

March 2024

State of
Wisconsin
County of
Iowa

**UNAPPROVED MINUTES OF THE ADRC OF SOUTHWEST WISCONSIN
IOWA COUNTY BOARD MEETING HELD
TUESDAY, MARCH 26, 2024, AT 10 A.M.
HEALTH & HUMAN SERVICES CENTER
303 W. CHAPEL ST., DODGEVILLE, WI 53533**

2024-03

1)	Call to Order: Vice-Chairman Reilly called the meeting to order at 10:00 a.m.
2)	Roll Call: Members Present in Community Room: Dody Cockeram, Brad Stevens, William Ladewig, Elsie Jane Murphy, Marilyn Rolfsmeyer, Susan Schroeder, Dawn Kabot, J. Patrick Reilly, W. Michael Britt, Douglas Richter, Alice Fischer, Dianne Evans. Members Present Remotely: Kari Wunderlin, Kathy Elliott. Others Present in Community Room: Valerie Hiltbrand, Kristena Springer.
3)	Agenda Approval: Approval of this March 26, 2024 , Agenda. Motion by Ladewig and seconded by Britt to accept the agenda. Motion carried.
4)	Meeting Minutes Approval: Approval of the February 27, 2024 , meeting minutes. Motion by Ladewig and seconded by Cockeram to accept the meeting minutes. Motion carried.
5)	Members of Audience Address Committee: No comments provided.
6)	Membership Committee appointment: Ladewig, Richter, Elliot and Reilly are currently on the committee. In addition to the current members, Reilly appointed Evans, Kabot, Stevens, and Cockeram.
7)	Monthly Financial Summary: Mumm provided the report in packet and Hiltbrand presented.
8)	ADRC Department Reports: a) <u>SUN (Seniors United for Nutrition)</u>: Hodgson provided report in packet. Hiltbrand presented. Hodgson is looking for help to complete consumer assessments. Evans will have Iowa County assessments completed by the end of this week. b) <u>Transportation</u>: Report provided in the packet. Hiltbrand presented. Bus trips will resume twice a month, as well as adding an additional four City Taxi days and two Rural Taxi days per month. <u>ADRC (Benefit Specialists, ADRC Specialists)</u>: Benefit Specialist and ADRC Specialist reports provided in packet. Hiltbrand presented.
9)	ADRC Manager Report: a) <u>ADRC Manager</u>: Hiltbrand provided report in packet and presented. ADRC has two positions open currently. Reminder for the Public Listening Session, 3/26/2024. b) <u>Advocacy updates</u>: Hiltbrand provided report in packet and presented. Highlighted upcoming Aging Advocacy Day at the Wisconsin State Capitol.
10)	Next Meeting: Tuesday, April 23, 2024 , approved for the next ADRC Board meeting. 10:00 a.m., HHS Center, Community Room, Dodgeville. Zoom is still an option.
11)	Adjourn: Motion by Kabot and seconded by Murphy to adjourn. Motion carried. Meeting adjourned at 10:42 a.m.

	Allocation 2024	\$ 28,994	\$ 49,249	\$ 56,362	\$ 14,534	\$ 2,554	\$ 13,839		\$ 5,551	\$ 11,941	\$ 39,304	\$ 3,622	\$ 5,404	\$ -	
	Remaining Allocation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total Claim	\$ 28,994	\$ 49,249	\$ 56,362	\$ 14,534	\$ 2,554	\$ 13,839	\$ 300	\$ 5,551	\$ 11,941	\$ 39,304	\$ 3,622	\$ 5,344	\$ 60	\$ 69,318
Services															
	01-Administration	Title III-B Contract - Jan 2024-Dec 2024	Title III-C1 Contract - Jan 2024-Dec 2024	Title III-C2 Contract - Jan 2024-Dec 2024	NSP Contract Est 12 Month Amount	Title III-D Contract - Jan 2024-Dec 2024	Title III-E (60+ or <60 Early Onset Dementia) Contract - Jan 2024-Dec 2024	Title III-E (<60 Disabled or <18 Child) Contract - Jan 2024-Dec 2024	SSCS Contract - Jan 2024-Dec 2024	Elder Abuse Contract - Jan 2024-Dec 2024	ARPA IIB Contract - Exp Sept 2024 (current balance as of 10/7/23)	ARPA IICD Contract - Exp Sept 2024 (current balance as of 10/7/23)	ARPA E (60+ or <60 Early Onset Dementia) Contract - Exp Sept 2024 (current balance as of 10/7/23)	ARPA E (<60 Disabled or <18 Child) Contract - Exp Sept 2024 (current balance as of 10/7/23)	Cash Match
	03-Homemaker	\$ 18,124							\$ 4,441		\$ 22,234				\$ 4,484
	04-Chore	\$ 2,321							\$ 1,110		\$ 2,850				\$ 5,171
	05-Home-Delivered Meals														\$ 50,000
	06-Congregate Meals		\$ 49,389		\$ 14,534						\$ 2,000				\$ 456
	10p-Assisted Transportation	\$ 2,100									\$ 2,000				\$ 456
	11p-Transportation	\$ 2,100									\$ 10,000				\$ 1,111
	13p-Nutrition Education		\$ 260									\$ 3,622			\$ 697
	16a-Public Information														\$ 1,350
	23a-Health Promotion - Evidence-Based					\$ 2,554									\$ 983
	45-Social Events	\$ 4,249					\$ 575								\$ 1,000
	6505a-Caregiver Support Groups						\$ 2,500								\$ 2,118
	6601-Respite, In-Home General Respite						\$ 5,000								\$ 483
	6602-Respite, In-Home Personal Care														\$ 138
	6603-Respite, In-Home Homemaker														\$ 250
	6604-Respite, In-Home Care														\$ 140
	6605b-Respite Care, Facility Based Day														\$ 967
	6606c-Respite Care, Facility Based Overnight														\$ 138
	6724-Sup Svcs, Assistive Devices/Technology						\$ 414	\$ 200							\$ 250
	6725-Sup Svcs, Consumable Supplies						\$ 750	\$ 100							\$ 140
	6726-Sup Svcs, Home Repair and Modifications						\$ 100								\$ 140
	6770-Sup Svcs, Home Security and Safety														\$ 140
	6770b-Sup Svcs, Professional Visit by RN, OT, PT														\$ 140
	6800-Information Services/Public Information						\$ 1,800								\$ 967
	Elder Abuse														\$ 967

** - Nutrition services must be provided by the C1 or C2 contracts if the participant is eligible for those programs. III-E dollars cannot be used for an eligible meal participant.

**AGING & DISABILITY RESOURCE CENTER
REVENUE AND EXPENDITURE SUMMARIZATION
MARCH 2024**

Income **\$95,112.45**

- Income includes ADRC Regional reimbursement, United Fund of Iowa County grant, driver escort co-payments, reimbursement from Veterans Service Office and Family Care Organizations for driver escort rides, city taxi payments, and rural taxi payments.
 - This also includes SUN revenues that are not directly the ADRC's but are needed for grant claiming.

Expenditures **\$97,166.55**

- Expenses include payroll and fringes, office supplies, postage, City of Dodgeville Taxi expenses, Rural Taxi expenses, ADRC Care-A-Van Bus expenses, volunteer driver reimbursement, supportive home care expenses, prevention program expenses, News & Views publication expenses, SUN expenses, and caregiver respite.
 - This also includes SUN expenses that are not directly the ADRC's but are needed for grant claiming.

**AGING & DISABILITY RESOURCE CENTER
REVENUE AND EXPENDITURE SUMMARIZATION
APRIL 2024**

Income **\$99,254.21**

- Income includes ADRC Regional reimbursement, driver escort co-payments, reimbursement from Veterans Service Office and Family Care Organizations for driver escort rides, bus contributions, city taxi payments, and rural taxi payments.
 - This also includes SUN revenues that are not directly the ADRC's but are needed for grant claiming.

