                        | Melissa    | 222 N. Iowa St.            | Dodgeville | WI | 53533 |
| Siegenthaler                                    | Debbie     | 303 W. Chapel St. Ste 2200 | Dodgeville | WI | 53533 |
| Erickson                                        | Rose       |                            |            |    | 53533 |
| Mecozzi                                         | Victoria   | 303 W. Chapel St. Ste 1300 | Dodgeville | WI |       |
| Lindeman                                        | Jeff       | 303 W. Chapel St. Ste 1300 | Dodgeville | WI | 53533 |
| McManus                                         | Cecile     | 303 W. Chapel St. Ste 1400 | Dodgeville | WI | 53533 |
| Dodgeville United Methodist Church              |            | 327 N Iowa St              | Dodgeville | WI | 53533 |
| Grace Lutheran Church                           |            | 1105 N Bequette St         | Dodgeville | WI | 53533 |
| Plymouth Congregational United Church of Christ |            | 115 W Merrimac St          | Dodgeville | WI | 53533 |
| Faith Fellowship Church                         |            | 412 W Spring St            | Dodgeville | WI | 53533 |
| Hidden Valley Community Church                  |            | 605 Bennett Rd             | Dodgeville | WI | 53533 |
| St. Joseph's Catholic Church                    |            | 305 E Walnut St            | Dodgeville | WI | 53533 |
| Abundant Life Christian Center                  |            | 322 N Level St             | Dodgeville | WI | 53533 |
| First Baptist Church                            |            | 506 Uplands Dr             | Dodgeville | WI | 53533 |
| Heart of Worship Community Church               |            | 5094 Brennan Rd            | Dodgeville | WI | 53533 |
| Nankee                                          | Daniel     | 5705 Cty Rd P              | Highland   | WI | 53543 |
| Kreul                                           | Darrell    | 1255 Cardinal Dr           | Highland   | WI | 53543 |
| Munz                                            | Lynn       | 132 Isabell Court          | Highland   | WI | 53543 |
| Kosharek                                        | Allan      | 5029 Lagoon Rd             | Highland   | WI | 53543 |
| Nankee                                          | Lois       | 5705 Cty Rd P              | Highland   | WI | 53543 |
| Breiwa                                          | George     | 531 Dodgeville St          | Highland   | WI | 53543 |
| Fredericks                                      | Becky      | PO Box 284                 | Highland   | WI | 53543 |
| Highland School District                        |            | 1030 Cardinal Dr           | Highland   | WI | 53543 |
| Christ Lutheran Church                          |            | 303 Main St                | Highland   | WI | 53543 |
| First Presbyterian Church                       |            | 342 Grand St               | Highland   | WI | 53543 |
| St. Anthony and Philip Catholic Church          |            | 726 Main St                | Highland   | WI | 53543 |
| Rolfsmeyer                                      | Richard    | 7087 State Hwy 39          | Hollandale | WI | 53544 |



|                                            |           |                        |               |    |       |
|--------------------------------------------|-----------|------------------------|---------------|----|-------|
| Rolfsmeyer                                 | Marilyn   | 7087 State Road 39     | Hollandale    | WI | 53544 |
| Hendrickson                                | Joe       | 8023 E Pecatonica Rd   | Hollandale    | WI | 53544 |
| Chrostowski                                | Meta      | 506 1st Ave.           | Hollandale    | WI | 53544 |
| DeWitt                                     | Holly     | PO Box 55              | Hollandale    | WI | 53544 |
| Unified Community Services                 |           | 200 W. Alona Lane      | Lancaster     | WI | 53813 |
| Spurley                                    | Bob       | 719 Main St            | Linden        | WI | 53553 |
| Lindner                                    | Sue       | PO Box 469             | Linden        | WI | 53553 |
| Palzkill                                   | Sam       | PO Box 446             | Linden        | WI | 53553 |
| Stanton                                    | Darrin    | 298 Rundell Rd         | Livingston    | WI | 53554 |
| Brown                                      | Tom       | 140 S Franklin St      | Livingston    | WI | 53554 |
| Christianson                               | Christina | PO Box 90              | Livingston    | WI | 53554 |
| Iowa Grant School District                 |           | 498 County Rd IG       | Livingston    | WI | 53554 |
| Livingston United Methodist Church         |           | 415 W Woodward Ave     | Livingston    | WI | 53554 |
| Livingston Free Methodist Church           |           | 425 W Barber Ave       | Livingston    | WI | 53554 |
| Lone Rock Congregational Church            |           | 202 S Chestnut St      | Lone Rock     | WI | 53556 |
| Agrace                                     |           | 5395 E. Cheryl Parkway | Madison       | WI |       |
| Galle                                      | Gerald    | 205 William St         | Mineral Point | WI | 53565 |
| Gander                                     | Don       | 808 Fountain St        | Mineral Point | WI | 53565 |
| O'Brien                                    | Justin    | 831 Center St          | Mineral Point | WI | 53565 |
| Masters                                    | Mel       | 2624 Pellow Rd         | Mineral Point | WI | 53565 |
| Butteris                                   | Kevin     | 351 Jones Branch Rd    | Mineral Point | WI | 53565 |
| Clements                                   | Nancy     | 430 Doty St.           | Mineral Point | WI | 53565 |
| Schroeder                                  | Susan     | 301 William St.        | Mineral Point | WI | 53565 |
| Fischer                                    | Alice     | 719 Fair St., Apt 11   | Mineral Point | WI | 53565 |
| Basting                                    | Jason     | 731 Madison St         | Mineral Point | WI | 53565 |
| Skelding                                   | Christy   | 137 High St            | Mineral Point | WI | 53565 |
| Liddicoat                                  | Dean      | 1948 Avenell Rd        | Mineral Point | WI | 53565 |
| Sullivan                                   | Gary      | 1603 Cty Rd D          | Mineral Point | WI | 53565 |
| Heisner                                    | Debi      | 4946 Sunny Ridge Rd    | Mineral Point | WI | 53565 |
| White                                      | Robert    | 5624 Cty Rd DD         | Mineral Point | WI | 53565 |
| Doyle                                      | Mike      | 5674 State Hwy 39      | Mineral Point | WI | 53565 |
| Mineral Point School District              |           | 705 Ross St            | Mineral Point | WI | 53565 |
| Family Practice- Mineral Point             |           | 227 Commerce St        | Mineral Point | WI | 53565 |
| Mineral Point Medical Center               |           | 104 High St #1         | Mineral Point | WI | 53565 |
| Sienna Crest Memory Care                   |           | 210 Copper St          | Mineral Point | WI | 53565 |
| Mineral Point Health Services              |           | 109 N Iowa St          | Mineral Point | WI | 53565 |
| Cowboy Country Church & Grace Bible Church |           | 1200 Betty Lane        | Mineral Point | WI | 53565 |
| First United Methodist Church              |           | 400 Doty St            | Mineral Point | WI | 53565 |
| Trinity Episcopal Church                   |           | 409 High St            | Mineral Point | WI | 53565 |
| Hope Lutheran Church                       |           | 555 Commerce St        | Mineral Point | WI | 53565 |
| United Church of Christ                    |           | 300 Maiden St          | Mineral Point | WI | 53565 |
| Congregation of St. Mary's & St. Paul's    |           | 224 Davis St           | Mineral Point | WI | 53565 |
| Leix                                       | Don       | 74 Badger Hollow Rd    | Montfort      | WI | 53569 |
| Piper                                      | Charles   | 307 E Main St          | Montfort      | WI | 53569 |

|                                       |          |                         |              |    |       |
|---------------------------------------|----------|-------------------------|--------------|----|-------|
| Kazda                                 | Shelly   | PO Box 157              | Montfort     | WI | 53569 |
| Seifert                               | Roy      | 6477 Cty Rd P           | Muscoda      | WI | 53573 |
| Dorothy Hackl                         | Dorothy  | 301 W Greentree Trl     | Muscoda      | WI | 53573 |
| Cinda Johnson                         | Cinda    | PO Box 206              | Muscoda      | WI | 53573 |
| St. Peters Lutheran Church            |          | 210 W Beech St          | Muscoda      | WI | 53573 |
| United Church of Muscoda Presbyterian |          | 402 N 2nd St            | Muscoda      | WI | 53573 |
| Blue River Valley Church              |          | 1526 Church Rd          | Muscoda      | WI | 53573 |
| St. Croix Hospice                     |          | 115 W. Main Street      | Platteville  | WI | 53818 |
| Molzof                                | Misty    | 20 S. Court St.         | Platteville  | WI | 53818 |
| McFall                                | Tammy    | 1000 Lower Mifflin Rd   | Rewey        | WI | 53580 |
| Paul Simon                            | Paul     | PO Box 44               | Rewey        | WI | 53580 |
| Ingwell                               | Colleen  | PO Box 33               | Rewey        | WI | 53580 |
| Alan                                  | Kimberly | 4899 Pikes Peak Rd      | Ridgeway     | WI | 53582 |
| Lease                                 | Tim      | 6567 Prairie Rd         | Ridgeway     | WI | 53582 |
| Wieczorek                             | Nicole   | 6300 Town Hall Rd       | Ridgeway     | WI | 53582 |
| Casper                                | Michele  | 315 W Farwell St        | Ridgeway     | WI | 53582 |
| Roessler                              | Hailey   | 208 Jarvis St Ste A     | Ridgeway     | WI | 53582 |
| Grace United Methodist Church         |          | 501 Main St             | Ridgeway     | WI | 53582 |
| Ladewig, Esq.                         | William  | PO Box 5                | Spring Green | WI | 53588 |
| Dries                                 | Bob      | 3884 Cty Rd C           | Spring Green | WI | 53588 |
| Hess                                  | John     | 5851 Cty Rd Z           | Spring Green | WI | 53588 |
| Lloyd-Jones                           | Mary     | 6514 Hillside School Rd | Spring Green | WI | 53588 |



