

10:03am



AGENDA - ADRC of Southwest Wisconsin-Iowa County Board
Tuesday, August 24, 2021 at 10:00 a.m.

Conference Call 1-312-626-6799

Zoom Meeting ID: 831 1915 1363

Passcode: 759996

[https://us02web.zoom.us/j/83119151363?pwd=Z1ZpWTZjT
WpWaXdzaEJEbJRL0hxUT09](https://us02web.zoom.us/j/83119151363?pwd=Z1ZpWTZjT
WpWaXdzaEJEbJRL0hxUT09)

**Health & Human Services Center, Community Room,
303 W Chapel St., Dodgeville, WI 53533**

**Iowa
County
Wisconsin**

1	Call to order.
2	Roll Call.
3	Approve the agenda for this August 24, 2021 meeting.
4	Approve the minutes of the July 27, 2021 meeting.
5	Report from committee members and an opportunity for members of the audience to address the committee. No action will be taken.
6	Review ADRC Monthly Financial Summary. No action will be taken.
7	Review ADRC Confidentiality Policy. No action will be taken.
8	Possible Action Item: Review 2022-2024 Aging Unit Plan DRAFT. Send to HHS Committee for approval.
9	Department Reports: a) SUN: b) ADRC: (EBS, DBS, I&A, and Transportation)
10	ADRC Manager: a) ADRC Managers Report b) Advocacy Updates
11	Set next meeting date:
12	Adjournment.
	Posting verified by: ADRC Date: 8.17.2021 Initials: mbo

TUESDAY, JULY 27, 2021

State of
Wisconsin
County of
Iowa

**UNAPPROVED MINUTES OF THE ADRC OF SOUTHWEST WISCONSIN,
IOWA COUNTY BOARD MEETING HELD
TUESDAY, JULY 27, 2021 at 10:00 a.m.
HEALTH & HUMAN SERVICES CENTER,
303 W. CHAPEL ST., DODGEVILLE, WI 53533**

2021-05

Item		Index
1)	Chairperson O'Brien called the meeting to order at 10:05 a.m.	Call to Order
2)	Roll Call – Members Present in Community Room: W. Michael Britt, William Ladewig, Jeremy Meek, Elsie Jane Murphy, Justin O'Brien, Susan Schroeder, and George Swamp. Members Present Remotely: Nancy Clements, Kathy Elliott, J. Patrick Reilly, and Marilyn Rolfsmeyer. Excused: Dianne Evans, Lori Fisher, Judy Lindholm, and Lynn Munz. Others Present in Community Room: Valerie Hiltbrand and Nikki Mumm. Others Present Remotely: Marylee Oleson, Renae Kratcha, Nikki Brennum, and Katie Batton.	Roll Call
3)	Approval of the July 27, 2021 Agenda. Motion by Ladewig and seconded by Britt to accept the agenda. Motion carried.	Agenda Approval
4)	Approval of the June 22, 2021 meeting minutes. Motion by Ladewig and seconded by Swamp to accept the meeting minutes. Motion carried.	Meeting Minutes Approval
5)	O'Brien discussed plans by Jeff Lockhart (Unified Community Services Director) to hold six boot camps on "well-being" in Lancaster. Simple things to combat feelings of social isolation, loneliness, stress. Begins 7/28 and ends 8/31, 6:30-7:30pm. Check their website under news for more information https://unified.co.grant.wi.gov (Website last visited: July 28, 2021).	Members of audience address Committee
6)	Nikki Mumm, Business Manager, attended. O'Brien commented the summary almost balanced this month. Mumm said there were no surprises.	Monthly Financial Summary
7)	Mumm presented and asked if there were questions. No comments but O'Brien does like the new format.	2 nd Quarter Financials
8)	Mumm presented. Requested approval of the redistribution of III-B funding. Since the ADRC Care A Van is not running due to the pandemic, money that was budgeted for the bus has not been used. It needs to be used by September 30 th . Requesting board approve redistributing it to Supportive Home Care, Prevention program training, and advertising for the upcoming EXPO. Motion by Ladewig and seconded by Elliott to approve the amended budget item. Motion carried. Mumm added that staff are working on 2022 budgets so if anyone has any questions, comments or suggestions about the 2022 budget to please contact Mumm.	Approve Amended GWAAR Budget
9)	Review Department Reports: SUN (Seniors United for Nutrition): Cecile McManus, SUN Director for Iowa and Lafayette Counties, unable to attend. Report provided by Hiltbrand. Thursday, 7/29 is their Steak Cookout and Grand Reopening. Hiltbrand said McManus has been working at the Dodgeville dining site almost daily since their manager retired. No applicants for the position. Advertising in local newspapers. The SUN Board approved a wage increase. The situation is dire. Please assist with marketing the need for a dining site manager in Dodgeville. Britt voiced concerns over the large crowd who plays cards at the Dodgeville Dining Site. Are there guidelines in place concerning a surge in COVID cases? Hiltbrand said SUN follows direction from the Health Dept. The card playing is not part of SUN. That is a senior citizen group that Hidden Valley Community Church has given permission to use their facility.	Review Department Reports

	<u>ADRC Staffing Updates:</u> Hiltbrand introduced Renae Kratcha as our new EBS. Kratcha was an I&A Specialist for the ADRC and is transitioning into the EBS job. Janet Butteris will be retiring as our APS (adult protective services) Social Worker on 8/6. Nikki Brennum has accepted the position of APS Social Worker beginning 8/16. That leaves the DBS and I&A positions vacant. Applicants are being reviewed for the I&A position and the DBS position will be posted soon. <u>DBS/EBS: (Disability Benefit Specialist and Elder Benefit Specialist):</u> Report provided. Nikki Brennum presented and discussed the process for applying for Social Security Insurance (SSI) and Social Security Disability Insurance (SSDI), the length of time it takes to be approved or denied, what to do if you've been denied, etc. Ladewig asked if you see a large amount of people being denied initially. Brennum said no, it's a case-by-case situation. When a person applies, they list other family members, marital status, children. Swamp asked if resources are provided to people who are denied and need assistance. Yes, resources are provided. Rolfsmeyer inquired if disability requests have risen since COVID. Brennum has actually seen a decline in requests. It could be that the unemployment compensation has made consumers more comfortable in their situation. <u>I&A (Information & Assistance):</u> Report provided. Katie Batton presented. Ladewig asked where most of the nursing home referrals come from and Batton responded Mineral Point has the majority of referrals. Batton drew attention to the number of customer contacts this month is higher than usual and she attributes this to customers coming in for the Senior Farmers' Market Vouchers. The ADRC has already distributed 79% of them. They are worth \$25 for anyone 60 years or older who meets the income requirements. They expire on 10/31/2021. <u>Transportation:</u> Report provided. No comments.	
10)	<u>ADRC Manager's Report:</u> • Hiltbrand and Brittany Mainwaring attended the virtual Low Vision Fair – statewide low vision series through the Office for the Blind and Visually Impaired. Our I&A Specialists assist customers with low vision find resources to assist them. • Mind Over Matter – virtual class for incontinence issues. Looking for more participants. Hope to start on Friday. Only meet three times. • Planning a Drive-Thru Expo for Friday, September 24 at Harris Park in Dodgeville. Inviting vendors to give us marketing material to include in a bag of resources. Have other drawings to entice people to attend. Parking Lot Bingo and Podcast Poker is available during the event. Customers will stay in their car for the whole event. HeART Coalition will be providing free-boxed lunches to the first 150 participants. Heavily advertised • Future Planning Series – The series will help families plan for their disabled family member's future before it is too late. Families delay the conversation until it is too late and becomes a crisis. • Stepping On workshop will be held at the Ridgeway Community Center. Swamp mentioned the Dodgeville Public Library has a satellite location there. It is the former Ridgeway School. <u>Advocacy Update:</u> • OAA 2022 Budget Advocacy handout – long-overdue need for appropriate funding levels for the Older Americans Act. Increase funding for Title III-B, III-D and III-E programs specifically benefit our rural community. Ladewig asked about a hotline for benefit specialists to call. Hiltbrand said the Elder Benefit Specialist has a specific contact at GWAAR. There is a hotline to report Elder Abuse. Elder Abuse can take many forms as we've discussed. It	ADRC Manager

	may be 50/50 physical versus financial exploitation. Ladewig asked if the board is obligated to make people aware of this. It was determined board members should speak for themselves and advocate for all the disabled and elderly in our county. Ladewig requested an APS Social Worker attend a board meeting and give an overview of their position.	
11)	Tuesday, August 24, 2021 approved for the next ADRC Board meeting. 10:00 a.m., HHS Center, Community Room, Dodgeville. Zoom is still an option.	Next Meeting Date
12)	Motion by Britt and seconded by Swamp to Adjourn. Motion carried. Meeting adjourned at 11:10 a.m.	Adjourn