Expenditures **\$106,823.16**

- Expenses include payroll and fringes, office supplies, postage, City of Dodgeville Taxi expenses, Rural Taxi expenses, ADRC Care-A-Van Bus expenses, volunteer driver reimbursement, supportive home care expenses, outreach expenses, prevention program expenses, News & Views publication expenses, SUN expenses, and caregiver respite.
 - This also includes SUN expenses that are not directly the ADRC's but are needed for grant claiming.

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 27th of June 2023, and ratified by the Iowa County Board on the 18th 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)

Applies to:
ADRC
Tribal ADRS

P-02923-06 (12/2022)

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.

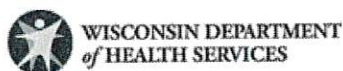
If staff have reason to believe that the information the customer has shared or is about to share would not be protected, they should inform the customer of the limits to confidentiality. These include reporting abuse or neglect; cooperating with public health, adult protective services, law enforcement,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

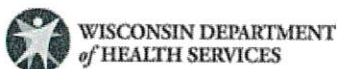
B. Types of Confidential Customer Information

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:

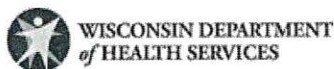
- Information with counties outside of the agency's service area for purposes other than access to publicly funded long-term care programs.
- Medical information with an employer, life insurer, bank, marketing firm, news reporter, or any other external entity for purposes not related to the customer's 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 IRIS¹ consultant agency (ICA) in the

¹ IRIS stands for "Include, Respect, I Self-Direct".



agency's service area.

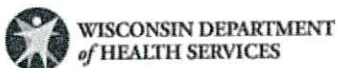
- Transferring the long-term care functional screen to the ADRC serving the county in which the customer resides.
- Exchanging information necessary to coordinate the delivery of ADRC services, county human services, Tribal services, social services, or community programs to the customer.
- Reporting 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



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.



WISCONSIN DEPARTMENT
of HEALTH SERVICES



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:

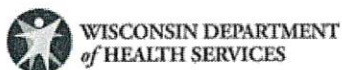
Date of policy review:

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

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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

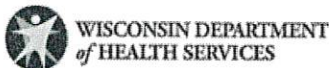
The purpose of this policy is to ensure conflicts of interest are prevented, recognized, and promptly addressed so that the agencies can provide customers with objective and unbiased information about a broad range of programs and services.

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.



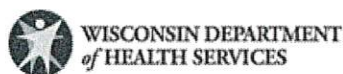
P-02923-03 (01/2023)

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:



P-02923-03 (01/2023)

- 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.

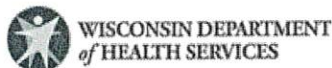
- Elder benefit specialists and disability benefit specialists may not perform the long-term care functional screen, conduct eligibility determinations for SSI-E or other programs, or provide guardianship or adult protective services.
- Staff who also work in adult protective services may not provide 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:



P-02923-03 (01/2023)

- 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



P-02923-03 (01/2023)

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



P-02923-03 (01/2023)

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.



P-02923-03 (01/2023)

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:



WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-02923-03 (01/2023)

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:

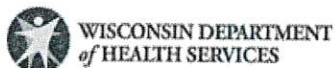
Date of policy review:

Signature:

Date signed:

Supervisor Signature:

Date signed:



P-02923-03 (01/2023)

Disability Benefit Specialist: Michelle Leffler
Elder Benefit Specialist: Renae Kratcha
March 2024 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 to a case during the reporting period.

Case - A case is defined as an issues that the Ben Sec 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 issues includes an outcome. 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 : 64

Elder Benefit Specialist open cases : 40

Client Characteristics - The report looks at the demographic characteristics for clients who had one or more contacts related to a case during the reporting period.

18-59 : 23

60-99 : 52

Information calls - Benefit specialists receive many calls from consumers asking simple quick questions. An example of one of these calls would be if a consumer wanted to know what Social Security office to contact.

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 : \$0.00

Elder Benefit Specialist : \$354,944.00

Community Outreach and Events:

Date	Topic	Location
3/6/24	Wellness Wednesday – Applying for Disability Benefits	Iowa County Health and Human Services Building
3/6/24	Wellness Wednesday – Youth in Transition	Upland Hills Hospital
3/20/24	Disability Advocacy Day	Madison

Disability Benefit Specialist: Michelle Leffler
Elder Benefit Specialist: Renae Kratcha
April 2024 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 to a case during the reporting period.

Case - A case is defined as an issues that the Ben Sec 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 issues includes an outcome. 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 : 70

Elder Benefit Specialist open cases : 50

Client Characteristics - The report looks at the demographic characteristics for clients who had one or more contacts related to a case during the reporting period.

18-59 : 26

60-99 : 45

Information calls - Benefit specialists receive many calls from consumers asking simple quick questions. An example of one of these calls would be if a consumer wanted to know what Social Security office to contact.

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 : \$0.00
Elder Benefit Specialist : \$194,806.00

Community Outreach and Events:

Date	Topic	Location
4/11/24	CCOT Career Prep and Life Skills Day	Highland, WI
4/16/24	Medicare 101	Dodgeville, WI

Disability Benefit Specialist & Elder Benefit Specialist 2023 Year-End Summary Program Report

This report provides some information about the Benefit Specialist Services provided in Iowa County for the year 2023. It should be known that there were vacancies for the Disability Benefit Specialist position for a few months out of the year. During the vacancy, the consumers were served by Lafayette County Disability Benefit Specialist, other Iowa County staff or referred to other programs.

CLIENTS SERVED

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: 103

Elder Benefit Specialist: 410

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: 164 Closed Cases: 139

Elder Benefit Specialist:

Open Cases: 521 Closed Cases: 519

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.

18-59: 92

60-69: 275

70-79: 114

80-89: 20

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: **\$35,505.00**

Elder Benefit Specialist: **\$3,224,807.00**

Staff participated in the following events:

Activities: SNAPs committee pancake breakfast

Trainings: DHS Time & Task Refresher; Munis payroll system

Meetings: TMG; Expo Planning; CCOT; Income Maintenance

Outreach Events: Upland Hills Wellness Wednesdays-presentation on youth in transition

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

-----*Descriptions*-----

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; Inlucsa 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

APRIL 2024 Data

Completed by: Jenny Huffman

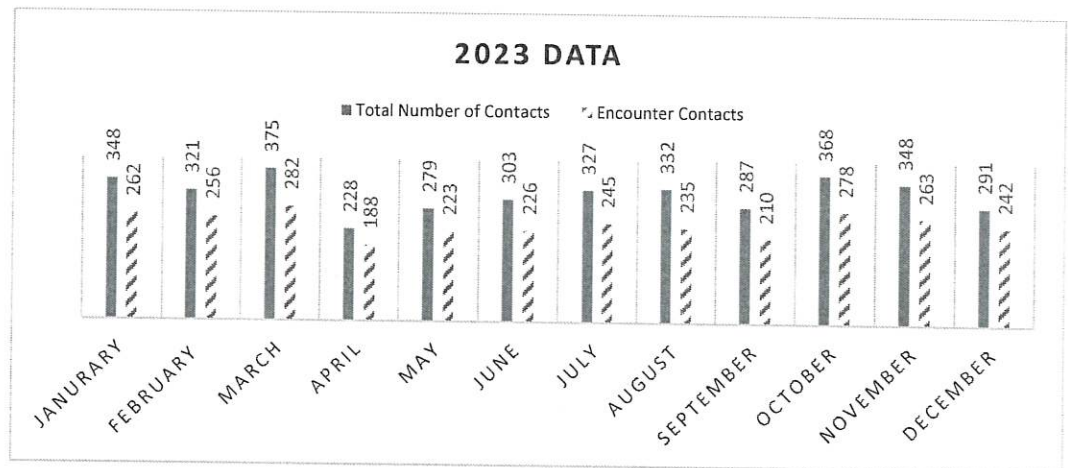
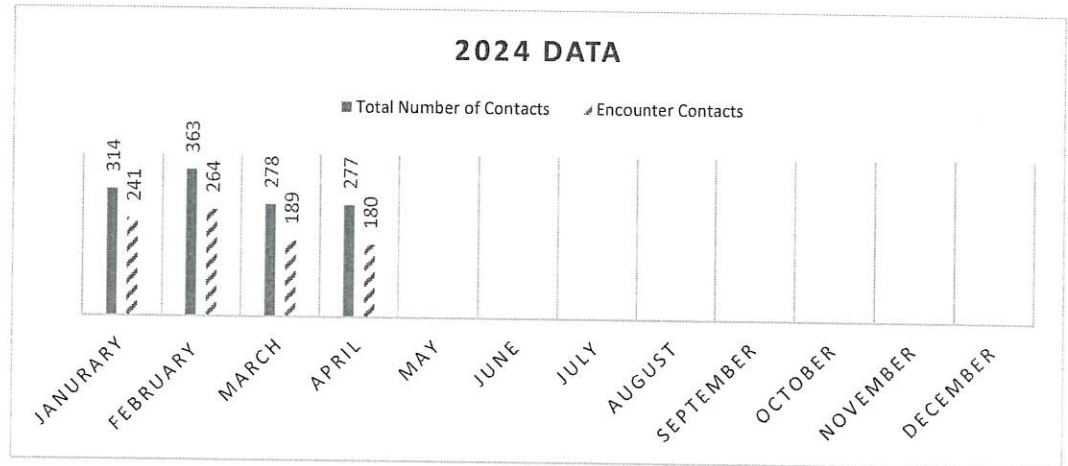
Total Contacts