## Appendix E: Transportation Providers by County

| Provider Name                                             | Contact Person                                                                                                                     | Passenger Eligibility                                                                               | Service Description                             | Office Hours                                                                                                                                                                                  | Fleet Information                                             | Funding Sources                                  |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------|
| <b>Iowa County Transportation Providers</b>               |                                                                                                                                    |                                                                                                     |                                                 |                                                                                                                                                                                               |                                                               |                                                  |
| Gunderson Coulee Trails                                   | 126½ W. Jefferson St. Viroqua, WI<br><br>Cheryl Kletzke                                                                            | Medicaid (disabled), All medical needs, other requests on prior approval                            | Demand response (door to door)                  | Based on needs                                                                                                                                                                                | 14 vehicles<br>Minivans and wheelchair accessible             | Medical Assistance, SWFC, co-pays, private pay   |
| Hodan Center, Inc.<br><br>(608) 987-3336                  | 941 W. Fountain St, Mineral Point, WI<br><br>Gene Dagle<br>Diane Kliebenstein                                                      | Client, employees and people who need specialized transport for nonemergency medical or other needs | Fixed Routes and demand response (door to door) | <b>Buses:</b><br>Monday-Friday<br>Fixed routes<br>6:00a– 9:15a & 2:30p – 6:00p<br><b>Vans, mini-buses:</b><br>Monday-Friday<br>7:00a – 6:00p<br>Buses & Vans available other times by request | 7 buses<br>2 vans<br>2 mini-buses<br>All vehicles have lifts. | 5310 – SWFC, Medical Assistance and private pay. |
| Iowa County City of Dodgeville Taxi<br><br>(608) 553-0590 | 303 W Chapel St, Dodgeville, WI (608) 930-9835<br><br>Nohe Caygill, Transportation Coordinator<br><br>Nikki Mumm, Business Manager | City of Dodgeville Residents                                                                        | Demand response (door to door)                  | Monday, Wednesday & Friday<br>7:45a–3:30p                                                                                                                                                     | 1 van with ramp                                               | Private pay and local funding                    |
| Iowa County Rural Taxi<br><br>(608) 930-9835              | 303 W Chapel St, Dodgeville, WI (608) 930-9835<br><br>Nohe Caygill, Transportation Coordinator<br><br>Nikki Mumm, Business Manager | Rural Iowa County residents                                                                         | Demand response (door to door)                  | Tuesday & Thursday<br>8:15a–4p                                                                                                                                                                | 1 van with ramp                                               | Private pay and local funding                    |

| Provider Name                           | Contact Person                                                                                                                                 | Passenger Eligibility                                                 | Service Description                                                                     | Office Hours                                                 | Fleet Information                                                                       | Funding Sources                                                    |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Iowa County ADRC Care-A-Van             | 303 W Chapel St,<br>Dodgeville, WI<br>(608) 930-9835<br><br>Nohe Caygill,<br>Transportation Coordinator<br><br>Nikki Mumm,<br>Business Manager | Elderly and disabled                                                  | Fixed route enrichment opportunities                                                    | Tuesday & Thursday<br><br>8:00a-4:30p                        | 1 bus with lift                                                                         | 85.21, 53.10, Older Americans Act, Copay Private Pay and Donations |
| Iowa County ADRC Driver Escort Program  | 303 W Chapel St,<br>Dodgeville, WI<br>(608) 930-9835<br><br>Nohe Caygill,<br>Transportation Coordinator<br><br>Nikki Mumm,<br>Business Manager | Elderly and disabled to non-emergency medical appointments            | Demand response (door to door)                                                          | Monday-Friday<br>8:00a-4:30p                                 | Passenger vehicles owned by volunteer, not accessible                                   | 85.21, Family Care, and Copay Private Pay                          |
| First Student Bus Service               | 706 Ridge St.<br>Mineral Point, WI<br>(608) 987-3911                                                                                           |                                                                       | School Bus<br>Some Charter                                                              |                                                              | 1 large bus-wheelchair accessible                                                       |                                                                    |
| LIFT SWCAP                              | Corie Dejno<br>201 S. Iowa St.<br>Dodgeville, WI<br>(608) 930-2191                                                                             | Disabled and lacking transportation as viewed by LIFT as a disability | Demand response (door to door)                                                          | 8:00a-4:30p<br>Monday-Thursday<br><br>8:00a-12:00p<br>Friday | 2/3 Van, wheelchair accessible<br><br>1-7 Passenger mini-van, not wheelchair accessible | SWFC – Medicaid 53.17 TCSP Copay private pay                       |
| Warco Transportation School and Charter | 608-994-2701                                                                                                                                   | Anyone                                                                | School Bus<br>Dodgeville School District,<br>Private lease/rental for special occasions |                                                              |                                                                                         |                                                                    |



## Appendix F: Evaluations

DRAFT

# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | ② | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | ①              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | ⑥          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | ③     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | ⑥          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | ③     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | ①              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | ② | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | ①              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | ①              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much ☒ about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)



# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions |                                                                                                                                           | Strongly Agree | Agree | Strongly Disagree |   | Don't Know |   |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|-------------------|---|------------|---|
| 1.                        | The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | (2)   | 3                 | 4 | 5          | 6 |
| 2.                        | The meeting provided a good forum for communication about public/human services transportation coordination.                              | (1)            | 2     | 3                 | 4 | 5          | 6 |
| 3.                        | Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | (2)   | 3                 | 4 | 5          | 6 |
| 4.                        | The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2     | (3)               | 4 | 5          | 6 |
| 5.                        | The county/region has a working coordination team.                                                                                        | 1              | 2     | 3                 | 4 | 5          | 6 |
| 6.                        | The previous coordination plan has been implemented.                                                                                      | 1              | 2     | 3                 | 4 | 5          | 6 |
| 7.                        | Developing the prioritized action plan was meaningful and valuable.                                                                       | (1)            | 2     | 3                 | 4 | 5          | 6 |
| 8.                        | I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | (2)   | 3                 | 4 | 5          | 6 |
| Facilitator Questions     |                                                                                                                                           |                |       |                   |   |            |   |
| 9.                        | Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | (2)   | 3                 | 4 | 5          | 6 |
| 10.                       | The information was presented in a clear, logical format.                                                                                 | 1              | (2)   | 3                 | 4 | 5          | 6 |

10. The time allotted for the meeting was: \_\_ too much X about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

*Sheet on projects and objectives met  
This led to discussion of what works vs needs*

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)

# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: ~~X~~ too much \_\_ about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)



# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much ☒ about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

*Charts.*

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability. *No*

14. Other comments (write on back) *Thank you for presenting the materials and lunch.*

# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions |                                                                                                                                           | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1.                        | The information covered in the group discussions, examples and explanations was understandable.                                           | ①              | 2 | 3     | 4                 | 5 | 6          |
| 2.                        | The meeting provided a good forum for communication about public/human services transportation coordination.                              | ①              | 2 | 3     | 4                 | 5 | 6          |
| 3.                        | Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | ③     | 4                 | 5 | 6          |
| 4.                        | The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | ② | 3     | 4                 | 5 | 6          |
| 5.                        | The county/region has a working coordination team.                                                                                        | ①              | 2 | 3     | 4                 | 5 | 6          |
| 6.                        | The previous coordination plan has been implemented.                                                                                      | 1              | 2 | ③     | 4                 | 5 | 6          |
| 7.                        | Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | ② | 3     | 4                 | 5 | 6          |
| 8.                        | I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | ② | 3     | 4                 | 5 | 6          |
| Facilitator Questions     |                                                                                                                                           |                |   |       |                   |   |            |
| 9.                        | Facilitator was knowledgeable about the meeting process.                                                                                  | ①              | 2 | 3     | 4                 | 5 | 6          |
| 10.                       | The information was presented in a clear, logical format.                                                                                 | ①              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: ☐ too much ☒ about right ☐ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.  
*Liked census statistics*

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back) *Good to know Rural Areas are not being ignored!*



# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much ☒ about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

*input AND information*

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)

# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)



# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> | ADRC           |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: ☐ too much ☒ about right ☐ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

12. List any information or meeting content you felt was omitted or needed further clarification.

*Transportation should involve every place in area the get funding  
And can utilize Together.*

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)

# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| Facilitator Questions                                                                                                                        |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful. updates on what is Available

12. List any information or meeting content you felt was omitted or needed further clarification. - more info on SWCAP Lift program

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back) Some things haven't changed in the last 10-15 years. Rural areas are so fractured in what they do.



# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions |                                                                                                                                           | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1.                        | The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2.                        | The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3.                        | Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4.                        | The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5.                        | The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6.                        | The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7.                        | Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8.                        | I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| Facilitator Questions     |                                                                                                                                           |                |   |       |                   |   |            |
| 9.                        | Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10.                       | The information was presented in a clear, logical format.                                                                                 | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much X about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

Language Barrier

12. List any information or meeting content you felt was omitted or needed further clarification.

more mental Health services ~~are~~ needed

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability. ~~no~~

14. Other comments (write on back)

Thank You

# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> | Jacqueline     |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree | Agree | Strongly Disagree | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------|-------------------|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | (1)            | 2     | 3                 | 4 5 6      |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | (1)            | 2     | 3                 | 4 5 6      |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2     | (3)               | 4 5 6      |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | (2)   | 3                 | 4 5 6      |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2     | (3)               | 4 5 6      |
| 6. The previous coordination plan has been implemented.                                                                                      | (1)            | 2     | 3                 | 4 5 6      |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | (1)            | 2     | 3                 | 4 5 6      |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | (1)            | 2     | 3                 | 4 5 6      |
| <b>Facilitator Questions</b>                                                                                                                 |                |       |                   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | (1)            | 2     | 3                 | 4 5 6      |
| 10. The information was presented in a clear, logical format.                                                                                | (1)            | 2     | 3                 | 4 5 6      |

10. The time allotted for the meeting was: \_\_ too much \_\_ about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

*The area states*

12. List any information or meeting content you felt was omitted or needed further clarification.

*Need for services to hispanic community*

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)



# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                  |
|------------------------|------------------|
| <b>County/Region:</b>  | Iowa County      |
| <b>Date:</b>           | April 25, 2023   |
| <b>Facilitator(s):</b> | Jacklyn, Griffin |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions |                                                                                                                                           | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1.                        | The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2.                        | The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3.                        | Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4.                        | The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5.                        | The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6.                        | The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7.                        | Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8.                        | I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| Facilitator Questions     |                                                                                                                                           |                |   |       |                   |   |            |
| 9.                        | Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10.                       | The information was presented in a clear, logical format.                                                                                 | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much ~~X~~ about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

transportation is important + needed

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability. No, I don't think so

14. Other comments (write on back)

# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                  |
|------------------------|------------------|
| <b>County/Region:</b>  | Iowa County      |
| <b>Date:</b>           | April 25, 2023   |
| <b>Facilitator(s):</b> | Griffin + Jaslyn |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much X about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

*I learned more about the resources available*

12. List any information or meeting content you felt was omitted or needed further clarification.

*None*

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

*Not really*

14. Other comments (write on back)



# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much X about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

*Driver needed*

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)

*GOOD MEAL*

# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions |                                                                                                                                           | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1.                        | The information covered in the group discussions, examples and explanations was understandable.                                           | ①              | 2 | 3     | 4                 | 5 | 6          |
| 2.                        | The meeting provided a good forum for communication about public/human services transportation coordination.                              | ①              | 2 | 3     | 4                 | 5 | 6          |
| 3.                        | Participants at the meeting were from a broad stakeholder group.                                                                          | ①              | 2 | 3     | 4                 | 5 | 6          |
| 4.                        | The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | ② | 3     | 4                 | 5 | 6          |
| 5.                        | The county/region has a working coordination team.                                                                                        | ①              | 2 | 3     | 4                 | 5 | 6          |
| 6.                        | The previous coordination plan has been implemented.                                                                                      | 1              | ② | 3     | 4                 | 5 | 6          |
| 7.                        | Developing the prioritized action plan was meaningful and valuable.                                                                       | ①              | 2 | 3     | 4                 | 5 | 6          |
| 8.                        | I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | ② | 3     | 4                 | 5 | 6          |
| Facilitator Questions     |                                                                                                                                           |                |   |       |                   |   |            |
| 9.                        | Facilitator was knowledgeable about the meeting process.                                                                                  | ①              | 2 | 3     | 4                 | 5 | 6          |
| 10.                       | The information was presented in a clear, logical format.                                                                                 | 1              | ② | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much ② about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.