**AGING & DISABILITY RESOURCE CENTER
REVENUE AND EXPENDITURE SUMMARIZATION
JULY 2021**

Income **\$45,791.12**

- Income includes reimbursement from Green County, reimbursement from GWAAR, driver escort co-payments, reimbursement from Iowa County Veterans Service Department and Family Care for driver escort rides, city taxi payments, and rural taxi payments

Expenditures **\$55,194.51**

- Expenses include payroll and fringes, office supplies, postage, News & Views publication, city taxi expenses, rural taxi expenses, bus expenses, driver escort expenses, senior expo expenses, supportive homecare expenses, and caregiver support expenses.

Confidentiality Policy and Procedures

Last Revised: June 2021

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 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 ADRC 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 in order 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 ADRC 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 in order 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 in order 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 ADRC.
- Referring the customer to services provided by other county or tribal departments or agencies.
- Linking customers to community resources.

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

4. Customer Right to Revoke Consent

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

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

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

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

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.



Acknowledgement of ADRC Confidentiality Policy

I, _____ acknowledge receiving, reviewing and understanding the *Regional ADRC Confidentiality Policy* and agree to comply with its provisions.

Signature: _____

Date: _____

County Aging Plan Template and Required Documents FY 2022–2024



**Wisconsin Department of Health Services
Division of Public Health
Bureau of Aging and Disability Resources
Office on Aging**

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Executive Summary

The Aging and Disability Resource Center of Southwest Wisconsin, or ADRC, located in Iowa County includes the input of older adults in order to develop a County Plan on Aging, every 3 years. This is a mandate of the Older American's Act to secure funding. This plan also outlines an agenda for developing and strengthening current programs to meet the needs of older people in Iowa County.

The local ADRC is accountable for the implementation of programs for older individuals and adults with disabilities who are residing in Iowa County, Wisconsin. Our mission and focus is to help keep older adults and those with disabilities independent and safe in their homes through the delivery of services provided by the agency and through assistance in identification and connection to appropriate resources.

While the ADRC located in Iowa County serves the residents of Iowa County, it also works closely with the other counties included in the regional ADRC of Southwest Wisconsin: Grant, Green, and Lafayette Counties. The ADRC has worked hard to develop relationships with new and different agencies, businesses, civic groups, and faith-based organizations of the community. During the 2022-2024 Aging Plan period, the ADRC will continue to focus on strong community partnerships in order to meet the needs of the aging community.

Since the beginning of 2021, the ADRC has been collecting public input from Iowa County residents through public forums, surveys, and one-on-one conversations. There have been opportunities to do this verbally and in writing. The Iowa County Health Department assisted the ADRC with survey distribution at some of their vaccine clinics. There was also an online option, mail-in option or in-person option for the survey. The ADRC Board was invited to gather information from the areas of the community that they represent. The ADRC offered three virtual listening sessions in order to give residents an opportunity to discuss their needs and preferences. The Iowa County Healthy Aging in Rural Towns Coalition provided their survey results and documentation of their one-on-one conversations with Iowa County residents. In preparation for the next Aging Plan, we will continue to survey residents and hold a listening session each year, in order to determine, and start working on, unmet needs or other local priorities.

In an effort to increase the involvement of older people in the development and planning of aging-related programs, we will always invite the Health and Human Services Committee, the SUN Program Board, and Aging Unit Board to Aging Advocacy Day at the State Capital. One of our goals for this plan period will be to add an extra layer of support to our local seniors. We will provide a biennial opportunity for local leaders, including local leaders of the Hispanic/Latino community, and the public, to discuss issues in their communities and address their legislators about concerns and thoughts regarding current budget proposals for the State Biennium Budget. Part of this action will include holding a biennial listening session at an ADRC Regional Governing Board meeting and invite legislators to attend.

The agency has made plans in regards to supporting the Elder Nutrition Program, which is, ran by a non-profit, and called the Seniors United for Nutrition (SUN) Program. The SUN Program operates the elder nutrition program in both Iowa and Lafayette Counties. One challenge has been recruiting and retaining volunteer drivers in order to ensure that participants have access to home delivered meals. Our goal is to ensure every rural Iowa County resident who wants a SUN meal will receive one.

The agency continues to focus on developing programming to support family caregivers. Over the past three years, the ADRC has been an integral part of the Healthy Aging in Rural Towns (HeART) Coalition, which is administered by the Health Department. Many of the goals of HeART and the ADRC align. The goal is to foster this relationship to continue to serve the family caregivers of Iowa County. Like many places in the state, one area that Iowa County has unmet needs is for respite care providers. Therefore, the goal is that there will be an adequate amount of respite providers, to ensure that family caregivers will have the ability to choose a respite provider to ensure the needed care is being provided. Due to the expected increase in dementia over this plan period and the next five to ten years, the ADRC will continue to offer educational and prevention programs to those caregiving for people with dementia.

To promote healthy aging among older adults in Iowa County, we will work towards increasing access to evidence-based health promotion programs. By working with our local partners, we plan to assess which evidence-based programs are being offered in Iowa County prior to the beginning of 2022. We will build capacity for local collaboration to offer evidence-based prevention programs. This will include locating new volunteer leaders for prevention programs.

Iowa County is a very rural setting and we have learned that the residents want and need transportation to meet their daily physical health and social needs. Therefore, the goal is to increase ridership of the Rural Taxi and ADRC Care-A-Van bus transportation programs by 10% and 5% respectively through increased awareness and outreach to all residents of Iowa County.

Context

Iowa County is located in southwestern Wisconsin, made up mostly of small towns. The County's largest city and the county seat, is Dodgeville, located near the center of the county. Dodgeville is located 46 miles west of Madison and 49 miles northeast of Dubuque, Iowa. According to:

<https://www.countyhealthrankings.org/app/wisconsin/2021/county/snapshots/049/print> the population of Iowa County is 23,678. There are 0.7% Non-Hispanic Black, 0.3% American Indian and Alaska Native, 0.8% Asian, 0.1% Native Hawaiian/Other Pacific Islander, 2% Hispanic, and 95.1% Non-Hispanic White. Average life expectancy for Iowa County residents is 81.5 years old.

According to: [Wisconsin County Population Projections Through 2040, P-00138A \(Excel\)](#) there were approximately 6,775 individuals 60 and older, residing in Iowa County in the year 2020. Similar to most counties in the state, this number is expected to rise over the next 15-20 years. It is estimated that in the year 2025, there will be 7,850 individuals 60 and older. By 2035, it is estimated that there will be 8,710 individuals 60 and older.

[Wisconsin County Profiles of Persons Ages 65 and Older, P-01213](#) The median age of Iowa County residents is 42.8 years old. There are 4,254 people who are 65 and older. Of that population, 47.8% are males and 52.2 % are females. There are 9,850 households in Iowa County that have one or more people 60 years and older. The percent of households with a member 60 and older is 41 percent.