reflect the number of calls, walk-ins, scheduled office appointments or home visits with people requesting information.

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

Encounter Contacts

Includes only direct contact with consumer's and excludes administrative tasks associated with the contacts.



	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Walk- Ins	18	6	11	11								
Scheduled Phone/Virtual/ Office Visits	10	13	5	3								
Home Visits	6	13	12	10								
Nursing Home Referrals	0	2	3	3								
Functional Screens Administered*	4	4	5	5								
Family Care Enrollments*	0	3	4	3								
IRIS Referrals*	2	1	2	3								

Staff participated in the following events:

Activities: SNAPs committee auction

Trainings: Aging, Disability, and Independent Living Network Conference

Meetings: Expo Planning; Homeless Coalition; My Choice WI meeting.

Outreach Events:

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

-----*Descriptions*-----

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; Inluka 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

2023 Year End Summary

Completed by: Jenny Huffman, Laura Coulthard, Paige Bittner

*Total Contacts

reflects the number of calls, walk-ins, office appointments, home and community visits with customers and/or their families, caregivers or guardians. Includes administrative tasks.

*Encounter Contacts

Reflects the number of direct contacts with consumers. Does not include collateral contacts or administrative tasks.

2023	Total
*Total Contacts	3,818
*Encounter Contacts	2,915
Walk- Ins	210
Scheduled Phone/Virtual/ Office Visits	83
Home Visits	144
Nursing Home Referrals	4
Functional Screens Administered	63
Family Care Enrollments	33
IRIS Referrals	9

Staff participated in the following activities in 2023:

- **Activities:** Holiday Project; Alzheimer's Virtual Conference, Disability Advocacy Day; Bug Tussel Wireless technology classes; Stepping on Workshop; Interviewed by Brown University PhD student about WI long term care
- **Trainings:** CST Test; HHS Active Shooter Training; DHS 988 Training; DHS PHE Unwinding; CPR Training; WISHIN Call; Civil Rights Training; MDS-Q training; Options Counseling refresher training; Opioid Awareness & Narcan Training; Trauma informed care; Iowa County Harassment in the workplace training; Stop the Bleed training; Question, Persuade, Refer (QPR) training; DHS ADRC Specialist Fall Regional Training; Advocacy & Networking training; WISHIN Pulse Training; DHS scorecard updates
- **Meetings:** ADRC Board mtgs; HeART Coalition; Inclusa mtgs.; Iowa County Economic Support mtg; TMG mtgs My Choice WI mtgs; Older Americans Act event planning; Health Iowa County Community Action Team; CCOT Mtgs; Health & Wellness Expo planning; Educator outreach team meeting; Prevention volunteer meeting; Regional ADRC mtg; Homeless Coalition mtgs; Economic Support mtgs; Unified Community Services training
- **Outreach Events:** CHIPS Meeting; SPAARK Viewing; Aging Mastery program; Tony Hoffman AODA event; CCOT Career Prep & Life Skills Day/Mentoring Day/Recreational Day; ADRC general presentation at Grace Lutheran Church with the dementia care specialist; Older Americans month Bingo & toiletry drive; Iowa County First Responders outreach; Senior Farmer's market outreach events; Farmer's Appreciation day parade; Dodgeville Town Square night market; Mineral Point street fair; Nursing home social worker outreach event; Radio Ad with Queen B; Health & Wellness Expo; Falls referral form with Dodgeville EMS

2023 Call Topic Summary	Total Calls
<i>Public Benefits, long term care programs (Medicaid, Family Care & IRIS)</i>	1,627
<i>Public Benefits, other (Medicare; FoodShare; Senior Care)</i>	1,139
<i>Home Services (housekeeping; lawn care; personal cares; life alert; respite/companion care)</i>	541
<i>Housing/Homelessness</i>	295
<i>Abuse and Neglect (physical; emotional; financial exploitation/scams)</i>	276
<i>Legal Services (power of attorney; guardianship; other legal issues)</i>	212
<i>Caregiver Resources</i>	178
<i>Assisted Living</i>	169
<i>Nursing Home (includes MDS-Q and Non MDS-Q referrals)</i>	167
<i>Transportation</i>	164
<i>Alzheimer's disease and other dementia</i>	160
<i>Food Resources</i>	145
<i>Adaptive Equipment (walkers; wheelchairs; grab bars; loan closet)</i>	104
<i>Financial Assistance (lack of funds to pay for basic needs: rent, bills, ect)</i>	98
<i>Health Issues (cancer; other general health issues)</i>	73
<i>Medical Home Care (home health; hospice)</i>	67
<i>Mental Health</i>	65
<i>Insurance: not Medicare or Medicaid (private insurance; long term care insurance)</i>	61
<i>Veterans</i>	41
<i>Employment</i>	41
<i>Youth in Transition (persons with disabilities turning 18)</i>	35
<i>Ancillary Services (dental; vision; hearing; incontinence products)</i>	32
<i>Complaints (Medicaid LTC programs; mental health programs, other)</i>	29
<i>Safety (falls; wandering; medications; driving; firearms)</i>	29
<i>Recreation/Socialization</i>	25

-----Key Descriptions-----

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- nursing home referrals

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; Inluka 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.

TRANSPORTATION COORDINATOR'S REPORT

March 2024

Submitted by Nohe Caygill

DRIVER ESCORT SERVICES				
Current Month	2023	YTD	2024	YTD
Total Units of Service Provided:	140	500	127	386
Current Month	2023	YTD	2024	YTD
Driver Escort Fees Deposited:	\$1,289.82	\$3,131.55	\$1,490.41	\$3,040.44

ADRC TAXI SERVICES				
Current Month	2023	YTD	2024	YTD
Total Units of Service Provided:	370	987	265	770
Current Month	2023	YTD	2024	YTD
ADRC Taxi Fees Deposited:	\$450.50	\$1,488.55	\$403.25	\$1,161.82

*Taxi ran 9 out of 13 days

RURAL TAXI SERVICES				
Current Month	2023	YTD	2024	YTD
Total Units of Service Provided:	94	220	64	202
Current Month	2023	YTD	2024	YTD
ADRC Taxi Fees Deposited:	\$549.05	\$1,057.55	\$342.00	\$915.00

CARE A VAN SERVICES				
Current Month	2023	YTD	2024	YTD
Total Units of Service Provided:	52	103	0	0
Current Month	2023	YTD	2024	YTD
Donations Collected:	\$46.00	\$111.00	\$0.00	\$0.00
Current Month	2023	YTD	2024	YTD
Total Days Cancelled:	2	13	0	0