*data to inform strategies & identify needs is imperative*

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)



# Meeting Evaluation Form

## (2023-2027) Coordinated Planning Meeting

|                        |                |
|------------------------|----------------|
| <b>County/Region:</b>  | Iowa County    |
| <b>Date:</b>           | April 25, 2023 |
| <b>Facilitator(s):</b> |                |

Instructions: For each item below, please circle the number/response that best expresses your opinion.

| General Meeting Questions                                                                                                                    | Strongly Agree |   | Agree | Strongly Disagree |   | Don't Know |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-------|-------------------|---|------------|
| 1. The information covered in the group discussions, examples and explanations was understandable.                                           | 1              | 2 | 3     | 4                 | 5 | 6          |
| 2. The meeting provided a good forum for communication about public/human services transportation coordination.                              | 1              | 2 | 3     | 4                 | 5 | 6          |
| 3. Participants at the meeting were from a broad stakeholder group.                                                                          | 1              | 2 | 3     | 4                 | 5 | 6          |
| 4. The county/region's prioritized action plan is comprehensive and realistic.                                                               | 1              | 2 | 3     | 4                 | 5 | 6          |
| 5. The county/region has a working coordination team.                                                                                        | 1              | 2 | 3     | 4                 | 5 | 6          |
| 6. The previous coordination plan has been implemented.                                                                                      | 1              | 2 | 3     | 4                 | 5 | 6          |
| 7. Developing the prioritized action plan was meaningful and valuable.                                                                       | 1              | 2 | 3     | 4                 | 5 | 6          |
| 8. I feel the coordination process in the county/region will be improved based on the assessment, action plan and implementation strategies. | 1              | 2 | 3     | 4                 | 5 | 6          |
| <b>Facilitator Questions</b>                                                                                                                 |                |   |       |                   |   |            |
| 9. Facilitator was knowledgeable about the meeting process.                                                                                  | 1              | 2 | 3     | 4                 | 5 | 6          |
| 10. The information was presented in a clear, logical format.                                                                                | 1              | 2 | 3     | 4                 | 5 | 6          |

10. The time allotted for the meeting was: \_\_ too much X about right \_\_ not enough

11. List key points/issues presented during the meeting that were the most valuable or useful.  
- shed light on services we have

12. List any information or meeting content you felt was omitted or needed further clarification.

13. Are you interested in participating on the team that will implement the coordination plan strategies? If yes, indicate your availability.

14. Other comments (write on back)

## Appendix G: Public Forum Attendees

DRAFT



## Participant List

(2023-2027) Coordinated Planning Meeting

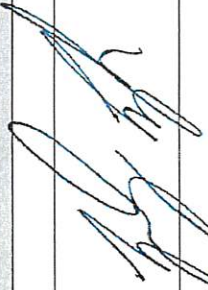
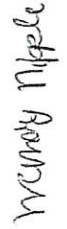
|                       |                                  |
|-----------------------|----------------------------------|
| <b>Region/County:</b> | Southwest Wisconsin, Iowa County |
| <b>Date:</b>          | April 25, 2023                   |

| Name                     | Agency                      | Email                               | Phone # | Signature          |
|--------------------------|-----------------------------|-------------------------------------|---------|--------------------|
| <i>Andy Cockman</i>      | ADRC Committee              | <i>Supervisor 9@IowaCounty.org</i>  |         | <i>[Signature]</i> |
| <i>Brad Stevens</i>      | ADRC Committee County Board | <i>Supervisor 10@IowaCounty.org</i> |         | <i>[Signature]</i> |
| <i>[Signature]</i>       | County Board                |                                     |         | <i>[Signature]</i> |
| <i>Doug Rickter</i>      | ADRC                        |                                     |         | <i>[Signature]</i> |
| <i>MICHAEL BRITT</i>     | ADRC Board                  | <i>BUMBRITT@AOL.COM</i>             |         | <i>[Signature]</i> |
| <i>Marilyn Roffmeyer</i> | ADRC Board                  | <i>MarilynR@IowaCounty.org</i>      |         | <i>[Signature]</i> |
| <i>Leri Sellers</i>      | Retired Iowa County         |                                     |         | <i>[Signature]</i> |

2023-2027 Coordinated Plan

| Name           | Agency              | Email                       | Phone #      | Signature            |
|----------------|---------------------|-----------------------------|--------------|----------------------|
| Faye Elmore    | Retired Iowa Co.    |                             | 608-930-7977 | Faye M. Elmore       |
| Cathy Palfail  |                     |                             | 360-981-8626 | Catherine J. Palfail |
| NIKKI MUMM     | IOWA CO<br>DSS/HDRC | nikki.mumm@iowacounty.org   | 608-930-9803 | Nikki Mumm           |
| Nohe Cargill   | IOWA CO<br>ADRC/DSS | nohe.cargill@iowacounty.org | 608-930-9836 | Nohe Cargill         |
| Barry Hoffmann | UW-<br>EXT          | barry.hoffmann<br>@wisc.edu | 608-574-9128 | Barry Hoffmann       |
| Tom Slaney     | ADRC/DSS            | tom.slaney@iowacounty.org   | 608-930-9802 | Tom Slaney           |
| Dianne Evans   | community.wm        | DLEvans@mtc.net             | 608-930-1956 | Dianne Evans         |
| Sandy McKay    |                     |                             | 608-574-0115 | Sandy McKay          |
| Bruce Pail     | Community Mktg      |                             |              | Bruce Pail           |



| Name              | Agency        | Email                           | Phone #      | Signature                                                                         |
|-------------------|---------------|---------------------------------|--------------|-----------------------------------------------------------------------------------|
| Zach Leigh        | District Atty | zachary.leigh@da.wi.gov         | 608-935-0393 |  |
| Valerie Hirsland  | ADRe          | valerie.hirsland@iowacounty.org | 608 930 9835 |  |
| E. Simpson Murphy | ADRe          | murphyej@hotmail.com            | 608 534-4346 |  |
| Wendy Nipple      |               | wendynipple@yahoo.com           | 608-574-0998 |  |
|                   |               |                                 |              |                                                                                   |
|                   |               |                                 |              |                                                                                   |
|                   |               |                                 |              |                                                                                   |
|                   |               |                                 |              |                                                                                   |
|                   |               |                                 |              |                                                                                   |
|                   |               |                                 |              |                                                                                   |

2023-2027 Coordinated Plan

| Name         | Agency  | Email           | Phone #      | Signature    |
|--------------|---------|-----------------|--------------|--------------|
| Nancy Howard | Citizen | howard@mbtc.net | 608-935-9453 | Nancy Howard |
|              |         |                 |              |              |
|              |         |                 |              |              |
|              |         |                 |              |              |
|              |         |                 |              |              |
|              |         |                 |              |              |
|              |         |                 |              |              |
|              |         |                 |              |              |
|              |         |                 |              |              |
|              |         |                 |              |              |





**AGING & DISABILITY RESOURCE CENTER  
REVENUE AND EXPENDITURE SUMMARIZATION  
JUNE 2023**

**Income**                      **\$92,877.41**

- Income includes ADRC Regional reimbursement, GWAAR reimbursement, driver escort co-payments, reimbursement from Veterans Service Office and Family Care for driver escort rides, bus contributions, city taxi payments, and rural taxi payments.

**Expenditures**              **\$112,439.55**

- Expenses include payroll and fringes, News & Views, office supplies, postage, City of Dodgeville Taxi expenses, Rural Taxi expenses, ADRC Care-A-Van Bus expenses, volunteer driver reimbursement, SUN expenses, and caregiver respite.



# TRANSPORTATION COORDINATOR'S REPORT

June 2023

Submitted by Nohe Caygill

## DRIVER ESCORT SERVICES

| Current Month                    | 2022       | YTD   | 2023       | YTD   |
|----------------------------------|------------|-------|------------|-------|
| Total Units of Service Provided: | 68         | 671   | 112        | 844   |
| Current Month                    | 2022       | YTD   | 2023       | YTD   |
| Driver Escort Fees Deposited:    | \$1,489.34 | 8,365 | \$1,783.60 | 7,200 |

## ADRC TAXI SERVICES

| Current Month                    | 2022     | YTD      | 2023     | YTD      |
|----------------------------------|----------|----------|----------|----------|
| Total Units of Service Provided: | 309      | 1,802    | 278      | 1,870    |
| Current Month                    | 2022     | YTD      | 2023     | YTD      |
| ADRC Taxi Fees Deposited:        | \$418.00 | 2,927.50 | \$499.64 | 2,987.98 |

- We averaged 9.50 Taxi riders per day.

## RURAL TAXI SERVICES

| Current Month                    | 2022     | YTD      | 2023     | YTD      |
|----------------------------------|----------|----------|----------|----------|
| Total Units of Service Provided: | 83       | 411      | 89       | 487      |
| Current Month                    | 2022     | YTD      | 2023     | YTD      |
| ADRC Taxi Fees Deposited:        | \$354.50 | 1,963.00 | \$366.50 | 2,097.05 |

- We averaged 3.88 Taxi riders per day.

## CARE A VAN SERVICES

| Current Month                    | 2022   | YTD    | 2023   | YTD    |
|----------------------------------|--------|--------|--------|--------|
| Total Units of Service Provided: | 0      | 0      | 0      | 266    |
| Current Month                    | 2022   | YTD    | 2023   | YTD    |
| Donations Collected:             | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Current Month                    | 2022   | YTD    | 2023   | YTD    |
| Total Days Cancelled:            | 0      | 0      | 8      | 26     |

# **Disability Benefit Specialist: Kayla Larson**

## **Elder Benefit Specialist: Renae Kratcha**

### **June 2023 Program Report**

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This report provides a statistical analysis of benefit specialist (Ben Spec) program services, as reported in the Social Assistance Management System (SAMS) database. The report focuses on legal and benefits-related assistance or "cases." It excludes general information and referral contacts, as well as public and media outreach activities.

#### **CLIENT**

A client is defined as a person who had one or more contacts related to a case during the reporting period. A new client is defined as a person whose earliest recorded contact involving legal or benefits-related assistance falls within the reporting period.

Disability Benefit Specialist: 16

Elder Benefit Specialist: 50

#### **CASE**

A case is defined as an issue that the Ben Spec helped a client to resolve. Multiple cases may be associated with a single client. A case is regarded as opened when a Ben Spec records the first contact related to an issue. A case is regarded as closed when the last contact related to the issue includes an outcome. A carryover case is a case that was opened prior to the start of the reporting period. A case is regarded as remaining open if it lacks an outcome as of the last day of the reporting period.

Disability Benefit Specialist:

Open Cases: 22      Closed Cases: 14

Elder Benefit Specialist:

Open Cases: 55      Closed Cases: 53

#### **CLIENT CHARACTERISTICS**

This report looks at demographic characteristics for all clients who had one or more contacts related to a case during the reporting period.

30-59: 16

60-69: 27

70-79: 10

80-89: 3

90-99:

#### **MONETARY IMPACT**

Monetary impact, recorded at time of case closure, is the estimated value of any benefits that a Ben Spec helped a client to obtain or preserve. This report looks at monetary impact for all cases closed during the reporting period.