One thousand one hundred and ninety-nine individuals over the age of 65 reside alone; which is about 28% of the aging population in Iowa County. This number demonstrates the significant need for caregivers who support these individuals who wish to remain "aging in place" in their communities.

Twenty one percent of those over 65 are still employed. The median household income in Iowa County is \$64,124. For those 65 years and over, the median household income is \$40,968. Less than ten percent of individuals 65 and over are living in poverty, in Iowa County.

According to the Department of Health Services: Estimated and Projected Population Ages 65 and Older with Dementia Living in Households in Wisconsin Counties, 2010-2040 at <https://www.dhs.wisconsin.gov/publications/p01049.xlsx> : In 2020, Iowa County was estimated to have 473 people ages 65 and older living with dementia. Projection for 2025 is 597 and 2030 is 733.

According to 2021

<https://www.countyhealthrankings.org/app/wisconsin/2021/rankings/iowa/county/outcomes/overall/snapshot>

Adult smoking is at 19%, Adult obesity is at 30% and Excessive drinking is at 28% of the county's population. The percentage of population under age 65 without health insurance in Iowa County is five percent which is slightly below the state and national average. The ratio for patient to primary care physician is 1,700:1, which is greater than

the state and national average. Dentist to patient ratio is 1,820:1, which is also greater than the state and national average. Mental health providers are available at a 1,480:1 ratio, which is greater than the state and national ratios.

Iowa County has one hospital within the county. The hospital has multiple clinics throughout and near Iowa County. Within the Upland Hills Health 2019-2021 Community Health Needs Assessment https://uplandhillshealth.org/wp-content/uploads/2020/01/UHH-Community-Health-Needs-Assessment_2019-2021_FINAL.pdf the top five healthcare priorities that were identified were: Preventative Health and Wellness, Access to Transportation, Mammography, Addiction Medicine, and Resiliency Training. The ADRC partners with and supports Upland Hills Health in these priorities.

AARP has developed a “livability index” to compare neighborhoods across the country. This index can be found at:

<https://livabilityindex.aarp.org/search#Iowa+County+WI+USA>

Iowa County has a livability score of 55 out of 100, which is in the top third. The index takes into consideration housing, neighborhood, transportation, environment, health, engagement and opportunity. The scoring is based on comparing communities to one another. The areas where Iowa County scored the lowest were neighborhood and transportation. The areas that Iowa County scored the highest were engagement and opportunity.

Community Involvement in the Development of the Aging Plan

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Iowa County	Date/s of Event or Effort: Feb-Mar 2021
Target audience(s): Adults	Number of Participants/ Respondents: 251 survey respondents
Describe the method used including partners and outreach done to solicit responses: ADRC reached out to the Iowa County Health Department to determine if they could help distribute Aging Plan surveys to the 60+ population. The Iowa County Health Department agreed and was a great partner in this process. Because patients were required to do a fifteen minute observation after the vaccine, it was a great opportunity to have the public fill them out. A survey was developed on a regional ADRC level but then tailored to Iowa County. Those who completed the survey at the COVID-19 Vaccine Clinic were offered an ADRC incentive. The same survey was offered online to Iowa County residents, and was printed in the April and May editions of the News and Views monthly newsletter. A small amount of surveys were completed online or by mail.	

Describe how the information collected was used to develop the plan:

The survey questions were tailored to request information for the purposes of developing goals for each of the required goal areas. We purposely did not request only 60+ population to complete the survey so that we could capture what our future 60+ population will want. The survey asked for participants to select multiple choice or True/False. In addition, there was a spot to fill in more information. The multiple choice and True/False were helpful to capture what the larger group was interested in. The additional comments section was helpful to get more specific details and ideas about their suggestions, questions or concerns.

What were the key takeaways/findings from the outreach?

Of the 251 surveys completed, 234 respondents were over the age of 60. Only 21 identified as a caregiver. Additionally, 149 respondents have never used the ADRC in the past.

This will provide an overview of top answers for the multiple choice questions:

What areas would you like to learn more about:

Healthy Aging, Scam Prevention and Brain Health

What are the most important issues facing older adults today:

Being able to stay in my own home, Affordable Healthcare, and Alzheimer's or Dementia/Memory Care

What are some of the biggest challenges to remaining in your own home as you age:

Home maintenance, Healthcare, mobility accessibility, stairs

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Iowa County	Date/s of Event or Effort: Spring 2021
Target audience(s): Adults over the age of 55	Number of Participants/ Respondents: 30 total (6 from Iowa County)
Describe the method used including partners and outreach done to solicit responses: Iowa County has had the opportunity to be involved in a Healthy Aging in Rural Towns Coalition, called "HeART." This coalition work was funded by the Margaret A. Cargill Philanthropies and supported by the University of Wisconsin-Madison School of Nursing-Barb Bowers, Principal Investigator. In the spring of 2021, two UW School of Nursing staff called these 30 rural Wisconsin participants to have one-on-one conversations, once a week for ten weeks. Mail correspondence was also provided prior to the call. UW-School of Nursing staff created a report outlining the calls. The call topics were: Identity Theft, Fraud and Scams, Home Safety and Falls Prevention, Lighthearted Programming, Advanced Directives, COVID-19 Vaccine, Decision-Making and Experiences, Medication Safety for Community-Dwelling Older Adults, Living Well as an Older Adult in Rural Wisconsin, Engaging with Programming for the Community, General Feedback on Print Resources, Living Independently and Finding Help.	
Describe how the information collected was used to develop the plan: Though not every area of the one-on-one conversation was related to a specific goal area, every person that was interviewed provided some useful feedback that will be used to shape how services are provided in the future. This group offers a unique perspective, being from a rural community.	

What were the key takeaways/findings from the outreach?

Below are some excerpts from the full report:

Identity Theft, Fraud and Scams:

Scams are exhausting and few people wanted to talk much about this topic, not even to complain or commiserate. This is a source of stress for older adults. People described various approaches to dealing with calls.

Lighthearted Programming:

Not everyone feels comfortable everywhere. While many people we talked with frequently visited the senior centers, libraries and other community buildings, others were unwilling to go to the senior center or places where programming is often held. Other community sites—grocery stores, casual restaurants, hardware stores—are all important places to reach people beyond those who attend usual community programming.

Living Well as an Older Adult in Rural Wisconsin:

In Iowa County, participants said the places in the community people visit regularly where programming is offered - Health and Human Services Center, Church, Library, Legion Hall, and Food Pantry.

In regards to Technology: For those who were interested in learning more about technology, they wanted to know how to better use the features of their smart phones and tablets. Some desired skills were:

Better using the camera feature to take better pictures and being able to text or send pictures to others and how to easily get photo prints

How to sell/buy things on Facebook Marketplace or Craigslist

Learning some of the software that would help them in their volunteer activities, like cloud-based storage/file sharing, creating meeting agenda and comments, etc.

Transitioning from cable to streaming TV services

Using the maps function for driving

Community Engagement Report

Complete one worksheet for each separate method used to elicit input from the community. i.e. 12 interviews conducted can be compiled on one sheet. At least two methods must be used.

Your County or Tribe: Iowa County	Date/s of Event or Effort: Spring 2021
Target audience(s): Adults utilizing the Seniors United for Nutrition Program	Number of Participants/ Respondents: 57
Describe the method used including partners and outreach done to solicit responses: The ADRC reached out to the Seniors United for Nutrition (SUN) Program to partner on a survey for their participants. The SUN Program agreed and was a great partner. The ADRC worked together with the SUN Program to tailor survey questions to these participants. The survey gave participants the opportunity to share information about their wants, needs and desires for community resources and more specifically about the meals. The SUN Program staff sent the surveys in the mail with their monthly statements which assisted with the amount of surveys that were completed.	
Describe how the information collected was used to develop the plan: The information collected was then discussed with the SUN Program. The survey results exhibit proof that the SUN Program is an important community resource that helps consumers stay in their home. They provide nutrition, socialization and an almost daily check-in feature that other meal options do not offer. An interview with the SUN Program Director noted that if there were more volunteers to help deliver meals, there would be less of a daily/weekly time commitment for volunteers. If there were more volunteers, meals would be delivered at a more consistent time and therefore have better quality. If there were more volunteers, the Dining Site managers would feel more supported. If there were more volunteers, there would be less of a chance that someone would go without a meal. If there were more volunteers, the volunteers could spend a little more time with the participant.	