***Bus trips not started yet

TRANSPORTATION COORDINATOR'S REPORT

April 2024

Submitted by Nohe Caygill

DRIVER ESCORT SERVICES				
Current Month	2023	YTD	2024	YTD
Total Units of Service Provided:	117	617	124	510
Current Month	2023	YTD	2024	YTD
Driver Escort Fees Deposited:	\$1,033.24	\$4,164.79	\$905.27	\$3,945.71

ADRC TAXI SERVICES				
Current Month	2023	YTD	2024	YTD
Total Units of Service Provided:	254	1,241	252	1,022
Current Month	2023	YTD	2024	YTD
ADRC Taxi Fees Deposited:	\$412.00	\$1,900.55	\$459.30	\$1,621.12

RURAL TAXI SERVICES				
Current Month	2023	YTD	2024	YTD
Total Units of Service Provided:	76	296	75	277
Current Month	2023	YTD	2024	YTD
ADRC Taxi Fees Deposited:	\$309.00	\$1,366.55	\$334.00	\$1,249.00

CARE A VAN SERVICES				
Current Month	2023	YTD	2024	YTD
Total Units of Service Provided:	88	191	24	24
Current Month	2023	YTD	2024	YTD
Donations Collected:	\$59.75	\$170.75	\$15.00	\$15.00
Current Month	2023	YTD	2024	YTD
Total Days Cancelled:	4	13	3	0
Current Month	2023	YTD	2024	YTD
Special Trip Fees:	\$767.05	\$767.05	\$0.00	\$0.00



ADRC Advisory Board Meeting

May 2024

ADRC Manager's Report

In the ADRC Board packet, there is a:

Copy of the ADRC bylaws. Please review prior to the meeting.

Copy of the ADRC Confidentiality and Conflict of Interest Policy. Please review, sign and return to the ADRC at the meeting or by mail.

We continue to work on our 2025-2027 Aging Unit Plan. Goals will be written in the areas of Transportation, Family Caregiving, Senior Nutrition, and Health Promotion. Paper and online surveys are available for Iowa County residents to fill out.

4/23/24: April was Volunteer Appreciation Month. We hosted a luncheon celebration at the Dodgerbowl for our ADRC and SUN volunteers. We rely on and appreciate our volunteers for their contributions.

4/12/24: We participated in Career Prep and Life Skills Day, which is a program for students with disabilities.

4/12/24: Our Regional Dementia Care Specialists are hosting a hybrid workshop for caregivers, called Caregiver Stress Busting.

4/16/24: Our Benefit Specialists hosted a Medicare 101 at the Dodgeville Public Library.

5/17/24: Our staff participated in Recreational Educational and Exploration Day (REED), which is another event for students with disabilities. This event is held at Governor Dodge.

ADRC Events:

During the month of May, we celebrate ADRC and Older Americans Month.

June is Elder Abuse Awareness Month.

Starting June 1, we will have Senior Farmers Market Vouchers available for eligible Iowa County participants. Some distribution sites will be arranged throughout the county.

4/11-5/23: We are wrapping up Stepping On (a falls prevention workshop) which was held at Stonefield Apartments in Dodgeville on Thursdays at 1:30. According Wisconsin Institute for

Healthy Aging, "Stepping On has been researched and proven to decrease falls by 31%. Fewer falls mean fewer injuries, fewer visits to the emergency room, fewer hospitalizations, and fewer deaths due to a fall." <https://wihealthyaging.org/programs/falls-prevention-programs/stepping-on/>

5/29/24: We are seeking participants for a virtual evidence-based program called **Mind Over Matter: Healthy Bowels, Healthy Bladder (MOM)**. Mind Over Matter "is a researched and proven program designed to give women the tools they need to take control of bladder and bowel leakage. Join a MOM workshop and learn strategies for preventing or lessening symptoms including information sharing, group activities, simple exercises, and dietary changes. With practice, these new skills are proven to help you avoid or reduce leakage so you can keep doing the things that matter most to you." <https://wihealthyaging.org/programs/live-well-programs/mom/>

6/12/24: In collaboration with an Interdisciplinary Team working on elder abuse prevention, our office will host a Scam Prevention workshop at the Health and Human Services Building.

6/19/24: The Regional Dementia Care Specialists will host Free Memory Screens and a Dementia Live simulation experience at the Health and Human Service Building.

6/26/24: In collaboration with Upland Hills Hospital, we will host an Advance Directive Training at the Health and Human Service Building.

6/27/24: Our Benefit Specialists will host a Medicare 101 at the Mineral Point Library.

"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 n-person.

Advocacy:

The ADRC Taxi offered Free Rides to the polls for people over the age of 60 in April.

We had staff and community members participate in the following advocacy days at the Wisconsin State Capital this spring: Alzheimer's Advocacy Day, Disability Advocacy Day, and Aging Advocacy Day. Information from Aging Advocacy Day is enclosed in the packet.

Respectfully submitted,

Valerie Hiltbrand, ADRC Manager
ADRC of Southwest Wisconsin
303 W. Chapel St.
Dodgeville, WI 53533
Telephone 608-930-9835
www.adrcswwi.org

FOR IMMEDIATE RELEASE

May 15, 2024

Nearly 200 Advocates Participated in Aging Advocacy Day 2024

(Madison, WI) - Yesterday, nearly 200 advocates from across the state participated in the 8th annual Aging Advocacy Day. Community members and aging network professional gathered in the morning to prepare for their legislative visits and then walked to the State Capitol for afternoon meetings with their state legislators.

Advocates shared five priorities for the 2025-2027 state budget with legislators. The priorities include:

- Investing in Aging and Disability Resource Centers (ADRCs),
- Caring for Wisconsin's Caregivers,
- Safeguarding Nutrition Supports,
- Reducing Falls Among Older Wisconsinites, and
- Supporting Increased Funding for Specialized Transportation



More information about the event and the budget priorities can be found at <https://gwaar.org/aging-advocacy-day-2024>

Aging Advocacy Day was organized by the 13 core member agencies/organizations of the Wisconsin Aging Advocacy Network and is supported by over 50 volunteers and the following generous donors: AARP Wisconsin, Milwaukee Co. Dept. of Health & Human Services - Aging & Disability Services, Wisconsin Family and Caregiver Support Alliance, Area Agency of Dane Co., Greater Wis. Agency on Aging Resources, Wauwatosa Senior Commission, Wis. Association of Benefit Specialists, and Wispact. Additional support was provided by the Aging & Disability Professionals Association of Wis., Wis. Association of Nutrition Directors, Wisconsin Association of Senior Centers, Wis. Adult Day Services Association, Alzheimer's Association – Wis. Chapter, UAW Milwaukee Metropolitan Retiree Council, TMG, Village Caregiving, Wis. Senior Advocates, Wisconsin Institute for Healthy Aging, and the Wis. Senior Corps Association.

Core member organizations

Aging and Disability Professionals Association of Wisconsin (ADPAW) • Alzheimer's Association Wisconsin Chapter
Board on Aging and Long Term Care (BOALTC) • Wisconsin Adult Day Services Association (WADSA)
Wisconsin Association of Area Agencies on Aging (W4A) • Wisconsin Association of Benefit Specialists (WABS)
Wisconsin Association of Nutrition Directors (WAND) • Wisconsin Association of Senior Centers (WASC)
Wisconsin Family and Caregiver Support Alliance (WFACSA) • Wisconsin Institute for Healthy Aging (WIHA)
Wisconsin Senior Advocates • Wisconsin Senior Corps Association (WISCA) • Wisconsin Tribal Aging Unit Association

Mission

The Wisconsin Aging Advocacy Network (WAAN) works with and for all older adults by educating community members and policy makers on priority issues while advocating for meaningful change. Learn more at <https://gwaar.org/waan>.