Disability Benefit Specialist: \$4,406

Elder Benefit Specialist: \$356,441.00

## Community Outreach and Events:

| Date      | Topic                                      | Location                    |
|-----------|--------------------------------------------|-----------------------------|
| 6/5/2023  | Senior Farmers Market Voucher Distribution | Mineral Point, WI           |
| 6/8/2023  | Senior Farmers Market Voucher Distribution | Ridgeway and Dodgeville, WI |
| 6/15/2023 | Senior Farmers Market Voucher Distribution | Avoca, WI                   |
| 6/22/23   | Medicare 101                               | Mineral Point Library       |
|           |                                            |                             |

## Benefit Specialist Trainings:

| Date      | Topic           |
|-----------|-----------------|
| 6/14-6/15 | WABS Conference |
|           |                 |
|           |                 |

## Additional Activities and Events:

| Date | Topic |
|------|-------|
|      |       |
|      |       |



# **Disability Benefit Specialist: Kayla Larson**

## **Elder Benefit Specialist: Renae Kratcha**

### **July 2023 Program Report**

---

This report provides a statistical analysis of benefit specialist (Ben Spec) program services, as reported in the Social Assistance Management System (SAMS) database. The report focuses on legal and benefits-related assistance or "cases." It excludes general information and referral contacts, as well as public and media outreach activities.

#### **CLIENT**

A client is defined as a person who had one or more contacts related to a case during the reporting period. A new client is defined as a person whose earliest recorded contact involving legal or benefits-related assistance falls within the reporting period.

Disability Benefit Specialist: 19

Elder Benefit Specialist: 62

#### **CASE**

A case is defined as an issue that the Ben Spec helped a client to resolve. Multiple cases may be associated with a single client. A case is regarded as opened when a Ben Spec records the first contact related to an issue. A case is regarded as closed when the last contact related to the issue includes an outcome. A carryover case is a case that was opened prior to the start of the reporting period. A case is regarded as remaining open if it lacks an outcome as of the last day of the reporting period.

Disability Benefit Specialist:

Open Cases: 28      Closed Cases: 11

Elder Benefit Specialist:

Open Cases: 35      Closed Cases: 33

#### **CLIENT CHARACTERISTICS**

This report looks at demographic characteristics for all clients who had one or more contacts related to a case during the reporting period.

30-59: 17

60-69: 28 (DBS-2)

70-79: 1

80-89: 3

90-99: 1

#### **MONETARY IMPACT**

Monetary impact, recorded at time of case closure, is the estimated value of any benefits that a Ben Spec helped a client to obtain or preserve. This report looks at monetary impact for all cases closed during the reporting period.

Disability Benefit Specialist: \$0

Elder Benefit Specialist: \$176,420.00

### Community Outreach and Events:

| Date      | Topic                    | Location       |
|-----------|--------------------------|----------------|
| 7/19/2023 | Town Square Night Market | Dodgeville, WI |
|           |                          |                |
|           |                          |                |
|           |                          |                |
|           |                          |                |

### Benefit Specialist Trainings:

| Date | Topic |
|------|-------|
|      |       |
|      |       |
|      |       |

### Additional Activities and Events:

| Date | Topic |
|------|-------|
|      |       |
|      |       |

# ADRC Specialists Report

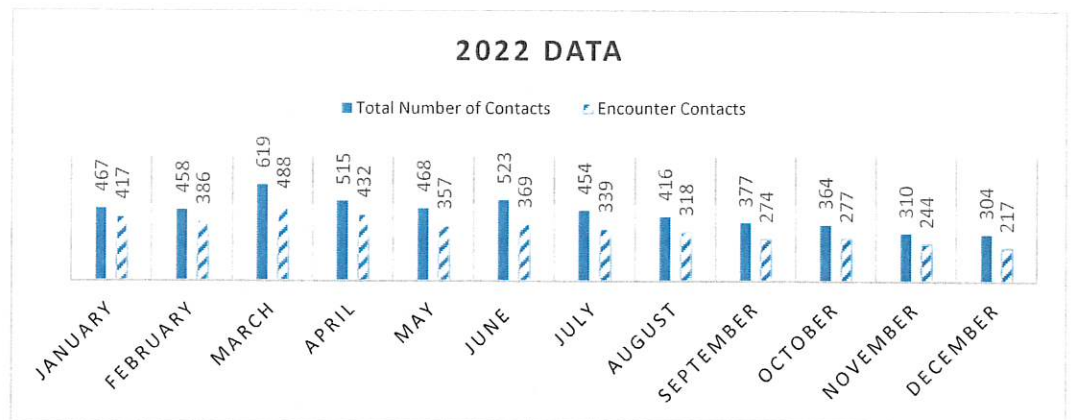
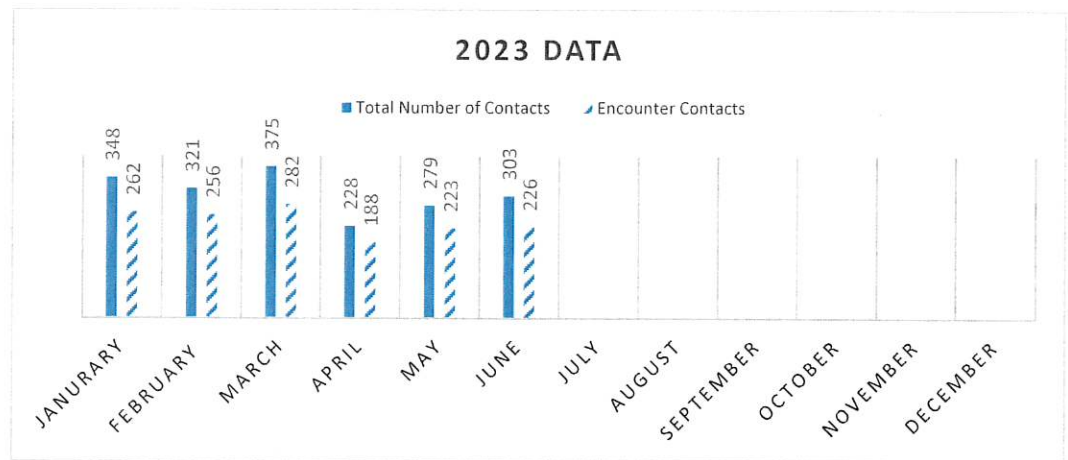
## June 2023 Data

Completed by: Brittany Mainwaring, Jenny Huffman, Shannon Wilson

**Total Contacts** reflect the number of calls, walk-ins, scheduled office appointments or home visits for people requesting information.

This information can include private pay resource information, Medicaid basics, application for Medicaid, Food Share, Badger Care, requests for in-home information, etc.

**Encounter Contacts** do not include the associated (Collateral) contacts and tasks that are documented but there was no information exchanged.



|                                        | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER |
|----------------------------------------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| Walk- Ins                              | 19      | 12       | 16    | 12    | 13  | 23   |      |        |           |         |          |          |
| Scheduled Phone/Virtual/ Office Visits | 10      | 5        | 13    | 9     | 9   | 7    |      |        |           |         |          |          |
| Home Visits                            | 13      | 12       | 9     | 6     | 6   | 21   |      |        |           |         |          |          |
| Nursing Home Referrals                 | 0       | 1        | 1     | 0     | 0   | 0    |      |        |           |         |          |          |
| Functional Screens Administered*       | 6       | 6        | 5     | 4     | 4   | 10   |      |        |           |         |          |          |
| Family Care Enrollments*               | 4       | 2        | 5     | 1     | 3   | 2    |      |        |           |         |          |          |
| IRIS Referrals*                        | 1       | 0        | 1     | 1     | 0   | 1    |      |        |           |         |          |          |



*Staff participated in the following events:*

**Activities:**

**Trainings:**

**Meetings:** MyChoice Wisconsin; Expo Planning; TMG Mtg; HeART Coalition; Educator Outreach Team Meeting

**Outreach Events:** SFMV outreach at Arena Manor; SFMV outreach at Dodgeville Farmer's market

Key:

CCoT- County Communities on Transition

DSS- Department Social Services

IEP- Individualized Education Program

IRIS- Include, Respect, I Self Direct

MCO- Managed Care Organization

MDS Q- Minimum Data Set

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**\*Descriptions\***

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**Functional Screens Administered:** A functional screen consists of a series of questions about a person daily functioning (i.e. bathing, dressing, eating, chores, decision making etc.). Identifying areas of need and the causes of these needs determines a person's functional eligibility for long-term care programs. These screens are usually completed in the client's home and last anywhere from 1½ to 2 hours of face-to-face interview time. Information and Assistance Specialist's then compile medical records and collateral contacts to verify information and enter the screen into a state database. When entering the screen, Information and Assistance Specialist's make detailed notes on every choice and observation placed in the screen. Completion of one functional screen can take up to 8-9 hours.

**Family Care Enrollments:** Family Care is a program that provides services and supports to people with physical disabilities, developmental disabilities and frail elders. In this area of the state, consumers have the choice between two Managed Care Organizations; Inlusa and My Choice Wisconsin, which provide the Family Care Program. Their staff in conjunction coordinate the services, which are offered by the Managed Care Organization, with the customer. The Managed Care Organization from their own network of providers purchases these services. Information and Assistance Specialists meet with individuals about to enroll in long-term care to provide needed information for the client to make the decision that fits his/her situation the best.

**IRIS Referrals:** IRIS, (Include, Respect, I Self-Direct) is another program which also provides funding for services. In this area of the state, the IRIS program is administered by The Management Group (TMG), Connections and Advocates4U. This is a self-directed program and gives the customer more of the responsibility of choosing providers and managing their own monthly budget. Information and Assistance Specialist's meet with individuals about to enroll in long-term care to provide needed information for the client to make the decision that fits his/her situation the best.

# ADRC Specialists Report

## July 2023 Data

Completed by: Brittany Mainwaring, Jenny Huffman, Shannon Wilson

**Total Contacts** reflect the number of calls, walk-ins, scheduled office appointments or home visits for people requesting information. This information can include private pay resource information, Medicaid basics, application for Medicaid, Food Share, Badger Care, requests for in-home information, etc.

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|                                        | JANUARY | FEBRUARY | MARCH | APRIL | MAY | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER |
|----------------------------------------|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|
| Walk- Ins                              | 19      | 12       | 16    | 12    | 13  | 23   | 27   |        |           |         |          |          |
| Scheduled Phone/Virtual/ Office Visits | 10      | 5        | 13    | 9     | 9   | 7    | 1    |        |           |         |          |          |
| Home Visits                            | 13      | 12       | 9     | 6     | 6   | 21   | 10   |        |           |         |          |          |
| Nursing Home Referrals                 | 0       | 1        | 1     | 0     | 0   | 0    | 0    |        |           |         |          |          |
| Functional Screens Administered*       | 6       | 6        | 5     | 4     | 4   | 10   | 5    |        |           |         |          |          |
| Family Care Enrollments*               | 4       | 2        | 5     | 1     | 3   | 2    | 4    |        |           |         |          |          |
| IRIS Referrals*                        | 1       | 0        | 1     | 1     | 0   | 1    | 0    |        |           |         |          |          |



**Staff participated in the following events:**

**Activities:**

**Trainings:**

**Meetings:** Expo Planning; HeART Coalition; Prevention Volunteer meeting

**Outreach Events:** Farmer`s Appreciation Day parade; Dodgeville Town Square night market

Key:

CCoT- County Communities on Transition

DSS- Department Social Services

IEP- Individualized Education Program

IRIS- Include, Respect, I Self Direct

MCO- Managed Care Organization

MDS Q- Minimum Data Set

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**Functional Screens Administered:** A functional screen consists of a series of questions about a person daily functioning (i.e. bathing, dressing, eating, chores, decision making etc.). Identifying areas of need and the causes of these needs determines a person's functional eligibility for long-term care programs. These screens are usually completed in the client's home and last anywhere from 1½ to 2 hours of face-to-face interview time. Information and Assistance Specialist's then compile medical records and collateral contacts to verify information and enter the screen into a state database. When entering the screen, Information and Assistance Specialist's make detailed notes on every choice and observation placed in the screen. Completion of one functional screen can take up to 8-9 hours.