What were the key takeaways/findings from the outreach?

Some key takeaways for the question of What will help you stay in your home for the next 5-15 years.

Meals through the SUN Program, good health and family health

Live with someone

Getting meals on wheels

Handyman to help with minor repairs and housekeeper for vacuuming and other hard-to-do stuff.

Windows washing, changing sheets, etc.

Having caregiver, the nutrition program, affordable housing

Not falling

Not getting dementia

Public Hearing Requirements

Public Hearing Report date and time TBD. Information will be added in here for the final report.



Greater Wisconsin
Agency on Aging Resources, Inc.

Goals for the Plan Period

GOAL TEMPLATE

Focus area: III-B Supportive Services		Due Date
Goal statement: To increase ridership of the Rural Taxi and ADRC Care A Van bus transportation programs by 10% and 5% respectively through increased awareness and outreach to all residents of Iowa County.		12/31/2024
Plan for measuring overall goal success – <i>How will you know that you have achieved the results you want? Use data.</i> An increase in ridership for the Rural Taxi program from 2022-2024. An increase in ridership for the ADRC Care A Van bus program from 2022-2024. Track and trend ridership through the use of transportation logs. Assess the trends and implement changes based on the data.		
Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Utilize a professional marketing firm.		
ion step: Determine budget.	Budget will be created	12/31/2022
Action step: Research local marketing firms and hire one.	Contract with marketing firm	4/30/2023
Action step: Begin developing a marketing strategy and marketing of programs	Marketing will have begun	12/31/2023
Strategy 2: Work with local newspapers to run news releases on our transportation programs and options for residents.		
Action step: Develop articles to submit to local newspapers or reach out to local newspapers to write the articles	Articles are written	4/30/2022
Action step: Send articles to local newspapers	Articles are submitted	5/31/2022
Action step: Articles are run in local newspapers	Articles are run	6/30/2022
Strategy 3: Begin utilizing the ADRC Care A Van bus as a shuttle service one day per week to offer services to residents that are not exclusively destination trips.		
Action step: Develop shuttle service schedule.	Schedule created	1/31/2022

Action step: Advertise changes to bus schedule.	Articles and advertising run in local papers and radio stations	4/30/2022
Action step: Assess usage of the program on a monthly basis to track and trend ridership	Track usage each month	12/31/2024
Annual progress notes		

GOAL TEMPLATE

Focus area: III-C Nutrition Program		Due Date
Goal statement: To ensure every rural Iowa County resident who wants a SUN meal will receive one.		12/31/24
Plan for measuring overall goal success – By December 31, 2024, the SUN Program will increase the number of volunteer drivers by at least two drivers per community.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Assess current volunteer driver pool and review how many consumers have been denied a meal.	Request data from the SUN Program.	
Action step: Host a meeting to document a baseline amount of volunteer drivers and assess how many requests are currently denied due to the lack of volunteer drivers.	Meeting held to discuss.	3/31/2022
Action step: Interview a volunteer driver from each community to determine if there are any barriers to this volunteer position.	Four interviews held.	6/30/2022
Action step: Develop a plan to address the barriers identified.	Report developed.	9/30/2022
Strategy 2: Reach out to two influential community members in each community in order to create awareness of the need for volunteer drivers. At least one person from each community will commit to finding a volunteer driver.	At least one person from each community will commit to finding a volunteer driver.	
Action step: Decide which areas are considered a community.	Meeting held to discuss.	3/31/2022
Action step: Hold a meeting of partner agencies in order to generate a list of influential community members.	Meeting held to discuss.	9/30/2022

Action step: Decide who will reach out to which community members.	Meeting held to discuss.	9/30/2022
Strategy 3: ADRC will support the home delivered meal volunteer drivers.	Action steps are completed.	
Action step: ADRC will provide training to home delivered meal volunteer drivers.	Training held.	5/31/2023
Action step: ADRC will accompany volunteer drivers in each community on their home delivered meal route. ADRC staff will confer with consumers to see if they have any unmet needs and will offer follow up for that need.	All routes complete.	9/30/2023
Action step: ADRC and SUN will meet to discuss the process and decide if additional changes need to be made.	Meeting held.	12/31/2023
Annual progress notes		

GOAL TEMPLATE

Focus area: III-D Health Promotion		Due Date
Goal statement: To promote healthy aging among older adults in Iowa County by increasing access to evidence-based health promotion programs.		12/31/24
Plan for measuring overall goal success – A 10% increase in the number of evidence-based health promotion programs offered from 2022-2024 A 10% increase in the number of completers of evidence-based health promotion programs A 10% increase in the number of attendees that were underserved in the past (based on SAMS client data)		
Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: Assess which evidence-based programs are being offered in Iowa County prior to the beginning of 2022	Baseline report completed by the ADRC.	
Action step: Contact local agencies to inquire what was offered in 2021 (Health Dept., UW-Extension, Upland Hills Health, SUN Program, SW CAP, Veterans Service Office).	Baseline report completed by the ADRC.	3/31/2022
Action step: Collect baseline data for: number of prevention programs offered, number of completers, and number of attendees who were underserved in the past.	Baseline report completed by the ADRC.	3/31/2022
Action step:		

Strategy 2: Build capacity for local collaboration to offer evidence-based prevention programs.		July 2023
Action step: Determine which evidence-based programs are the most appropriate to offer, going forward. Initiate a plan for getting leaders trained.	Survey existing consumers and partner agencies.	9/30/2022
Action step: Explore telephone or one-on-one prevention programs, in addition to virtual or face-to-face group prevention programs.	Menu of health promotion options created by the ADRC.	9/31/2022
Action step: Partner with neighboring counties to schedule and host virtual and face-to-face prevention programs.	Four virtual or cross-county programs will be held.	4/30/2023
Strategy 3: Locate and develop volunteer leaders for prevention programs.		
Action step: Advertise and recruit for volunteers in the News and Views monthly newsletter.	Advertisement published.	3/31/2023
Action step: Hold interviews for volunteers.	Interviews held.	7/31/2023
Action step: Train volunteers to become leaders for prevention programs.	Training successfully completed.	12/31/2023
Action step: Begin a Health Promotion Coalition, which will meet quarterly to collaborate and share knowledge.	Four quarterly meetings held.	12/31/2024
Strategy 4: Initiate evidence-informed programming to educate and motivate new consumers to join a high-level evidence-based program.		
Action step: Host Stepping Up Your Nutrition (SUYN) at two locations.	Ten participants will attend a SUYN workshop.	12/31/2022
Action step: Offer Dementia Live to the community at least once a year.	Eight participants will attend a Dementia Live workshop.	12/31/22 12/31/23 12/31/24
Action step: Offer Sip and Swipe Café at least once a year.	Eight participants will attend a Sip and Swipe Café.	12/31/22 12/31/23 12/31/24
Annual progress notes		