Key Issues for Wisconsin Aging Advocates

2025-2027 State Budget

The Wisconsin 2025-2027 Biennial Budget will significantly impact older adults and caregivers. The Wisconsin Aging Advocacy Network (WAAN) advocates for the following key investments which support older adults to improve their health and well-being, live with maximum independence and dignity, and reduce health and long-term care costs.

Our Requests:

1. Aging & Disability Resource Centers (ADRCs) - Increase funding to ADRCs by \$19.9 million to equalize historical funding disparities and begin to address the population growth in Wisconsin.

Wisconsin's statewide network of ADRCs provide information about critical, cost-saving services and programs related to aging or living with a disability. An increase in base funding will promote quality of life for all Wisconsin citizens to age in place/at home, delay entry into the long-term care system and position ADRCs to maintain high quality services for a growing population of older adults (projected to grow by 21% from 2020 to 2030) and people with disabilities (projected to grow by 15% from 2020 to 2030).



Last year, ADRCs had over 500,000 contacts with customers throughout the state. For every \$1 invested in Wisconsin's ADRCs, taxpayers save \$3.88. Funding ADRCs will deliver cost-savings for individuals, families, and taxpayers.

2. Caregiver Supports – Increase support for the 580,000 family caregivers in Wisconsin.

There is an increased demand for family caregivers. Wisconsin's growing population of older adults and current shortage of paid direct care workers have added even more pressure to family members who step in to provide necessary care.

To support the important work of these individuals, Wisconsin needs to establish:

- 1. A new Wisconsin caregiver support program, funded at \$5 million annually, to complement the National Family Caregiver Support Program (NFCSP).** This new state caregiver program could expand the number of Wisconsin family caregivers currently receiving direct services (4,234 caregivers) by an additional 5,000 caregivers per year.
- 2. A paid family and medical leave program and expand eligibility for the state's current family and medical leave program.**

Many caregivers (approximately 60%) are juggling important caregiving responsibilities while also trying to maintain part- or full-time employment. Caregiving responsibilities force some caregivers to reduce their hours of work, retire early, or step away from the workforce for an undetermined period.

About 77% of workers in the state do not have paid family leave through their jobs, and 62% lack access

Key Issues for Wisconsin Aging Advocates

to unpaid leave under the federal Family and Medical Leave program. Caring for Wisconsin family caregivers saves the state money, helps working caregivers remain in the workforce and provides the supports needed to help sustain them in their caregiving roles.

3. Home-Delivered Meals – Safeguard the well-being and dignity of Wisconsin seniors by increasing the state contribution to Home-Delivered Meal (HDM) Services from the current level of \$868,794 to \$13.5 million annually.

Wisconsin's home-delivered meal programs are challenged by federal funding cuts, the expiration of COVID funding and flexibilities, unprecedented levels of need, and increased expenses driven by inflation and a lack of resources.

One year of HDM and the services that accompany the meals (social

visit, safety check, and connection to other community services)

roughly equate to the same cost of one day in the hospital or 10 days

in a nursing home. Hunger and isolation are pressing and urgent social

issues for Wisconsin's aging population. Older Americans Act HDMs are an economical and proven

means to address senior isolation, hunger, and malnutrition.

In 2023, home-delivered meals programs provided the day's main meal for approximately 70% of

the almost 34,000 program participants. Nearly 1 in 2 of the program participants are identified to

have high nutritional risk and over 1 in 4 have incomes below the federal poverty level. This funding

increase would enable Wisconsin's Older Americans Act (OAA) HDM programs to meet the need in their

communities and avoid or eliminate the need to establish waiting lists for the program, restrict or limit

services in part of their service area, or have areas without service at all.

4. Healthy Aging Grants – Support a state investment of \$450,000 per year to fund the researched and

proven strategies that give older people, their families, and caregivers the tools to protect their health and wellness.

Preventing Older Adult Falls

Falls are the number one cause of injuries in older adults and are a key driver of emergency department (ED) visits, hospitalizations, and nursing home admissions.

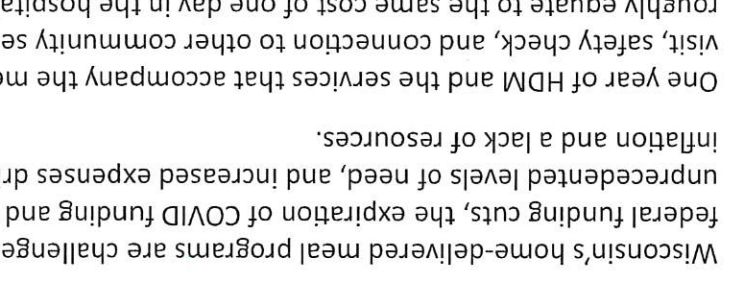
• One in four older adults has a fall each year and,

sadly, Wisconsin has the highest rate of deadly falls

in the nation. Yet, there is no state investment in falls

prevention.

• An estimated \$1 billion is spent annually on falls-related health costs in Wisconsin which includes both Medicaid and out-of-pocket expenses.



Key Issues for Wisconsin Aging Advocates

- Falls have a major impact on emergency medical services (EMS) and health care providers. Nearly one in five EMS responses were for older adult falls, making falls the top injury response in 2022.
- The number of falls that EMS responds to are increasing by nearly 10,000 a year statewide.

State investment in Healthy Aging Grants will support the long-term sustainability of the Falls Free Wisconsin effort and expand access to Stepping On and other programs to reach more people and reduce falls – all while reducing the burden and costs to health care and public safety.

5. Transportation - Increase funding for specialized transportation services to support the health, well-being, financial security, independence, and community engagement of Wisconsinites who do not drive.

Specialized transportation assistance s.85.21/s.85.215

The annual s.85.21 allocation has not increased in the last five years. From 2000 to 2022 the population of adults age 60 and older has increased by 67% (from 909,367 to over 1.5 million).

Lack of funding and a growing number of non-drivers is causing specialized transportation programs to make service cuts, limit passenger rides, and/or deny transportation all together. **To ensure future expansion and maintenance of services,**

- 1. Increase specialized transportation funding by 10%, approximately \$1.6 million/annually for s.85.21 (counties) and \$43,560/annually for s.85.215 (tribes) and incorporate annual inflationary increases for both programs.**

Specialized transportation assistance – s.85.22

Federal (5310 and state specialize transportation program (s.85.22) funding provides grant for capital and operating projects that improve the mobility of older adults and people with disabilities. Program funding requests continually exceed the available funding, resulting in some projects not being funded and other receiving partial funding awards. **To assist with operations, replacement or acquisition of new transit vehicles and expand mobility management services for non-drivers,**

- 2. Increasing the capital and operation assistance program funding for specialized transportation (s.85.22) by 20% (\$220,580).**

Specialized transportation infrastructure is critical for the non-driving public, economic growth, and overall quality of life.



Invest in Aging and Disability Resource Centers

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

WAN's position: Increase funding for Aging and Disability Resource Centers (ADRCs) by \$19.9 million in the 2025-2027 biennial state budget to continue to address the funding inequities between ADRCs and begin to address the population growth in Wisconsin.

Wisconsin's Statewide network of ADRCs provide information about critical, cost saving services and programs related to aging or living with a disability. They serve individuals, family members, friends and professionals working with related issues. The state's 46 ADRCs and seven tribal Aging and Disability Resource Specialists (ADRS) that work at an ADRC serve the fastest growing demographic of our state's population.¹

The current funding formula does not fully address the funding disparities between ADRCs. In addition, it has never addressed the changing demographics and rising expenses impacting Wisconsin's network of ADRCs includes underfunded operations unable to provide equitable levels of services.²

Over the past 12 years, the baseline request for funding ADRC services was increased on only one occasion, by \$5.1 million in the Wisconsin 2023-2025 biennial budget. While the \$5.1 million increase in the last budget provided some relief to maintain ADRC operations, the current cost to continue operations and meet the growing demand for services far exceeds the 2024 appropriation.