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## ADRC Manager's Report: August ADRC Board Meeting

Included in your packet, is the updated version of the ADRC Board By-Laws. These were approved at the July 2023 County Board Meeting. Please keep these for your reference.

We are recruiting for an additional Adult Protective Service Social Worker. After this position is filled, Iowa County Department of Social Services will be handling all investigations for Vulnerable Adults at Risk. Currently, Unified Community Services handles some of the investigations and ongoing support for court ordered Protective Placement Service Reviews.

Wisconsin Senior Farmers' Market Nutrition Program: Iowa County is participating in the Senior Farmers' Market Nutrition Program. This is an opportunity for eligible participants to purchase fresh, locally grown fruits, vegetables, and herbs from participating local farmers. Participants use their vouchers at any participating farmers' market or roadside stand within Wisconsin by October 31, 2023. We have held distribution sites throughout the county but still have more to distribute. Please pass the word.

The ADRC participated in the Farmers Appreciation Parade in Dodgeville on Sunday, July 9<sup>th</sup>. In addition to throwing some parade candy, we handed out over 80 handheld fans with upcoming events and transportation information on them.

The ADRC participated in the Town Square Night Market event in Dodgeville on Wednesday, July 19<sup>th</sup>. It was a nice opportunity to have some conversations with folks who have not heard of us before.

### Upcoming events:

"Mug Club for Caregivers" meets on the third Tuesday of the month from 10:30-11:30, hosted by our Caregiver Coordinator and the regional Dementia Care Specialist. They are currently offering a hybrid meeting so attendees can choose Zoom or in-person.

The ADRC will have a booth at the Iowa County Fair. Check us out if you are visiting the Fair!

We are working with Upland Hills Health to provide an educational series for the public. Plans are in the works to hold this event on the first Wednesday of the month. Topics will include things like Medicare Part D Open Enrollment, ADRC Services, Breast Health, and Advanced Directives. The series will begin in September and be advertised in the News and Views, flyers, on the ADRC website/Facebook along with Upland Hills website/Facebook. Our Elder Benefit Specialist will be presenting on Medicare Part D on 10/4/23 at 2:00p.m.

The Health and Wellness Expo is scheduled for Friday, September 15, 2023, at Hidden Valley Church from 9:00a.m. to noon. We are partnering with Upland Hills Health to host this in-person event. We expect to have over 40 vendors and a special presentation from Wisconsin Senior Medicare Patrol. Help us spread the word!

Social Security Administration will be hosting a Free Workshop from 1:00-2:00p.m. after the Expo, at the Health and Human Services Building. They will be focusing on disability benefits.

On September 18, 2023, our Elder Benefit Specialist will be hosting a Medicare 101 presentation at the Dodgeville Public Library at 1:30pm.

Our Dementia Care Specialists will be hosting a Boost Your Brain and Memory class which will begin on September 26, 2023. They will also be hosting a Savvy Caregiver Class starting on October 16, 2023. Contact the ADRC for more details or to sign up.

Advocacy:

Please see the attached issue brief from Wisconsin's Aging Advocacy Network.

Respectfully submitted,

Valerie Hiltbrand, ADRC Manager  
ADRC of Southwest Wisconsin  
303 W. Chapel St.  
Dodgeville, WI 53533  
Telephone 608-930-9835  
Fax 608-935-0355  
[www.adrcswwi.org](http://www.adrcswwi.org)

# **AGING AND DISABILITY RESOURCE CENTER OF SOUTHWEST WISCONSIN, IOWA COUNTY BY-LAWS**

## **ARTICLE I. NAME**

The name of the organization shall be the Aging and Disability Resource Center of Southwest Wisconsin Iowa County, hereafter referred to in this document as the ADRC.

## **ARTICLE II. PURPOSE**

The ADRC is committed to improving the quality of life for all Iowa County elderly as well as adults who are disabled. To these ends we will act as the voice, advocate and administrative arm of this county for these individuals with particular emphasis toward achieving a more visible and positive public image. We will strive to develop, review and stimulate programs based on the expressed needs and desires of our constituents. We will direct our efforts to assure that programs and services reach the vast majority, if not all, the county's adults with disabilities and elderly citizens. All planning will concern itself with the economic well-being and the maximum utilization of the potential of adults with disabilities and elderly citizens. It is the hope of this ADRC that these efforts will help all those it represents to lead a more peaceful, healthy, happy, and fulfilling life.

## **ARTICLE III. STRUCTURE**

The ADRC shall consist of the ADRC Staff, ADRC Board, and sub-committees of that Board.

## **ARTICLE IV. ADRC BOARD**

### **Section 1. Appointments**

The ADRC will seek to assure ethnic and economic diversity representation for all geographic areas in the County as well as client group representation with at least one consumer, family member, guardian or advocate representing adults with physical disabilities, one representing adults with intellectual/developmental disabilities and one representing adults with either a mental health or a substance abuse issue. When a position on the ADRC Board becomes vacant, we will first try to fill that vacancy with somebody living in the same general geographical location. We will then seek to fill any need for a representative from one of our target client groups. We will solicit public input through advertisements in local papers and contact with local elderly and disability groups and public bodies. If it is not possible to locate someone in the geographic area, the ADRC Board will seek to appoint someone from another geographic or target client group area where it feels representation is needed. The ADRC Board will screen prospective applicants and present its recommendations to the Iowa County Administrator. Appointments will be made by the Iowa County Administrator subject to the confirmation by the full County Board.

### **Section 2. Memberships**

The ADRC Board shall consist of at least 9 (but no more than 15 members). At least 50% of the members shall be 60 years of age or older. Three members shall be county supervisors. The ADRC Board shall include client group representation with at least one consumer, family member, guardian or advocate who represents adults with physical disabilities, one representing adults with intellectual/developmental disabilities and one representing adults with either a mental



health or a substance abuse issue.

#### Persons Prohibited from Serving on the ADRC Board:

- i. An individual who is, or has a family member who is, employed by, has a financial interest in, or serves on the governing board of any of the following organizations is prohibited from serving on the ADRC governing board, committee or commission:
  - (a) A Family Care Managed Care Organization (MCO), Program for All-Inclusive Care for the Elderly (PACE) or Family Care Partnership program or Supplemental Security Income (SSI) managed care plan.
  - (b) A service provider, which is under contract with a managed care organization or which, if included on the board, would give the perception of bias on the part of the ADRC towards that provider.
  - (c) An Include, Respect, I Self-Direct (IRIS) Consultant Agency or IRIS Fiscal Employer Agency.
- ii. County or tribal employees may not serve on the ADRC governing board, except with approval from the Department of Health Services.
- iii. Providers that offer long-term services for older adults or people with physical or intellectual/developmental disabilities, and have a competitor providing the same service in the ADRC service area.

#### Section 3. Tenure/Terms

Each member shall serve a three-year term with the exception of those appointed to replace a member who resigns or retires in mid-term. (In the latter case, the appointee will serve out the remainder of the term of the person s/he replaces.) The ADRC Board will be divided into three groups of approximately the same size. Each year one of these groups, in rotations, will be eligible for reappointment or replacement, in accordance with State Statute. In accordance with s. 46.82 of the Wisconsin State Statutes, no member may serve more than two consecutive 3 year terms. County supervisors may not be appointed past their two-year elected terms. Therefore, to comply with state statutes, county supervisors may serve no more than three consecutive two-year terms.

#### Section 4. Absences

Any member of the ADRC Board absent without a valid excuse for three consecutive regular meetings shall be removed from their position.

#### Section 5. Removal

In accordance with the Wisconsin State Statutes, an ADRC Board member appointed by the County Administrator may be removed at the pleasure of the County Administrator, or by an affirmative vote of two-thirds of all the members of the ADRC Board.

#### Section 6. Ethics and Confidentiality

ADRC Board members must abide by the Iowa County Ethics Guide. Unless otherwise required by law, ADRC Board members shall not release the names and/or other confidential information about the program participants without the consent of the participant. The responsibility to maintain confidentiality should be fulfilled in such a way as to not obstruct or preclude legitimate public access to records or information relative to the activities, programs, service and financing of the ADRC.

## Section 7. Training

Members of the ADRC Board shall receive training and education to enable the members to have a strong and effective voice.

# ARTICLE V. OFFICERS

Officers will be elected from the ADRC Board and shall consist of a Chairperson, Vice-Chairperson, and Secretary.

## Section 1. Duties of Officers

### A. Chairperson:

Shall preside at all meetings of the ADRC Board, make appointments to committees, make recommendations to County committees, make recommendations to County Board with assistance of Director and in general s/he shall perform all duties incidental to the office of Chairperson and such other duties as may be prescribed by the ADRC Board.

### B. Vice-Chairperson:

Shall preside at all meetings in the absence of the Chairperson or in event of their inability or refusal to act. The Vice-Chairperson shall perform all the duties of the Chairperson and when so acting, shall have all the powers of and be subject to all the restrictions upon the Chairperson. The Vice-Chairperson shall perform such other duties as from time to time may be assigned to him/her by the Chairperson or by the ADRC Board.

### C. Secretary

Review the unapproved minutes prior to the review by the ADRC Board. Assume the responsibilities of the Chair in the absence of both the Chair and the Vice-Chair.

## Section 2. Election of Officers

Each year, at the Annual Meeting all three officers will come up for election. The ADRC Membership Committee will present a slate of candidates for office. Nominations from the floor may also be accepted. ADRC Board members present will have the opportunity to vote on the candidate of their choice at the time.

## Section 3. Tenure

Each officer will be elected for a one-year term and no officer may serve more than three consecutive terms in any one office. Special elections may be held to fill a vacancy caused by a mid-term resignation. In the latter case, the replacement will be elected for the balance of said term and would be eligible to be nominated for and serve three additional consecutive, one-year terms.

# ARTICLE VI. COMMITTEES

## Section 1. Appointments

The ADRC Chairperson shall appoint members.

## Section 2. Members

Each Committee shall consist of at least three (3), but not more than five (5) members who are members of the ADRC Board. The one exception to this, the Planning Committee, which may



have as many members as necessary to fulfill the duties of that Committee.

### Section 3. Structure

Each committee shall have a Chairperson who shall be responsible for reporting to the ADRC Board on resolutions recommended, action taken, and relevant issues.

### Section 4. Standing Committees shall consist of:

#### A. Membership

May be responsible for presenting candidates to the ADRC Board for filling vacancies, and shall be responsible for presenting a slate of candidates for offices to the ADRC Board at the annual meeting. Nominations from the floor may also be accepted for filling ADRC Board offices.

#### B. Transportation Committee

Shall review Transportation Program policies and procedures on a regular basis. Making recommendations to the ADRC Board on any changes.

#### C. Planning Committee

Shall work with the ADRC Staff in the development of the County Plan.

#### D. Executive Committee

Executive Committee will be comprised of the Chairperson, Vice-Chairperson and the Secretary of the ADRC Board. They may advise the staff on issues arising between regular meetings.

## ARTICLE VII. MEETINGS

### Section 1. Regular meetings

Shall be held on the fourth Tuesday of each month at the Health and Human Services Center or any other predetermined time and/or location. Notice of regular meeting by agenda shall be sent, posted and presented for publication at least five (5) days prior to meeting date.