GOAL TEMPLATE

Focus area: III-E Caregiver Support and Person Centered Choice		Due Date
Goal statement: There will be an adequate amount of respite providers, to ensure that family caregivers will have the ability to choose a respite provider to ensure the needed care is being provided.		12/31/24
Plan for measuring overall goal success – The ADRC will assess how many agency respite options are available at the beginning of 2022 and then repeat at the end of 2024. Utilize the caregiver needs assessments comparing 2021 data to 2024 data. The ADRC will assess how many respite providers are listed on the RCAW Caregiver registry at the beginning of 2022 and then repeat at the end of 2024.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Do an environmental scan of the respite care options at the beginning of 2021.		
Action step: Assess local agency and RCAW's list of providers. Include non-traditional respite options.	Local respite care options report developed by ADRC.	3/31/2022
Action step: Use caregiver needs assessments to assess current need.	Local respite care options report developed by ADRC.	3/31/2022
Action step: Develop a Caregiver Respite Options handout to provide to caregivers.	Handout developed by the ADRC.	5/31/2022
Strategy 2: Marketing & Advocacy		
Action step: Work with Respite Care Association of Wisconsin to market their Caregiver Registry to potential providers. Encourage local providers to sign up for the registry.	Advertise in News and Views monthly publication every month for 6 months.	9/30/2022
Action step: Market the Respite Care Association of Wisconsin's Caregiver Registry to caregivers in the community.	Advertise in the News and Views monthly publication every month for 6 months.	3/31/2023
Action step: Contact local college programs to advocate for the need for increased technical training for respite providers.	Two colleges contacted.	12/31/2022

Action step: Contact legislatures to educate them about respite care and status of providers.	Contact legislatures who represent Iowa County.	6/30/2023
Strategy 3: Host an educational event to empower caregivers to interview and make the best respite choice.		
Action step: Include education about non-traditional respite options.	Caregiver Event held.	12/31/2024
Action step: Include education about local agency respite options and RCAW Caregiver Registry.	Caregiver Event held.	12/31/2024
Action step: Include information about interviewing respite care providers and what to do if there is a concern.	Caregiver Event held.	12/31/2024
Annual progress notes		

GOAL TEMPLATE

Focus area: Advocacy/Racial Equity		Due Date
Goal statement: To provide a biennial opportunity for local leaders, including local leaders of the Hispanic/Latino community, and the public to discuss issues in their communities and address their legislators about concerns and thoughts regarding current budget proposals for the State Biennium Budget.		12/31/2023
Plan for measuring overall goal success – Legislators will meet with governing board members, local advisory board members, local leaders, including leaders of the Hispanic/Latino community, and the general public for a listening session and identify issues affected by current budget proposals.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Identify local leaders, including leaders of the Hispanic/Latino community, who would present on key issues/concerns within the 4 county region, to legislators, public, local board members, and regional governing board members.	Local leaders attend Advocacy meeting.	
Action Step: Speak with city leaders and business owners to identify local leaders to present on local issues including issues within the Hispanic/Latino population.	Local leaders attend Advocacy meeting.	12/31/22
Action Step: Contact local leaders to speak at an advocacy event.	Local leaders attend Advocacy meeting.	01/31/23
Strategy 2: Publicize event and provide education and information on budget issues to interested parties.		

Action step: Include advocacy information and resources in the aging unit newsletter, on the regional Facebook page, and our website -legislator contact information, tips for meeting with your legislator, issue education.	A method of sharing advocacy information has been established and utilized (email, website posts, and social media).	12/31/22
Action step: Send out information to local board members and advisory committee members- legislator contact information, tips for meeting with your legislator, issue education.	Mailings will be sent to advisory members	12/31/22
Action step: State and Federal advocacy alerts from GWAAR, WAAN and other partners will be shared, as they are made available.	Alerts are sent out to interested parties.	12/31/22
Strategy 3: Hold a biennial listening session at an ADRC Regional Governing Board meeting and invite legislators to attend.		
Action step: Choose a date and time for the event and send out invitations to legislators to attend.	Event date on calendar. Invitations will be emailed to legislators and their aides with follow-up phone calls to confirm attendance.	3/31/23
Action step: Invite local leaders, board members and advisory committee members to listening session.	Meeting invitation will be sent to interested parties.	4/30/23
Action step: Invite the public to attend	A method of sharing advocacy information has been established and utilized (email, website posts, and social media).	4/30/23
Action Step: Offer transportation to anyone interested in attending the event.	Advertise option of transportation and arrange transportation for anyone who requests it.	5/31/23
Strategy 3: After the event, keep interested parties informed on issues through the budgeting process.		
Action step: State and Federal advocacy alerts from GWAAR, WAAN, and other partners (MOWA, etc.) will be shared with advocates.	A method of sharing advocacy information has been established and utilized (email, website posts, and social media).	12/31/23
Annual progress notes		

GOAL TEMPLATE

Focus area: Community Engagement		Due Date
Goal statement: Enhance future Aging Goals by more robust community engagement.		12/31/24
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. At least 20% of participants who are surveyed will have never used the ADRC before. The ADRC will survey the community every year during the plan period. There will be a 10% increase in one-on-one conversations to gauge community input.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Develop a survey that will be implemented each year.	Survey template completed.	
Action step: Distribute survey at various community locations.	Community distribution.	12/31/22 12/31/23 12/31/24
Action step: Distribute at five events hosted by the ADRC. Survey completers will receive an incentive to participate.	ADRC staff will track completion.	12/31/22 12/31/23 12/31/24
Action step: Distribute to local nursing home and assisted living residents.	ADRC staff will track completion.	12/31/2024
Strategy 2: Host an ADRC listening session every year to determine unmet needs.	10 participants attend the listening session.	
Action step: Advertise the listening session in the News and Views monthly newsletter and other media sources.	Advertisements published.	12/31/22 12/31/23 12/31/24
Action step: Work with the UW-Madison School of Nursing Center for Aging Research and Education to develop a Rural Advisory Council for rural older adults.	Council created	12/31/2022
Action step: Ask ADRC Board Members to bring one "buddy" to the listening session.	Board members attend and bring a 'buddy.'	12/31/22 12/31/23 12/31/24
Strategy 3: Complete 10 one-on-one conversations each year.	Produce a report, documenting the conversations.	
Action step: Partner with the HeART Coalition to assist with one-on-one conversations.		12/31/22 12/31/23 12/31/24

ion step: Partner with the ADRC Board to assist with the one-on-one conversations.		12/31/22 12/31/23 12/31/24
Action step: Partner with S.U.N. volunteers to assist with one-on-one conversations.		12/31/22 12/31/23 12/31/24
Annual progress notes		

Coordination Between Title III and Title VI

All ADRC Services are available to members of any tribe. In an effort to outreach to tribal members, the ADRC will publish educational materials about these services in the News and Views newsletter.

Organization, Structure and Leadership of the Aging Unit

MISSION STATEMENT:

The Aging and Disability Resource Center of Southwest Wisconsin is dedicated to providing older adults and people with physical or developmental/intellectual disabilities with the resources needed to live with dignity and security, and achieve maximum independence and quality of life. The goal of the ADRC is to empower individuals to make informed choices and to streamline access to the appropriate services and supports.

Address of the Aging Unit:

***ADRC of Southwest Wisconsin, Iowa County
303 W. Chapel St., Suite 1300
Dodgeville WI 53533***

Hours of Operation:

***8:00 A.M. – 4:30 P.M.
Monday through Friday***

Helpful Telephone Numbers and Email Addresses:

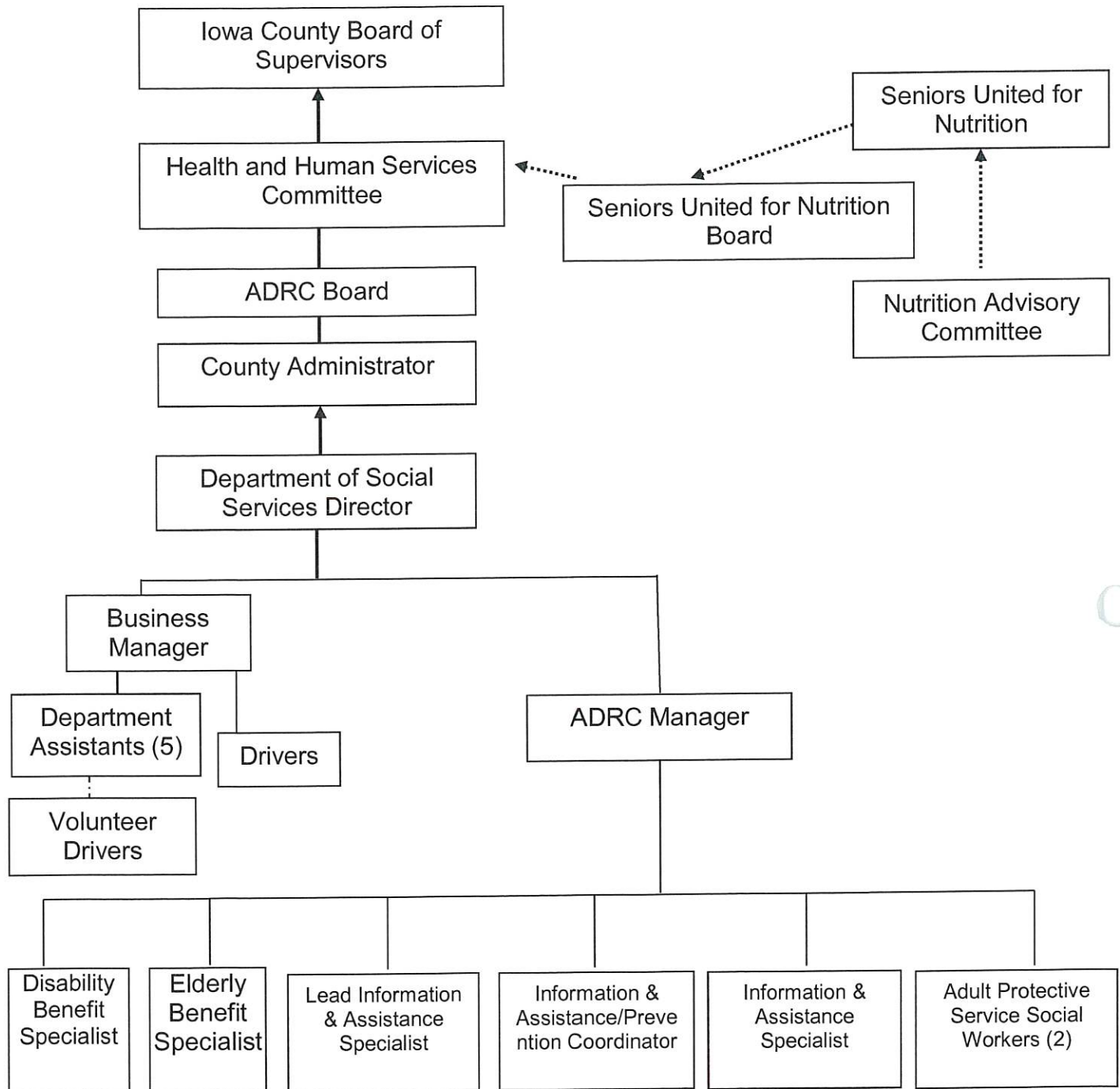
***Valerie Hiltbrand, ADRC Manager
valerie.hiltbrand@iowacounty.org
Telephone (608)930-9835
Fax (608)935-0355***

***Tom Slaney, Director
Iowa County Department of Social Services
tom.slaney@iowacounty.org
Telephone (608)930-9802
Fax (608)935-9754***

Primary Contact to Respond to Questions About the Aging Plan Template

***Valerie Hiltbrand,
ADRC Manager
ADRC of Southwest Wisconsin, Iowa County
valerie.hiltbrand@iowacounty.org
Telephone (608)930-9835
Fax (608)935-0355***

Organizational Chart of the Aging Unit



Staff of the Aging Unit Template

Listed below are the people employed by the County Aging Unit. Include additional pages as needed.

Valerie Hiltbrand ADRC Manager (608)930-9835 valerie.hiltbrand@iowacounty.org
Brief Description of Duties: This full-time position is responsible to administer the programs that operate under the Aging and Disability Resource Center of Southwest Wisconsin in Iowa County. This position also leads planning activities, supervises employees, develops and implements policies, and assists with the development of budgets.
Katherine Batton Lead Information and Assistance Specialist (608)930-9835 katherine.batton@iowacounty.org
Brief Description of Duties: This full-time position provides knowledge and research into all available options for individuals seeking information. This position is active in education and outreach activities and completes functional screens that determine an individual's eligibility to access Family Care and IRIS services. In addition, the Lead I&A Specialist acts as the person responsible for assuring the quality for functional screens.
Vacant Information & Assistance Specialist (608)930-9835
Brief Description of Duties: This full-time position provides knowledge and research into all available options for individuals seeking information. This position is active in education and outreach activities and completes functional screens that determine an individual's eligibility to access Family Care and IRIS services.
Brittany Mainwaring Information & Assistance Specialist/Prevention Coordinator (608)930-9835 brittany.mainwaring@iowacounty.org
Brief Description of Duties: This dual role position provides approximately 20-25 hours/week of knowledge and research into all available options for individuals seeking information. This position is active in education and outreach activities and completes functional screens that determine an individual's eligibility to access Family Care and IRIS services. Approximately 15-20 hours/week is also committed to the development of the agency's health and wellness programs and offering of evidence-based prevention programs.

Renae Kratcha Elder Benefit Specialist (608)930-9835 renae.kratcha@iowacounty.org
Brief Description of Duties: This full-time position assists people age 60 years or older to understand and successfully navigate the benefit programs. This includes, but is not limited to, facilitating Healthy Living with Diabetes, Medicare, SSI, SSA, Senior Care, housing issues, insurance issues, and Medicare Part D.
Vacant Disability Benefit Specialist (608)930-9835
Brief Description of Duties: This full-time position assists people ages 17.5-59 to understand and successfully navigate the benefit programs. This includes, but is not limited to, Medicaid, Medicare, SSI, SSA, housing issues, insurance issues, and Medicare Part D.
Marylee Oleson Department Assistant (608)930-9835 marylee.oleson@iowacounty.org
Brief Description of Duties: This full-time position oversees and edits the agency newsletter, assists with the transportation program, greets customers in phone and in person and directs them to the appropriate staff, completes minutes and reports for the local ADRC board, marketing projects, maintains the website and Facebook pages, and assists the ADRC with other projects as needed. This position is also largely responsible for planning the Iowa County Health and Wellness Expo and Senior Farmer Market Voucher implementation.
Paula Daentl Department Assistant/Transportation Coordinator (608)930-9835 paula.daentl@iowacounty.org
Brief Description of Duties: This full-time position is responsible for overseeing the day-to-day operation of the taxi, bus, and driver escort program, volunteer driver recruitment and training, and scheduling. This individual also prepares reports and assists with other ADRC activities as needed.
Shelley Reukauf Adult Protective Service Social Worker (608)930-9822 shelley.reukauf@iowacounty.org
Brief Description of Duties: This full-time position is responsible to administer the Supportive Home Care program, perform elder abuse and neglect investigations, and assist individuals and their families

with guardianships and protective placements. This position is also responsible to implement the Caregiver Support Program.

Nikki Brennum
Adult Protective Service Social Worker
(608)930-9821
nikki.brennum@iowacounty.org

Brief Description of Duties:

This full-time position is responsible to administer the Supportive Home Care program, perform elder abuse and neglect investigations, and assist individuals and their families with guardianships and protective placements. This position is also responsible to implement a Stepping On Program, Tai Chi Program and facilitating the county I-Team Meetings.

Aging Unit Coordination with ADRCs

In Iowa County, the structure of the county Aging Unit and the Aging & Disability Resource Center is that they are integrated, by definition, that both are organizationally integrated within the ADRC, they are co-located in the same office, both managed by the same individual, and the budget is submitted as a single entity to the county. Staff is led as one united unit and work together cohesively, often teaming cases to best meet the needs of the customer and their families. Marketing, outreach, and advocacy are all completed as one entity. This includes all Aging Unit staff, ADRC staff, and Adult Protective Services staff.