Funding inequities among ADRCs contribute to an inconsistent approach to delivering required state-contracted services and the need to determine the amount of funding necessary to ensure every ADRC can provide all contractually required services.

2010		2015	2020	2025	2030	% Change 2020 to 2030
60-64	313,825	371,940	414,895	413,495	362,275	-13%
65-69	227,029	295,185	352,625	394,550	394,370	+12%
70-74	173,467	207,400	272,405	326,790	366,910	+34%
75-79	141,252	150,335	182,195	240,540	290,250	+59%
80-84	117,061	113,175	122,575	149,890	199,680	+63%
85+	118,505	128,825	134,130	145,745	173,110	+29%
The Wisconsin population age 60 and older is projected to grow at unprecedented rates - 21% increase from 2020 to 2030. ³						

Age Group		2020	2025	2030	2035	2040
0-17	56,465	57,552	58,631	59,000	58,289	
18-59	286,337	284,585	287,349	290,263	289,613	
60-74	201,933	220,362	218,172	204,087	193,331	
75-84	109,163	139,845	175,485	204,360	217,127	
85+	89,584	97,342	115,619	149,771	189,414	
Total	743,482	799,687	855,255	907,481	947,773	
All Ages Dis rate	12.4%	12.9%	13.4%	14.0%	14.6%	
The Wisconsin population with a disability is projected to grow by 15% from 2020 to 2030. ³						

To provide reliable, equitable and accurate funding to the state's ADRCs, factoring in the costs of addressing population growth and rising expenses, an increased investment of \$19.9 million is needed.

Funding ADRCs will deliver cost savings for individuals, families, and taxpayers.

In 2023, ADRCs had a total of 536,627 contacts with customers throughout the state.⁴ There is a significant return of investment as result of the array of services ADRCs offer the Wisconsin taxpayer. In 2023, the total return on investment was measured at 388%, meaning for every dollar invested in ADRCs taxpayers save \$3.88.^{5, 6, 7}

A \$19.9 million increase in base funding will promote quality of life for all Wisconsin citizens to age in place/at home, delay entry into the long-term care system and position ADRCs to maintain high quality services.



Sources:

1. U.S. Census Bureau (2020, June 25). 65 and Older population Grows Rapidly as Baby Boomers Age. Retrieved March 16, 2021, from <https://www.census.gov/newsroom/press-releases/2020/65-older-population-grows.html>.
2. Aging Populations Projections, www.dhs.wisconsin.gov/aging/demographics.htm.
3. ADRC Reinvestment Workgroup
4. ADRC statewide encounter data for CY2023
5. Return on Investment calculation is based on number of prevented hospital readmissions and emergency department visits per 1,000 ADRC customers served.
6. The Agency for Healthcare Quality and Research report: https://www.hcup-us.ahrq.gov/reports/statbriefs/sb248-Hospital-Readmissions-2010-2016.jsp?utm_source=ahrq&utm_medium=en13&utm_term=Safety_Program&utm_content=13&utm_campaign=ahrq_en6_18_2019
7. Costs of Emergency Department Visits in the United States, 2017: <https://www.hcupus.ahrq.gov/reports/statbriefs/sb268-ED-Costs-2017.jsp#:~:text=In%202017%2C%20aggregate%20ED%20visit,cost%20per%20visit%20of%20%24530>

Caring for Wisconsin's Caregivers



The key to remaining independent, engaged and connected

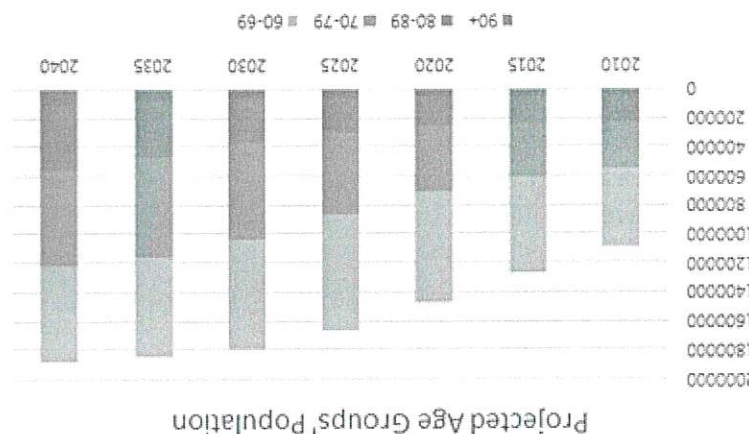
In Wisconsin, 580,000 family caregivers are providing approximately \$9.2 billion in unpaid care filling an essential role in our fractured long-term services and supports (LTSS) system. These families could be siblings banding together to care for an aging parent, parents caring for their child who has a disability, a partner struggling to support a loved one with dementia or one of the roughly 32% of grandparents nationally who are responsible for raising their grandchildren.

Family and friends take on these caregiving roles out of love and out of need. Did you know that most private health insurance plans do **not** cover the costs of respite care, assisted living, or other in-home care? There is also a paid workforce crisis, with more than one in four direct caregiver positions vacant! Meaning, more and more, family needs to step in to provide the necessary care.

Keep in mind that many caregivers are juggling these important responsibilities while trying to maintain part-time or full-time employment. In fact, in 2014, 60% of family caregivers had full- or part-time jobs in addition to their caregiving roles. Caregiving responsibilities have forced some to reduce hours at work, retire early, or step away from the workforce altogether.

The caregiving strain will only increase with time. One in seven current non-caregivers expect to become caregivers within 2 years. And by 2050 in Wisconsin, there will be fewer than three family caregivers to care for each family member older than 80. All of these statistics tell us we need to do more to prepare! Caregiver issues will impact every Wisconsinite, whether we are the ones receiving care or the ones providing the care. We need to have an infrastructure in place to meet this demand.

There's good news! According to Federal Reporting data for 2023, the National Family Caregiver Support Program (NFCSP) offered direct services to 4,234 Wisconsin family caregivers. Each caregiver received some sort of necessary support ranging from respite care, transportation, assistive technology, in-home care, or other services. **In Wisconsin, we can do more!**



WAA's position: There is an increased demand for family caregivers. To support the important work of these individuals, Wisconsin needs to establish:

1. A new Wisconsin caregiver support program to complement the National Family Caregiver Support Program funded at \$5 million annually, and
2. A paid family and medical leave program and expand eligibility for the state's current family and medical leave program.

1. Establish a new Wisconsin caregiver support program to complement the National Family Caregiver Support Program, funded at \$5 million annually.

Legislation establishing this new program should include caregivers of those adults 60 and older, or who have dementia, or older relatives (not parents) age 55 and older providing care to children under the age of 18; and older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities who reside in their own homes or community settings.⁹ With this state caregiver program, we could directly support more than 5,000 additional caregivers next year!

Most working people in the United States do not have paid family leave through their jobs,¹⁰ including about 77 percent — about 2.4 million workers — in Wisconsin.

Most working people in the United States do not have paid family leave through their jobs,¹⁰ including about 77 percent — about 2.4 million workers — in Wisconsin. Even unpaid leave under the federal Family and Medical Leave Act is inaccessible for 62 percent of Wisconsinites.¹¹

2. Establish a paid family and medical leave program and expand eligibility for the state's current family and medical leave program.

Offering paid family and medical leave encourages people looking for a job, to get a job; helps to address the direct caregiver crisis; and helps to support working family caregivers. According to a Gallup Poll, "The cost of replacing an individual employee can range from one-half to two times the employee's annual salary."¹² The cost of maintaining an employee who takes leave is far less costly to an employer.

A majority of legislators from all parties polled by Marquette University Law School in November [2022] favored paid leave.¹³

These additional supports are needed to reduce the strain and recognize the important work of family caregivers.

Sources for this issue brief can be viewed at: <https://gwaar.org/api/cms/viewfile/id/2008154>

Find this and other WAAN issue briefs at: <https://gwaar.org/issues-and-initiatives>

Safeguard Nutrition Support for Wisconsin Seniors



Older Wisconsinites need your help.