### Section 2. Annual meeting

The annual meeting of the ADRC Board shall be held on the fourth Tuesday of May of each year for the purpose of receiving new board members, reviewing of the bylaws, transacting election of officers and for the presentations of the Annual Financial Report.

### Section 3. Special meetings

The ADRC Board Chairperson or a majority of the ADRC Board Members may call special meetings. Any place within Iowa County may be fixed as a place for holding any special meetings of the ADRC Board. Notice must be given 24 hours prior to meeting.

### Section 4. Quorum

A majority of active, voting ADRC Board Members shall constitute a quorum for transaction of regular meetings. If no quorum is present at a regular meeting and if in the opinion of the majority of the Executive Committee there is important business to be acted upon, the Executive Committee may advise the staff to act appropriately with such action to be reviewed at the following regular meeting at which a quorum is present.



## Section 5. Rules and Procedures

The ADRC Board shall conduct its business according to the latest Roberts' Rules of Order. Absent an exception, all meetings of the ADRC Board must comply with the Wisconsin Open Meetings Law, Wis. Stat. §§19.81, et. seq.

## ARTICLE VIII. BOOKS AND RECORDS

The ADRC of Southwest Wisconsin, Iowa County office shall keep records of all accounts, financial transactions, and meeting minutes available to Board Members at any time. All financial transactions shall take place through County Government offices.

## ARTICLE IX. DUTIES AND POWERS

The following list includes some, but not all, of the powers and duties of the ADRC, which shall be exercised and performed in conformity with the laws and ordinances of the County of Iowa and the State of Wisconsin, shall be as follows:

- A. The ADRC shall act as the clearinghouse for all county (public and private) programs on aging.
- B. The ADRC shall have on file current information on ages, income, population, and demographic characteristics of the elderly and adults with disabilities in the county.
- C. The ADRC shall delineate areas that need services and utilize existing community programs through community cooperation and coordination that will provide an efficient method for delivery of services.
- D. The ADRC shall indicate the need for particular legislation with back-up data.
- E. The ADRC shall make available to County Supervisors the information and research relating to the effects of proposed legislation.
- F. The ADRC shall act as the mechanism through which the voices of the elderly and adults with disabilities can be heard on any and all issues relating to their well-being.
- G. The ADRC shall be authorized to establish sub-committees to encourage community involvement, but in keeping with the purposes and objectives of the ADRC.
- H. The ADRC shall, in cooperation with the Greater Wisconsin Agency on Aging Resources (GWAAR), encourage the development of new and expanded programs for older adults consistent with delineated areas of need.
- I. The ADRC shall cooperate with the Greater Wisconsin Agency on Aging Resources (GWAAR), and the Department of Health Services, related public and private agencies, and elderly and adults with disabilities, in planning efforts.
- J. The ADRC shall make an annual report of its activities to the County Board of Supervisors and shall make such other reports as the County Board from time to time requires.

- K. The ADRC shall prepare annually a budget for necessary and reasonable expenditures to be incurred by the ADRC in accomplishing its goals and mandates, subject to review and approval of the County Administrator and County Board.
- L. The ADRC shall also perform the following: Minimum Data Set (MDS) Q referrals, elderly and disability benefits counseling, provide access to publicly funded long-term care programs and services, assist consumers in gaining access to mental health and substance abuse services, assist consumers in gaining access to other public programs and benefits, provide short term service coordination, assist consumers in gaining access to emergency services, work with the adult protective services to make sure that people are free from abuse and neglect, help young adults with disabilities experience seamless transition and entry into the adult long-term care system, and provide prevention and early intervention services.

#### **ARTICLE X. CONFLICT OF INTEREST**

All ADRC Board members shall abide by Iowa County Policy 406 (Code of Ethics) and Iowa County Ordinance 701 (Ethics Code). No ADRC Board member shall participate in voting on any matter that results in financial gain for him/herself.

Addendum #1 to the bylaws of the ADRC as adopted by the ADRC Board on the 27<sup>th</sup> of June 2023, and ratified by the Iowa County Board on the 18<sup>th</sup> day of July 2023. All ADRC Board members shall read and sign the policies contained in Addendum #1. See Addendum #1

#### **ARTICLE XI. AMENDMENTS TO BY-LAWS**

These by-laws shall be reviewed annually or as needed and may be amended by a majority vote of the ADRC Board at any regularly scheduled meeting provided that Board Members have received a copy of the proposed amendments at least one month in advance of the vote to amend.

Addendum #1

Article XII. ADDENDUM TO AGING AND DISABILITY RESOURCE CENTER OF SOUTHWEST WISCONSIN, IOWA COUNTY BY-LAWS

Section 1. Wisconsin Department of Health Services Confidentiality Policy (See attached)

Section 2. Wisconsin Department of Health Services Conflict of Interest Policy (See attached)



## Confidentiality Policy

Last Revised: December 2022

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This policy applies to aging and disability resource centers (ADRCs) and Tribal aging and disability resource specialists (Tribal ADRS), herein referred to as “agency” or “staff.”

### I. Purpose

The purpose of this policy is to provide guidance on how information should be accessed or shared consistent with the customer’s right to privacy and with the requirements of state and federal law. The policy and procedures in this document are fundamental to any county or Tribal confidentiality policy that applies to the ADRC or Tribal ADRS. Agencies may have one confidentiality policy for their county or Tribe as long as the requirements in this policy are included in the county or Tribal policy.



All ADRC staff, including volunteers, board members, contractors, and Tribal ADRS are expected to be familiar and comply with the requirements of this policy. Benefit specialists are subject to the confidentiality requirements specific to their program and should follow their [program guidelines](#) when different from this policy.

## **II. Principles**

### **A. Respect for the Privacy and Best Interest of the Customer**

Decisions about what customer information is accessed or shared will be based on what is in the best interest of the customer and consistent with the customer's right to privacy. Customers should not be pressured to reveal more than they are willing to share and will be allowed to remain anonymous if they so desire.

### **B. Informed Consent**

Customers should be told that the information they share with the agency is kept in confidence and may be shared, when needed, with the customer's permission. It is best practice to inform customers about how their information will be used and to obtain at least a verbal consent, even when consent is not strictly required.

If staff have reason to believe that the information the customer has shared or is about to share would not be protected, they should inform the customer of the limits to confidentiality. These include reporting abuse or neglect; cooperating with public health, adult protective services, law enforcement, or a court order; and emergency situations.

### **C. "Need to Know" and "Minimum Necessary" Standard**

Staff shall obtain only that information which they need to know to assist the customer and will use customer information only for purposes directly related to the provision of services to the customer.

### **D. Compliance With Confidentiality Laws and Policies**

Customer confidentiality is protected by federal and state statutes and regulations and by county or Tribal government policies and procedures. The agency and its staff will abide by all legal requirements relating to confidentiality.



### **III. Policy**

#### **A. Staff Training and Assurances**

All newly hired staff will be trained on the confidentiality policy as part of their orientation. Refresher training will be provided to all staff annually.

All staff must sign a confidentiality and non-disclosure agreement stating that they have reviewed, understand, and will abide by the confidentiality policy before being given access to confidential customer information. A copy of the policy will be given to each staff member for their records, and a copy of the signed confidentiality agreement will be kept in each staff member's personnel file. This agreement shall be reviewed and signed annually, at a time determined by the agency.

#### **B. Types of Confidential Customer Information**

All personal information about a customer is considered confidential. This includes but is not limited to:

- The person's name, address, birth date, Social Security number, and other information that could be used to identify the customer.
- The person's physical or mental health, functional status, or condition.
- Any care or services that the customer has received, or will receive, from the agency or any other provider.
- Financial information, including income, bank accounts and other assets, receipt of benefits, eligibility for public programs, or method of payment for services provided to the customer.
- Employment status or history.
- Education records.
- Any other information about the customer that is obtained by staff.

#### **C. Access to Confidential Customer Information**

Staff, including directors and supervisors, may access confidential customer information to provide information and assistance, options counseling, benefits counseling, functional



eligibility determination, enrollment counseling, and other ADRC services.

#### **D. Disclosure of Customer Information**

Staff may not disclose or acknowledge whether a person has received or is receiving services from the agency, unless it has been established that the information can be legitimately shared. When unsure, staff receiving an inquiry regarding the status of a customer will respond in a non-committal manner. For example, staff may say, "The agency confidentiality policy does not permit the disclosure of that information."

##### **1. Disclosures That Require Prior Written Informed Consent**

The types of disclosures that require prior signed authorization from the customer or the customer's legal representative include:

- Information with counties outside of the agency's service area for purposes other than access to publicly funded long-term care programs.
- Medical information with an employer, life insurer, bank, marketing firm, news reporter, or any other external entity for purposes not related to the customer's care.
- Substance use disorder (SUD) treatment records.
- School records.
- Any disclosure for purposes not relating to the services provided by the agency.

##### **2. Process for Obtaining Written Informed Consent**

The agency will obtain a release of information form that describes the information to be shared and who can receive and use the information, and that is signed and dated by the customer whose information is to be shared or by their legal representative. A copy of the signed release form will be given to the customer or their legal representative.

The customer's records and a copy of the signed release of information form will be kept in the customer's file.

Any written disclosure of confidential information by staff will be accompanied by a written statement documenting that the information is confidential and that further disclosure without the customer's consent or statutory authorization is prohibited by



law.

### 3. When Verbal Consent Is Sufficient

The following situations require only verbal consent to share customer information:

- Sharing information with the customer's family, friends, caregivers, and providers who are involved with the person's care, when necessary to coordinate services for the customer.
- Contacting an agency or service provider on the customer's behalf.
- Referring the customer to services provided by the agency.
- Referring the customer to services provided by other county or Tribal departments or agencies.
- Linking customers to community resources.

Records of verbal consent should be documented and kept in the customer's file.

### 4. Customer Right to Revoke Consent

A written release of information or verbal consent may be rescinded by the customer or their legal representative at any time. This should be done in writing, if possible.

Revocation of a prior consent should be documented in the customer's file.

### 5. Disclosures That May Be Made Without Written or Verbal Informed Consent

Neither written nor verbal informed consent is required in the following situations; however, it is advisable to let the customer know that these exchanges may take place when:

- Exchanging customer information necessary for the agency to perform its duties or coordinate the delivery of services to the customer.
- Transferring the long-term care functional screen for the purpose of enrollment into a managed care organization (MCO) or IRIS<sup>1</sup> consultant agency (ICA) in the

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<sup>1</sup> IRIS stands for "Include, Respect, I Self-Direct".



agency's service area.

- Transferring the long-term care functional screen to the ADRC serving the county in which the customer resides.
- Exchanging information necessary to coordinate the delivery of ADRC services, county human services, Tribal services, social services, or community programs to the customer.
- Reporting possible abuse or neglect of an elderly person or vulnerable adult, per [Wis. Stat. §§ 46.90 and 55.043](#).
- Cooperating with public health, adult protective services, or elder or adult-at-risk investigations.
- Cooperating with a law enforcement investigation. Check with your legal counsel before providing information in this type of situation, as there are limited situations where you can disclose information to law enforcement.
- Sharing information in the event of an emergency, per established emergency procedures.
- Exchanging information necessary for the Wisconsin Department of Health Services to administer the Family Care, IRIS, or Medicaid programs.
- Exchanging information necessary to comply with statutorily required advocacy services for Family Care and IRIS enrollees and prospective enrollees.
- Required by a signed court order.

## IV. Procedures

### A. Staff Actions to Safeguard the Confidentiality of Customer Information

Staff are expected to employ the following practices to safeguard customer confidentiality:

- Only access personal and identifiable customer information when you need it to perform your job.
- Disclose confidential information only to those who need it to complete their jobs and are authorized to receive it.
- Obtain informed consent prior to accessing or disclosing information, consistent with





provisions outlined in this policy.

- Do not discuss a customer's information with anyone else unless access to such information is expressly permitted by the customer.
- Do not access information about your family members, neighbors, or friends. Review any requests to serve people you know with your supervisor.
- Refrain from communicating information about a customer in a manner that would allow others to overhear.
- Keep confidential information out of sight.
- Protect access to electronic data.
- Send fax transmissions that contain confidential information with a cover sheet that includes a confidentiality statement.
- Delete or dispose of information that is outdated and no longer needed in accordance with record retention guidelines and state and federal laws.
- Report any violations of confidentiality to your supervisor.
- Check with your supervisor if you are unsure whether information may be disclosed.

#### **B. Measures to Safeguard the Privacy of Customer Records and Data**

In addition to the above guidelines for staff, the agency must have the following safeguards in place to protect the privacy of records and data and to prevent inappropriate use or disclosure of customer information:

- Locked file cabinets for confidential information and a secure area for records storage are provided.
- Confidential documents that are no longer needed are shredded.
- Staff computers are equipped with security features to protect customer data from unauthorized interception, modification, or access during electronic transmission and receipt, transfer, and removal of electronic media.
- Computers, laptops, and portable devices have encryption software installed.
- When disposing of printers, copiers, scanners and fax machines, the hard drives are wiped, or otherwise disposed of, in a way that prevents access to captured document images.

- Staff who leave their employment or affiliation with the agency lose their ability to access customer information and data systems, effective immediately upon their departure.

### **C. Accessing Records from Outside of the Agency**

Customers or their legal representatives will be asked to sign a release of information form to permit the agency to access any confidential records needed to complete the long-term care functional screen or provide other services to the customer. The signed form will be kept in the customer's file and a copy of the signed form will be provided to the customer.

### **D. Informing Customers of Their Rights**

#### **1. Informing Customers About the Confidentiality Policy**

As a common practice, staff will ask customers whether they have any objection to sharing information, even if written authorization is not required. Staff will inform customers about the agency's confidentiality policy and the customer's right to see their records, obtain copies, and contest the information contained in those records.

#### **2. Customer Requests to View or Get Copies of Their Records**

Customers have a right to view and receive copies of their records on file at the agency. To do so, the customer or their legal representative will submit a written request, a copy of which will be kept in the customer's file, together with a record of the information that was disclosed. The agency may charge the customer for paper copies of records exceeding 10 pages.

#### **3. Requests to Share Agency Information with a Third Party**

If the customer wants information from their record given to another person or agency, the customer or their legal representative must complete a release of information form indicating which information is to be sent and to whom. The agency may charge the customer for paper copies of records that exceed 10 pages.

### **E. Monitoring and Ensuring Compliance**

Supervisors are responsible for monitoring and ensuring staff compliance with this



**Applies to:**  
**ADRC**  
**Tribal ADRS**

**P-02923-06 (12/2022)**

confidentiality policy by conducting periodic compliance checks, reviewing the confidentiality policy with annually with staff, and providing training to staff.

### **1. Reporting Security Violations and Breaches of Customer Confidentiality**

Staff will report any breach of customer confidentiality to their supervisor or privacy officer as soon as it is discovered and follow the designated incident reporting process, where applicable. The ADRC director or supervisor should report the breach to their assigned regional quality specialist for awareness.

### **2. Mitigating and Correcting Breaches of Confidentiality**

Violations of the confidentiality policy will be documented and corrected. Where required or appropriate, customers will be notified of the breach and of actions taken to mitigate the situation.

## **V. Additional Information**

If you have questions or would like additional information, contact your assigned [regional quality specialist](#).





Applies to:  
ADRC  
Tribal ADRS

P-02923-06 (12/2022)

**Confidentiality and Non-Disclosure Agreement — ADRC Representative**

As a representative of the Aging and Disability Resource Center of \_\_\_\_\_, I have reviewed and received training on the confidentiality policy. If I do not fully understand this policy or how it is relevant to my employment or association with the ADRC, I will not sign this statement until I have spoken with the ADRC supervisor and I understand this policy.

I acknowledge that I will be required to review the confidentiality policy on an annual basis.

As a representative of the ADRC, I acknowledge, by signature, that I have reviewed the confidentiality policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of ADRC staff to protect the confidentiality of ADRC customers in accordance with this policy.

Printed name and title:

Date of policy review:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date signed:

\_\_\_\_\_  
Supervisor Signature:

\_\_\_\_\_  
Date signed:



Applies to:  
ADRC  
Tribal ADRS

P-02923-06 (12/2022)

### Confidentiality and Non-Disclosure Agreement — Tribal ADRS

As a Tribal Aging and Disability Resource Specialist for the \_\_\_\_\_, I have reviewed and received training on the confidentiality policy. If I do not fully understand this policy or how it is relevant to my employment or association as a Tribal ADRS, I will not sign this statement until I have spoken with my supervisor and I understand this policy.

I acknowledge that I will be required to review the confidentiality policy on an annual basis.

As a Tribal ADRS, I acknowledge, by signature, that I have reviewed the confidentiality policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of the Tribal ADRS to protect the confidentiality of Tribal ADRS customers in accordance with this policy.

Printed name and title:

Date of policy review:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date signed:

\_\_\_\_\_  
Supervisor Signature:

\_\_\_\_\_  
Date signed:



WISCONSIN DEPARTMENT  
of HEALTH SERVICES



## Conflict of Interest Policy

Last Revised: January 2023

### Contents

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This policy applies to aging units, aging and disability resource centers (ADRCs) and Tribal aging and disability resource specialists (Tribal ADRS), herein referred to as “agency” or “staff.”

### Purpose

The purpose of this policy is to ensure conflicts of interest are prevented, recognized, and promptly addressed so that the agencies can provide customers with objective and unbiased information about a broad range of programs and services.

Agency representatives, employees, volunteers, Commission on Aging, and ADRC governing board members must be sensitive to their own personal potential for conflicts of interest, be vigilant about the existence of conflicts of interest elsewhere, and take steps to limit, mitigate, or eliminate conflicts of interest that are discovered.

### Definitions

**Agency:** The agency responsible for the ADRC, Aging Unit, or Tribal ADRS grant(s).

**Agency Representative:** Representatives include, but are not limited to, all limited-term or permanent employees of the ADRC, Aging Unit, or a Tribal ADRS (contracted or otherwise), volunteers, Commission on Aging, and ADRC governing board members.



P-02923-03 (01/2023)



**Conflict of Interest:** A conflict of interest is a situation that interferes with an agency representative's ability to provide objective information or act in the best interest of the customer. Avoiding conflict of interest is important to the reputation of the agency and to the public's trust in the agency as a place where people can get unbiased, professional advice and support.

**Direct Service:** A tangible product or specific service provided to an individual or a group in which a financial donation or payment, or other type of payment, is requested or expected. Examples of direct services include home delivered meals, congregate meals, health promotion workshops, respite services, etc.

**Integrated ADRC/Aging Unit:** For the purpose of this policy, integration is defined by the public's perception of the ADRC and Aging Unit as a single entity. Examples of public perception of integration could include the use of a single organization name, a common phone number, a single website or social media presence, or shared reception for both the ADRC and Aging Unit.

**Potential Conflicts of Interest:** Potential conflicts of interest include, but are not limited to, financial relationships. For example, secondary employment with an outside agency is a potential conflict of interest. All potential conflicts of interest should be discussed with the agency supervisor or director.

## Policy

Representatives of the agency will be mindful of their duty to represent the interests of the general public as related to long-term care and therefore not represent the interest of any one group or agency. The function of the agency is to represent the interest of the customer at all times. Agencies that provide direct services to a customer, such as federally- or state-funded aging services, must ensure that customers are informed of all of the provider options in the community. For example, a customer may need nutrition services and the agency must provide all options including the elder nutrition program, mail order meals, etc.



P-02923-03 (01/2023)

Agency representatives will avoid potential conflicts of interest as described in this policy in order to provide impartial agency services. Agency representatives will likely encounter situations that may be a potential conflict of interest or something that is not clearly prohibited. Whenever an agency representative is concerned about a potential conflict of interest, they must discuss the situation with their agency supervisor or director. Not all situations that pose a potential conflict of interest are prohibited so long as the potential conflict can be mitigated, and mitigation efforts are documented.

Staff who are dually employed by both the agency and another employer are required to notify their agency supervisor or director in order to ensure a conflict of interest does not exist. The agency must establish a mitigation plan for any staff person that is dually employed with an entity that may have a relationship with the agency, such as a long-term care provider or health care provider. Examples of long-term care providers or health providers include, but are not limited to, managed care organizations, home health agencies, skilled nursing facilities, and assisted living facilities. The agency must make the mitigation plan available to the Department of Health Services (DHS) upon request. Mitigation plans must be reviewed and approved by the ADRC's governing board chair (or commission on aging, if applicable) and a designated county or Tribal official, such as a local corporation counsel. Staff that are dually employed by an entity that does not have a relationship with the agency do not need to complete a mitigation plan.

The following conflicts of interest are prohibited:

- Staff cannot counsel or otherwise attempt to influence customers for financial gain or other self-interests.
- Staff cannot counsel or otherwise attempt to influence customers in the interest of any provider, managed care organization (MCO), IRIS consultant agency (ICA), IRIS fiscal employer agent (FEA), or other organization.
- In accordance with the Federal Home and Community Based Services Rule § 441.730, an agency representative is not allowed to provide agency services to customers if they are:



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- Related to the customer by blood or marriage or related to any paid caregiver of the customer.
- Financially responsible for the customer.
- Empowered to make financial or health-related decisions on behalf of the customer.
- Holding financial interest in any entity that is paid to provide care for the customer.
- Serving in a policy or decision-making position for any entity that provides or could provide direct services to the customer.

Agency representatives will work with their supervisor or director to ensure that another staff person provides agency services to customers in this situation.

- Elder benefit specialists and disability benefit specialists may not perform the long-term care functional screen, conduct eligibility determinations for SSI-E or other programs, or provide guardianship or adult protective services.
- Staff who also work in adult protective services may not provide enrollment counseling to any adult protective services client with whom they are working.
- Staff may not continue to provide services to customers in any situation where a mitigation plan is required but has not yet been approved by the ADRC board, commission on aging, or designated county agency for implementation.

## Procedure

A perceived or potential conflict of interest may exist even if there has been no misconduct on the part of an agency representative. Perceived or potential conflicts of interest may occur in any situation that might lead a representative to put other interests ahead of those of the customer. Mitigation measures are needed to ensure that perceived or potential conflicts of interest do not turn into actual conflicts of interest or misconduct.

Agencies are required to:

- Have all staff review and sign this policy on an annual basis.
- Require one of the following:



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- That customers sign the Customer Service Agreement (F-02923-03a) at the onset of options counseling; or
- Include a disclosure about conflict of interest on another document that is provided to all customers who receive options counseling. For example, the disclosure could be added to a client rights document if that is provided to all ADRC customers receiving options counseling.
- Exemption: ADRCs that are not integrated with their Aging programs **and** do not provide any direct service are exempt from the disclosure statement requirement. Examples of direct services that an ADRC may provide include health promotion and prevention workshops or assistive technology loan closets.

Ensure that no revenue generated from service provision is used to support options, benefits, or enrollment or disenrollment counseling.

#### **Director or management responsibilities**

The director or designee will identify any perceived or potential conflict of interest, determine whether to address the conflict, and when required, assist the agency representative in terminating or minimizing the conflict.

#### **Agency representative responsibilities**

The agency representative will exercise sound judgment by being aware of and reporting instances of potential or present personal conflicts of interest. In addition, agency representatives are prohibited from accepting gifts, loans, or favors from individuals or providers who might stand to benefit from referrals or other actions made by the agency.

#### **Training**

All agency representatives will receive training on the agency's conflict of interest policy prior to having contact with customers. ADRC governing board members and commission on aging members will receive training before serving on the ADRC governing board or commission. This policy will be reviewed with agency representatives annually.

#### **Disclosure**



WISCONSIN DEPARTMENT  
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Agencies that provide options counseling to customers must use the [Customer Service Agreement Form](#) (F-03093) or include the following disclosure language in another document of the agency's choice. Only ADRCs that are not integrated with their Aging programs **and** do not provide any direct services, such as health promotion workshops or loan closets, are exempt from using the disclosure statement.

*The primary purpose of the ADRC Specialist is to provide the customer with unbiased information about services that will meet their needs. This includes sharing information with customers about agencies that provide needed services. The ADRC may operate programs that provide direct services to customers.*

*The ADRC Specialist:*

- *Cannot attempt to influence customers for financial gain or other self-interests.*
- *Cannot attempt to influence customers in the interest of any service or program provider, including the ADRC itself.*

*The ADRC is prohibited from using revenue generated from direct service programs to support the ADRC Specialist program.*

Federal regulation [42 CFR 438.810](#) prohibits the use of revenue generated direct service programs to be used to support ADRC Specialist services.

### **Assurances**

Each agency representative will acknowledge, by signature, the receipt of training and the obligation to be objective and customer centered.

### **Reporting**

Agency representatives will identify and report potential or present conflicts of interest to the director (or designee) upon hire or whenever a conflict is identified. All potential conflicts of



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interest are treated as if a conflict exists until a determination is made and the potential conflict has been resolved.

### **Response**

The director (or designee) will receive reports of possible conflicts of interest from agency representatives, employees, volunteers, Commission on Aging, and ADRC governing board members. The director (or designee) will then make a determination as to whether the situation is, in fact, a conflict of interest.

### **Resolution**

The director (or designee) and the agency representative involved shall take immediate steps to terminate or minimize the conflict of interest. This may involve finding an alternative agency representative or source of service or terminating the relationship that has resulted in a conflict of interest.

### **Advocacy**

The agency representative must ensure that customers receive appropriate advocacy, representation, and information, especially in regard to a customer's choice of or eligibility for program benefits or services. Therefore, agency representatives are required to provide the Customer Services Agreement to any customer who agrees to options counseling or Client Services Agreement to any customer who agrees to benefits counseling.



### Conflict of Interest Policy Assurance—ADRC or Aging Unit Representative

As a representative of the Aging Unit or Aging and Disability Resource Center of \_\_\_\_\_, I have reviewed and received training on the conflict of interest policy. If I do not fully understand this policy or how it is relevant to my employment or association with the ADRC or Aging Unit, I will not sign this statement until I have spoken with the ADRC or Aging Unit director and I understand this policy.

I acknowledge that I will be required to review the conflict of interest policy on an annual basis, including the circumstances that may be potential conflicts of interest and the procedures for disclosing and mitigating potential conflicts of interest.

I understand that prior to a customer receiving options counseling, they must either:

- a. Review and sign the [Customer Service Agreement](#) (F-03093); or
- b. Review another agency document that includes the conflict of interest disclosure. If the document does not require a customer signature, agency staff should note in client tracking that the conflict of interest disclosure was reviewed with the customer.

I understand that prior to a customer receiving any other agency service, an optional Customer Service Agreement may be obtained.

As a representative of the ADRC or Aging Unit, I acknowledge, by signature, that I have reviewed the conflict of interest policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of ADRC and Aging Unit staff to be objective and customer centered.

Printed name and title:

Date of policy review:

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_



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### Conflict of Interest Policy Assurance—Tribal ADRS

As a representative of \_\_\_\_\_, I have reviewed and received training on the conflict of interest policy. If I do not fully understand this policy or how it is relevant to my employment or association with the Tribe, I will not sign this statement until I have spoken with the Tribal supervisor and I understand this policy.

I acknowledge that I will be required to review the conflict of interest policy on an annual basis, including the circumstances that may be potential conflicts of interest and the procedures for disclosing and mitigating potential conflicts of interest.

I understand that prior to a customer receiving options counseling, they must either:

- a. Review and sign the [Customer Service Agreement](#) (F-03093A); or
- b. Review another agency document that includes the conflict of interest disclosure. If the document does not require a customer signature, agency staff should note in client tracking that the conflict of interest disclosure was reviewed with the customer.

I understand that prior to a customer receiving any other agency service, an optional Customer Service Agreement may be obtained.

As a representative of the Tribe, I acknowledge, by signature, that I have reviewed the conflict of interest policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of the Tribal ADRS to be objective and customer centered.

Printed name and title:

Date of policy review:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date signed:

\_\_\_\_\_  
Supervisor Signature:

\_\_\_\_\_  
Date signed:



P-02923-03 (01/2023)





August 8, 2023

**Your help is needed!**

**State Advocacy Action Alert – Healthy Aging Grants Legislation**

Good news! State Senator Feyen and Representative Rozar have agreed to sponsor Healthy Aging Grants legislation (draft proposal LRB-3411). This legislation would provide \$378,000 in annual funding to support the Wisconsin Institute for Healthy Aging's (WIHA) Falls Free Wisconsin initiative as well as their healthy aging programs and practices. Funding would go to the Wisconsin Department of Health Services for distribution.

To find out who your state representative or senator is go to:  
<https://legis.wisconsin.gov/>. Enter your home address in the "Who Are My Legislators?" box.

Please send an email asking your senator and representative to co-sponsor and support Healthy Aging Grants LRB-3411.

Senators: <https://docs.legis.wisconsin.gov/2023/legislators/senate>

Representatives: <https://docs.legis.wisconsin.gov/2023/legislators/assembly>

For more information see WIHA's [Healthy Aging Grants Issue Brief](#).

Thank you for your help in securing this critical funding. Please share this message with others and encourage them to contact their state legislators too!

**ACTION NEEDED:**

***Contact your state Senator and state Representative and ask them to co-sponsor and support LRB - 3411 Healthy Aging Grants. The co-sponsorship deadline is Friday, Aug. 15 at 5 p.m.***

*Save the Date:*

**Aging Advocacy Day!**

*May 14, 2024 | Madison, WI*

## Federal Advocacy Action Alert – FY 2024 Older Americans Act (OAA) Funding

In late July, the U.S. Senate Appropriations Committee advanced its fiscal year (FY) 2024 Labor-Health and Human Services (HHS)-Education appropriations bill. The Senate bill reduces the U.S. Administration for Community Living (ACL) funding by more than \$40 million from the FY 2023 levels. The FY 2024 bill keeps most OAA funding at FY 2023 levels, with only Title III nutrition programs receiving changes over last year's levels. Specifically, the bill increases Title III C-1 congregate meals by \$25 million, increases Title III C-2 home-delivered meals by \$15 million, and **decreases the Nutrition Services Incentive Program (NSIP) by \$48 million.**

### **ACTION NEEDED:**

***Contact U.S. Senators Tammy Baldwin and Ron Johnson and your U.S. Representative and ask them to oppose harmful cuts to OAA programs in FY 2024.***

The House Appropriations Committee also marked up its Labor-HHS appropriations bill but has not released any details specific to the OAA and other aging services funding. Details of the House bill are not expected to be released until September when Congress returns from its month-long August recess. House funding levels are not expected to be much better than the mostly-level funded Senate bill and could be worse in some cases. Differences between the House and Senate spending packages are unlikely to be resolved by the end of the federal fiscal year (Sept. 30) and continuing resolutions (CRs) are likely to be necessary to keep the government running beyond Oct. 1<sup>st</sup>.

Members of Congress are in recess for the month of August and spending time back in their districts. **Now is a great time to reach out to our U.S. Senators Tammy Baldwin and Ron Johnson and your U.S. Representative to ask them to oppose harmful cuts to OAA programs in FY 24.** Help your federal elected officials learn more about your programs and funding needs firsthand, consider inviting your federal legislators to join you for a site visit, ride-along, or local event. Find contact information for your legislators here - [Wisconsin Members of the 118th Congress](#). If you are unsure who your U.S. Representative is go [here](#) and enter your home address zip code in the box on the upper right-hand side of the page. **Let's join our national partners and "get LOUD" this summer to make sure Congress does right by the millions of people served by the OAA!**

## Seeking Input: Proposed Updates to Regulations for OAA Programs

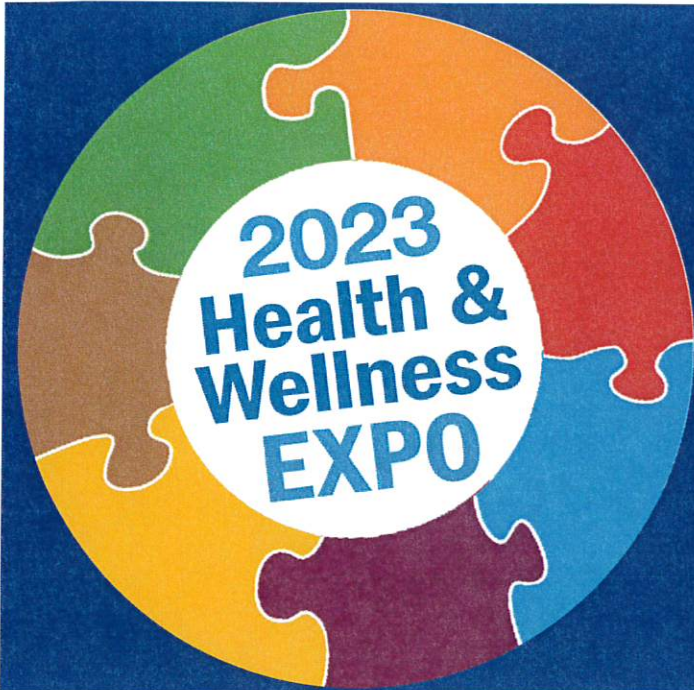
ACL is seeking input on [proposed updates to OAA regulations](#) from all who are interested in improving implementation of OAA programs and services. Input from the aging and disability networks and the people served by OAA programs is particularly crucial. [View more details and support materials](#). Comments may be submitted:

- Online at [Regulations.gov](#). (Enter "2023-12829" in the search bar, select ACL's proposed rule, and then click the blue "comment" box at the top left of the page.)
- By mail to:  
Administration for Community Living  
Administration on Aging, Attention: ACL-AA17-P  
330 C Street SW  
Washington, DC 20201

**Comments must be received (or postmarked) by 11:59 p.m. on Tuesday, Aug. 15.**

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