This unit is also under the umbrella of the Iowa County Department of Social Services. An ADRC Manager oversees the staff and programming, but also reports to the Director of Social Services. Department Assistants are shared within the Department of Social Services and are cross-trained so that coverage for the ADRC reception area is always available. The Business Manager supervises Department Assistants.

The local ADRC services are also part of a regional ADRC service area of four counties total (Iowa, Grant, Green, and Lafayette), in which a Regional Manager provides oversight, guidance, and monitors contractual compliance. This arrangement has many advantages due to the ability to work fluidly across county lines and to expand programs that may be limited due to the constraints of small rural counties. It also allows trained staff to be available to back-up neighboring counties where staff turnover or other leaves of absences may be occurring.

While the local county structure reports monthly to a local ADRC Board, made up of local consumers and county board supervisors as is required by the Older American's Act, it also reports quarterly to the Iowa County Health and Human Services committee, as well as a monthly Regional ADRC Governing Board.

As it has been since the ADRC was first incorporated into the Commission on Aging in Iowa County in 2009, the goals of this plan will be shared goals of the whole organization and will reflect the mission of the agency.

Statutory Requirements for the Structure of the Aging Unit

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units. Consider if the county or tribe is in compliance with the law. If the aging unit is part of an ADRC the requirements of 46.82 still apply.

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	X
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	Yes

Role of the Policy-Making Body

The policy-making body, also called the commission on aging, must approve the aging unit plan. Evidence of review and approval of the draft and final version of the aging unit plan must be included as part of the plan. Attach the evidence of this required involvement as an appendix to the aging plan.

Membership of the Policy-Making Body

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. List the membership of the aging unit's policy-making body using the template provided below and include in the body of the aging plan. There are term limits for the membership of the policy-making body.

Membership of the Policy-Making Body Template

Official Name of the County Aging Unit's Policy-Making Body:

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Dan Nankee		Yes	
Joan Davis		Yes	
Justin O'Brien		Yes	
Richard Rolfsmeyer		Yes	
Kimberly Alan		Yes	
John Meyers		Yes	

Role of the Advisory Committee

Where an aging unit has both an advisory committee (sometimes referred to as the advisory council) and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan and to advocate for older adults. Evidence of this involvement should be listed as an attachment in the appendices of the aging unit plan.

Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)). If the aging unit has an advisory committee, list the membership of the advisory committee using the template provided below and include in the body of the aging plan. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee. There are no term limit requirements on advisory committees.

Membership of the Advisory Committee Template

Official Name of the County Aging Unit's Advisory Committee:

Name	Age 60 and Older	Elected Official	Start of Service
Chairperson: Justin O'Brien	X	yes	5/2018
Judy Lindholm	X	yes	5/2016
Jeremy Meek	X	yes	5/2018
Nancy Clements	X		7/2020
Kathy Elliott	X		5/2018
Dianne Evans			8/2017
Lori Fisher			9/2016
William Ladewig	X		6/2018
Lynn Munz	X		6/2017
Elsie Jane Murphy	X		10/2019
J. Patrick Reilly	X		6/2018

Name	Age 60 and Older	Elected Official	Start of Service
Marilyn Rolfsmeyer	X		7/2020
Susan Schroeder	X		6/2021
George Swamp	X		6/2021
W. Michael Britt	X		6/2021

Budget Summary

The aging unit is required to submit an annual budget to the AAA using a budget worksheet approved by BADR. Final budgets are to be submitted with the aging plan on November 5th, 2021. Budget will be added when available.

Verification of Intent

The purpose of the Verification of Intent is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan. Copies of approval documents must be available in the offices of the aging unit.

Use the template provided below and include in the body of the aging plan.

Verification of Intent Template

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the AAA for approval.

In the case of multi-county aging units, the verification page must be signed by the representatives, board chairpersons, and commission on aging chairpersons, of all participating counties.

We verify that all information contained in this plan is correct.

Signature and Title of the Chairperson of the Commission on Aging	Date
---	------

Signature and Title of the Authorized County Board Representative	Date
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Assurances of Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA and BADR.

The assurances need not be included with copies of the plan distributed to the public.

Use the template provided below and include in the body of the aging plan.

Compliance with Federal and State Laws and Regulations for 2022-2024

On behalf of the county, we certify

(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024. We assure that the activities identified in this plan will be carried out to the best of the ability of the county in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024.

Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County Board Representative	Date
---	------

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for the grant.
- A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
- This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. Outreach, Training, Coordination & Public Information

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.

3. Preference for Older People with Greatest Social and Economic Need

The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary

opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.

- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately

necessary for determining an individual's need and/or eligibility for services and other benefits.

- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - (a) By court order; or,
 - (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
 - (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated Area Agency on Aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure.

- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

10. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of federal and federally assisted programs.

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs. [Information about the Hatch Act is available from the U.S. Office of Special Counsel at <http://www.osc.gov/>]

12. Fair Labor Standards Act

The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219), as they apply to hospital and educational institution employees of state and local governments.

13. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

- The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.
- The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

Aging Units, through binding agreement/contract with an Area Agency on Aging must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020]
Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging.

Sec. 306. (a)

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the Area Agency on Aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals);
and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(4)(C) Each area agency on aging shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(9)(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and (Ombudsman programs and services are provided by the Board on Aging and Long Term Care)

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- (B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
- (C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13) provide assurances that the Area Agency on Aging will

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) disclose to the Assistant Secretary and the State agency-

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under ch. 181 and
- (6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the Area Agency on Aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) *Duties.* Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.

13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.
19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission on Aging.

(a) Appointment.

1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.
2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older

individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.

2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two-thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit.

Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full-time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each

county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.

(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.

(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

Appendices

Attach copies of comments received during public review of the plan.

Attach other documents that support the aging unit plan.

TRANSPORTATION COORDINATOR'S REPORT

July 2021

Submitted by Paula Daentl

DRIVER ESCORT SERVICES

Current Month	2020	YTD	2021	YTD
Total Units of Service Provided:	205	1,055	159	1,305
Current Month	2020	YTD	2021	YTD
Driver Escort Fees Deposited:	\$1,716.25	\$8,271.24	\$1,597.72	\$13,346.34

ADRC TAXI SERVICES

Current Month	2020	YTD	2021	YTD
Total Units of Service Provided:	205	1,715	211	1,747
Current Month	2020	YTD	2021	YTD
ADRC Taxi Fees Deposited:	\$399.24	\$3,290.04	\$542.05	\$7,238.63

- We averaged 12.72 Taxi riders per day.

RURAL TAXI SERVICES

Current Month	2020	YTD	2021	YTD
Total Units of Service Provided:	73	257	46	449
Current Month	2020	YTD	2021	YTD
ADRC Taxi Fees Deposited:	\$18.50	\$882.50	\$211.50	\$1,324.00

- We averaged 1.56 Taxi riders per day.

ADRC CARE A VAN SERVICES

Current Month	2020	YTD	2021	YTD
Total Units of Service Provided:	0	782	0	0
Current Month	2020	YTD	2021	YTD
Donations Collected:	\$0.00	\$669.00	\$0.00	\$0.00
Current Month	2020	YTD	2021	YTD
Total Days Cancelled:	8	9	0	0

- We averaged 0.00 Care A Van riders per trip. (All bus trips canceled due to Pandemic.)

P. Daentl
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9-11

Disability Benefit Specialist: Elder Benefit Specialist: Renae Kratcha July 2021 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.

NEW CLIENT

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

Disability Benefit Specialist: 0
Elder Benefit Specialist: 17

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: 0 Closed Cases: 0

Elder Benefit Specialist:
Open Cases: 38 Closed Cases: 33

CLIENT CHARACTERISTICS

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

18-59: 19
60-69: 21
70-79: 7
80-89: 1
90-99: 0

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:
Elder Benefit Specialist: **\$110,245**

Community Outreach and Events:

Date	Topic	Location

Benefit Specialist Trainings:

Date	Topic

Additional Activities and Events:

Date	Topic

Information & Assistance Report

For July 2021

Brittany Mainwaring & Katie Batton

Total number of contacts: July 368

Encounter Contacts: 299

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

Referrals from Nursing Homes: 1

Home visits: 10

Scheduled Office Visits/Zoom Chats/Phone Calls: 11

Number of Functional Screens Administered: 7

A functional screen consists of a series of questions about a person's 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 1 ½ 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.

Number of Nursing Home Relocations: 0

A Nursing Home Relocation means Medical Assistance is paying for a person's stay in the nursing home and they want to discharge back into the community. The individual is able to directly enroll in a long-term care service, either Family Care or IRIS, because they are already receiving Medicaid services. The long-term care program helps them "relocate" back into the community.

Number of People Enrolled in Family Care: 4

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

Number of People Referred to IRIS: 0

IRIS, (Include, Respect, I Self-Direct) is another program which also provides funding for services. The Management Group (TMG), Connections and Advocates4U in this area of the state administer the IRIS program. 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.

Additional meetings and other events:

Examples:

Information and Assistance Specialist's work as a part of *Regional function teams* to maintain quality assurance while serving the community. The Regional Aging and Disability Resource Center consists of Grant, Green, Iowa and Lafayette counties.

Information and Assistance Specialist's also work on transitioning students from the world of high school and child waiver programs to adult programs. This can be in the form of completing functional screens, options counseling, attending Individualized Educational Program (progress) meetings and the County Communities on Transition (CCOT) meetings.

Further education in the field of human services is also required, and is often fulfilled through attendance of state conferences and other trainings.

This month, staff participated in the following:

Other meetings/events:

Homeless Coalition Meeting, Outreach at Arena Dining Site, Wisconsin Counsel of the Blind & Visually Impaired- Low Vision Virtual Fair, HeART meetings, EXPO planning, CPR training

Key:

CCoT- County Communities on Transition

DSS- Department Social Services

I&A- Information and Assistance Specialist

IEP- Individualized Education Program

IRIS- Include, Respect, I Self Direct

MCO- Managed Care Organization

MDS Q- Minimum Data Set



ADRC Manager's Report

August 2021 ADRC Board Meeting

ADRC Office:

The ADRC office is open. Staff are required to wear masks when meeting with customers, regardless of vaccine status. We appreciate the cooperation of our customers and ask that they, too, wear masks regardless of vaccine status. In accordance with guidance from the state Office for Resource Center Development and the Iowa County COVID-19 Response Plan, at this time, the ADRC staff are offering face to face OR phone/virtual visits.

Programs/Services

Senior Farmer Market Vouchers:

Senior Farmers' Market Vouchers are offered to Iowa County seniors to purchase fresh, locally grown fruits, vegetables and herbs from certified farmers. The vouchers are provided by a grant from USDA Food and Nutrition Service and brought to you by the Wisconsin Department of Health Services and local partner groups. **We still have vouchers to distribute, please spread the word.**

Prevention:

Book Club: High Octane Brain: 5 Science-based Steps to Sharpen Your Memory and Reduce Your Risk of Alzheimer's." This virtual book club starts Wednesday, July 28

Mind over Matter: Healthy Bowels, Healthy Bladder, online, starting Friday, August 20

Stepping On, In-person in Ridgeway, starting September 16

Powerful Tools for Caregivers, online, starting Wednesday, September 15: **Spots still available, register soon.**

Caregiver Support Program:

There is a statewide registry of virtual caregiver programs. Local consumers can call the ADRC and we can help them find something of interest in order to get connected.

"Mug Club for Caregivers" meets virtually on the third Tuesday of the month from 10:30-11:30, hosted by our Caregiver Coordinator and the regional Dementia Care Specialist.

HeART Coalition:

The HeART Coalition is partnering with the SUN Program and Habitat for Humanity, during the last few months of the HeART Grant. The grant will end on September 30, 2021.

Aging Plan:

Surveys have been distributed at Vaccine Clinics, to the SUN Program Participants, and in the News and Views. The HeART Coalition produced a report on the one on one conversations they had with Iowa County seniors. The DRAFT Aging Plan goals were submitted to GWAAR on July 23. Next step is to have the ADRC Board and HHS Committee review the DRAFT, before it goes to public hearing. The DRAFT is included in your packet.

Advocacy:

Advocacy Update is enclosed.

Recent and Upcoming Events:

- **Future Planning Series: It's possible and necessary:** August 17 and August 24
 - Thinking about your family member's future after you are gone is hard for most caregivers. For the parents of loved ones with disabilities, the topic can be so daunting that it can feel impossible to broach. The result? Families are delaying this conversation as long as possible and sometimes until one is in a crisis situation.

- Mark your calendars for a **Drive-Thru Health and Wellness Expo on Friday, September 24th from 10-noon at Ley Memorial Pavilion, Harris Park.** Participants will receive a free goodie bag filled with local resources, while supplies last. The HeART Coalition will be providing FREE boxed lunches, while supplies last. Upland Hills Health will be hosting Podcast Poker and Agrace Hospice and Palliative Care will be hosting Parking Lot Bingo. Upland Hills Health is advertising the Expo on two billboards in Iowa County (one in Dodgeville and one near Barneveld). The event will also be advertised in newspapers, Facebook and radio. We will have D99.3 on-site for the event, doing a live broadcast.

Respectfully submitted,

Valerie Hiltbrand, ADRC Manager
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GWAAR e-newsletter Advocacy – 8/16/21

State Legislation Update

Voting/elections

The following elections bills opposed by GWAAR were passed by the legislature and sent to Governor Evers on Aug. 5. At a press conference on 8/10/21, Governor Evers vetoed these bills along with two other election bills.

Proposal: SB203 (-1537) (<https://docs.legis.wisconsin.gov/2021/related/proposals/sb203>)

View Bill History (<https://docs.legis.wisconsin.gov/2021/proposals/REG/SB203>)

relating to: the secure delivery of absentee ballots and providing a penalty.

Proposal: SB204 (-2032) (<https://docs.legis.wisconsin.gov/2021/related/proposals/sb204>)

View Bill History (<https://docs.legis.wisconsin.gov/2021/proposals/REG/SB204>)

relating to: absentee ballot applications, unsolicited mailing or transmission of absentee ballot applications and absentee ballots, canvassing absentee ballots, electronic voter registration, and providing a penalty.

Proposal: SB205 (-1935) (<https://docs.legis.wisconsin.gov/2021/related/proposals/sb205>)

View Bill History (<https://docs.legis.wisconsin.gov/2021/proposals/REG/SB205>)

relating to: absentee voting in certain residential care facilities and retirement homes and providing a penalty.

Proposal: SB212 (-2033) (<https://docs.legis.wisconsin.gov/2021/related/proposals/sb212>)

View Bill History (<https://docs.legis.wisconsin.gov/2021/proposals/REG/SB212>)

relating to: defects on absentee ballot certificates, certain kinds of election fraud, and providing a penalty.

Elder Abuse

On Aug. 5, the legislature also sent SB 17, one of the elder abuse bills GWAAR is supporting, to the Governor's desk. SB 17 was signed into law by the Governor on 8/06/21 and is now 2021 Wisconsin Act 76.

Proposal: SB17 (-0712) (<https://docs.legis.wisconsin.gov/2021/related/proposals/sb17>)

View Bill History (<https://docs.legis.wisconsin.gov/2021/proposals/REG/SB17>)

relating to: increased penalties for crimes against elder persons; restraining orders for elder persons; freezing assets of a defendant charged with financial exploitation of an elder person; sexual assault of an elder person; physical abuse of an elder person; and providing a penalty.