Budget Request: Protect vulnerable older adults by increasing the state contribution to Home-Delivered Meal (HDM) Services from the current level of \$868,794¹ to \$13.5 million annually. This increase would enable Wisconsin's Older Americans Act (OAA) HDM programs to meet the need in their communities

WAAAN's position: Hunger and isolation are pressing and urgent social issues for Wisconsin's aging population. Older Americans Act Home-Delivered Meals (HDM) are an economical and proven means to address senior isolation, hunger, and malnutrition. This program needs \$13.5 million annually to meet the need across the state.

Wisconsin is home to over 1.5 million older adults (ages 60+).² This equates to one of every four Wisconsin residents! The OAA HDM program is a proven, effective way to support Wisconsin's most vulnerable older adults and their caregivers:

"The program helped me keep my husband out of the nursing home for all but one year of his life."
Program Recipient

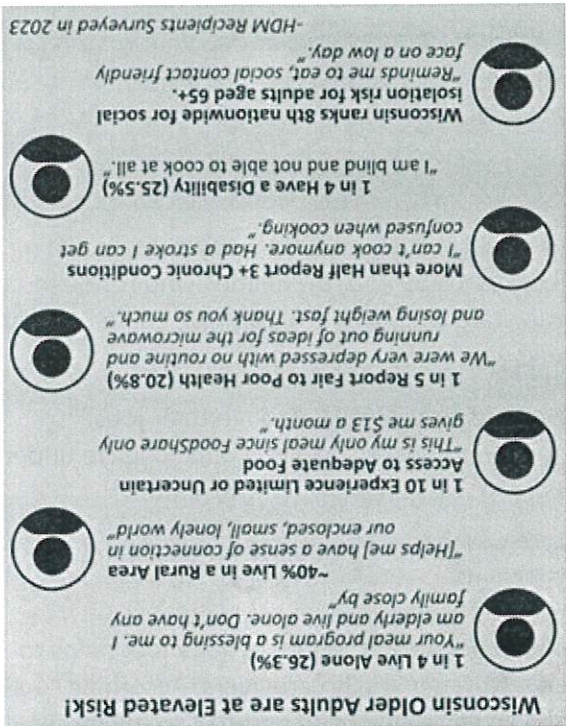
"My mom is 100 years old; your program is a lifesaver."
Caregiver of Program Recipient

HDM services provide access to nutritious food, social visits, safety checks and connection to other community services to older adults in the most social and economic need. In 2023, home-delivered meals programs provided the day's main meal for approximately 70% of the almost 34,000 program participants. Nearly 1 in 2 of the program participants are identified to have high nutritional risk and over 1 in 4 have incomes below the federal poverty level.³

The services and resources older adults receive from the program play a crucial role in enabling people to live more nourished and independent lives in their homes, avoiding costly long-term care (LTC) institutions or worsened health outcomes.

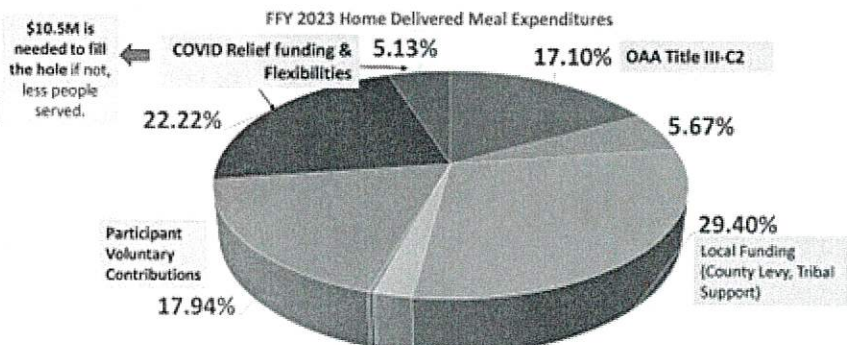
One year of home delivered meals and the services that accompany it roughly equates to the same cost of one day in the hospital or 10 days in the nursing home.⁴

Fifteen percent (8) of the 54 HDM programs responding to a 2024 survey indicated they either have a waiting list or are at capacity and anticipate having one soon; however, waiting lists only tell part of the story. Over 90% (48) of respondents reported they have implemented some restrictions and limited services in part of their service area (reduced the number of days of hot delivery and/or reduced the number of frozen meals provided) or have areas of the county/tribe without service.



The program is **challenged** by:

- **Federal Funding Cuts:** The Older Americans Act Nutrition Program sustained an \$8 million cut at the federal level in 2024. Local funding, (29% of the funding in 2023) is also at risk.⁵
- **Expiration of COVID Support (both funding and flexibilities):** By 2025, Wisconsin's HDM program will have lost approximately \$10.5 million of COVID-relief accounting for over 27% of total HDM expenditures in 2023.
- **Unprecedented Levels of Need:** Demand for services has increased by 54% from 2019 to 2023.⁶
- **Increased Expenses driven by Inflation and a Lack of Resources:** The average cost to provide a meal statewide is \$12.76/meal, a 17% increase over 2018 costs.⁶ Over a third (36%) of programs surveyed indicated they are unable to service their entire geographic area due to lack of funding, insufficient volunteers or staff, or inadequate equipment to safely deliver a meal.



In 2023, only 17% of HDM funding came from the OAA. Although voluntary contributions from participants matched Older Americans Act dollars in 2023 (approx. 17% each), they are decreasing due to lack of income. Approximately, 42% of single older adult households and 20% of two-person older adult households in partnerships in Wisconsin lack the funds needed to pay for basic living needs.⁷ These financial challenges further exacerbate the strain on our programs and highlight the urgent need for increased support and funding.

The ability to access these crucial services in a timely and consistent manner is KEY to the program's successful intervention to support the health and independence of older adults. **We urge you to prioritize funding and support for the OAA Home Delivered Meals Program in our state. Join us in safeguarding the well-being and dignity of our seniors by ensuring they have continued access to these essential programs!**

Sources for this issue brief can be viewed at: <https://gwaar.org/api/cms/viewfile/id/2008155>

Find this and other WAAN issue briefs at: <https://gwaar.org/issues-and-initiatives>

Reducing Falls Among Older Adults in Wisconsin

Saving Lives, Preserving Independence, Reducing Costs

The Scope and Cost of Older Adult Falls:

Scope: Nationally, one in four older adults experiences a fall each year, but Wisconsin has the nation's highest rate of deadly falls among older adults.¹ Many assume Wisconsin's high death rate is due to the state's cold climate, but the majority of older adult falls occur in the home, and some states with similar climates have lower rates.¹ From 2018-2020, there were 4,986 deaths due to falls among the 65+ population in Wisconsin – nearly triple the number of people of all ages who died in motor vehicle accidents in the same period.² The falls death rate rose 15% over that time period, while the nationwide rate increased by 11%.² With the state's population aging, the problem is expected to grow.

An estimated \$1 billion is spent annually on falls in Wisconsin which includes both Medicaid and out-of-pocket expenses.³

Health impact and cost: Falls are a common cause of injury and disability. Ninety-five percent of hip fractures in older adults – a common cause of both long-term nursing home admissions and

rehabilitation stays – are due to falls.¹ In Wisconsin, the median monthly cost for a semi-private room in a nursing home \$9,022.⁴ Likewise, falls and their related injuries have a significant physical and financial impact on family caregivers. An AARP study revealed that family caregivers spend an average of \$7,242 annually on out-of-pocket costs related to caregiving.⁵

Strain on emergency services and health care: Fall-related calls have major implications for emergency medical services (EMS) availability as it can decrease well as financial consequences to communities and decreases the availability of EMS to respond to more urgent needs. According to the National Council on Aging, older adult falls (people aged 65 and older) accounted for 17% of all 911 calls some of which required transport to an emergency department while others simply required a lift assist.¹ Half of the calls requiring lift-assist resulted in a second lift-assist call within two weeks.²

Reducing Falls in Wisconsin:

The good news is we know how to reduce falls in Wisconsin. Wisconsin's Department of Health Services (DHS) in partnership with the non-profit Wisconsin Institute for Healthy Aging (WIHA) is poised to address the falls epidemic with the Falls Free Wisconsin Center – a statewide effort launched in 2023 to reduce falls in Wisconsin by creating a one-stop-shop for consumers, their families, and caregivers and the professionals who support them. The Center engages in the following:

- WAN's position:** To reduce the high rate of deadly falls among older adults in Wisconsin, we request a \$450,000 annual state budget appropriation to support the Falls Free Wisconsin Center – a falls prevention center of excellence that
1. raises awareness of the incidence and cost of older adult falls,
 2. helps older adults, their families and caregivers identify and reduce falls risk due to the multiple causes of falls,
 3. reduces the burden of falls and provides resources to emergency services and health systems, and
 4. delivers evidence-based prevention education and interventions across the state.

- **Raising Awareness:** Public education campaigns run periodically throughout the year to help older adults, their families, and caregivers better understand the risk of falls and how they can prevent them;
- Develop and maintain the **infrastructure to support implementation** of evidence-based falls-prevention programs and initiatives throughout the state;
- **Identifying people at high falls risk:** We work to encourage clinical and falls risk self-assessments and provide resources for both clinical and community-based interventions;
- Support local falls-prevention coalitions and initiatives;
- Support Aging & Disability Resource Centers (ADRCs), county and tribal aging units, public health, and other local partners in developing and training program leaders and recruiting participants;
- Develop and maintain an online hub of **falls-prevention information and resources** for consumers and community organizations;
- **Share data:** We collect and analyze data to support provide partners and the public with accurate information about the scope and impact of falls.

Raise Awareness:

Identify People at Risk of a Fall Through Screening. According to the CDC, the rising number of deaths from falls among older adults can be addressed “by screening for fall risk and intervening to address risk factors.”

Increase Accessibility of Evidence-Based Falls Prevention Interventions: WIHA’s evidenced-based Stepping On program has been researched and proven to reduce falls by 31%, with an average participant cost savings of \$345.40.⁶ In another study, program participants experienced a 50% reduction in emergency department visits and a 50% reduction in fall-related hospitalizations.⁷ In addition to delivering Stepping On, WIHA is a clearinghouse for other evidence-based programs and practices related to chronic disease, pain, incontinence, diabetes, and other physical conditions that increase the risk of falls.

WIHA partners with Wisconsin’s Aging and Disability Network, health care systems and the University of Wisconsin School of Medicine and Public Health to train local agencies statewide to reduce fall-related injuries and deaths. **However, WIHA’s local partners cannot deliver proven cost-effective programs without statewide coordination and support.**

Although these proven falls prevention programs save lives and reduce long-term care costs, they are cost-prohibitive for individual county or tribal Aging & Disability Resource Centers (ADRCs), Aging Units, or health care systems to implement without financial support. Local coalitions are working across Wisconsin to pull together resources and strategies to reduce falls in their communities, but they cannot succeed with their work in isolation.

Sources for this issue brief can be viewed at: <https://gwaar.org/api/cms/viewFile/id/2008079>

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Support Increased Funding for Specialized Transportation

Invest in specialized transportation assistance to meet the needs of older adults and individuals with disabilities

Specialized transportation assistance – \$s.85.21/s.85.215

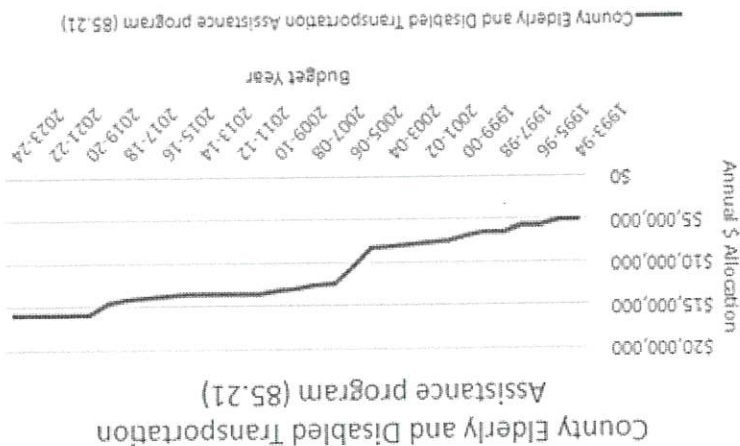
The annual 85.21 (specialized transportation assistance for counties) allocation has not increased in the last five years. From 2000 to 2022 the 60+ population increased from 909,367 to 1,519,222, a 67% increase. This trend means that the demand for specialized transportation will continue to grow.

Source: US Census, Population Estimates Program 2000-2022.

Programs are making service cuts, limiting passenger rides, and/or denying transportation all together.

1. Increase specialized transportation funding by 10%, approximately \$1.6 million/annually for s.85.21 (counties) and \$43,560/annually for s.85.215 (tribes) and incorporate annual inflationary increases for both programs to ensure future expansion and maintenance of services.

These programs provide financial assistance to counties and tribes providing transportation services for seniors and/or individuals with disabilities of any age, who would not otherwise have an available or accessible method of transportation, and thereby improve and promote the maintenance of human dignity and self-sufficiency.



WAN's position: Increase funding for specialized transportation services to support the health, well-being, financial security, independence, and community engagement of Wisconsinans who do not drive by:

1. Increasing specialized transportation funding by 10%, approximately \$1.6 million/annually for s.85.21 (counties) and \$43,560/annually for s.85.215 (tribes) and incorporate annual inflationary increases for both programs to ensure future expansion and maintenance of services, and
2. Increasing the capital and operation assistance program funding for specialized transportation (s.85.22) by 20% (\$220,580) to assist with operations, replacement or acquisition of new transit vehicles and expand mobility management services to meet the needs of non-drivers as they age.

Specialized transportation assistance – s.85.22

The Section 5310 Enhanced Mobility of Seniors and Individuals with Disabilities Program grants capital and operating projects that improve the mobility of seniors and individuals with disabilities by using federal (5310) and state Specialized Transportation Program (s.85.22) funding.

In 2024, there were 90 applications requesting \$12,694,941 funds for 121 projects. The Wisconsin Department of Transportation (WisDOT) provided \$1,244,450 out of \$2,032,846 requested to fund 18 Mobility Management projects at 64.3% of total project expenses. WisDOT also provided \$1,620,760 out of \$2,910,848 requested to fund 22 Operating projects at 56% of the total project expenses. All 5310 projects require a minimum local match. The above percentages indicate the amount WisDOT awarded out of the applicant's funding request and do not include the additional local match required of applicants. WisDOT awarded 29 vehicles at 70% of the total vehicle cost totaling \$2,367,581 of the \$7,751,247 requested. The applicant is responsible for paying the remaining 30% of the total vehicle cost.

Program funding requests continually exceed the available funding, resulting in some projects not being funded and others receiving partial funding awards. Consequently, programs supporting non-drivers had to make cuts to service, limit the number of trips per individual or deny transportation all together.

2. Increase the capital and operation assistance program funding for specialized transportation (s.85.22) by 20% (\$220,580) to assist with operations, replacement or acquisition of new transit vehicles and expand mobility management services needed for non-drivers.

The specialized transportation infrastructure is critical for the non-driving public, economic growth, and overall quality of life. Specialized transportation funding and coordination:

- Supports family caregivers by enabling them to remain employed and reducing lost productivity.
- Drives economic growth by increasing livability through infrastructure investment.
- Provides access to preventive and routine healthcare.
- Reduces household costs with alternatives to buying and maintaining a personal vehicle.
- Promotes independence by increasing access to community resources.
- Increases socialization by providing opportunities to engage in the community.
- Reduces isolation and increases contact with individuals who live alone.



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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 IRIS¹ consultant agency (ICA) in the

¹ 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

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.



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:



Conflict of Interest Policy

Last Revised: January 2023

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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.



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.

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:

- 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:

- 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

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



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: