

Greater Wisconsin Agency on Aging Resources' Area Plan on Aging 2016-2018



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Note: The Office on Aging recognizes these instructions may contain language which conflicts with those agencies that play both roles as the Area Agency on Aging and the County Aging Unit. We have attempted to address this by highlighting sections when this becomes apparent.

1. Verification of Intent

GWAAR's final three-year plan was submitted to the State Office on Aging with appropriate signatures.

2. Executive Summary

Readers of this plan for the Greater Wisconsin Agency on Aging Resources, Inc., will find a clear view of the organization's structure, the context in which it works, and the program goals that it aims to accomplish over the next three years.

GWAAR is a catalyst for innovation and best practices in its relationships with local aging units to support them in their efforts to make the programs better at the local level. That said, this is a very ambitious plan addressing a wide range of subjects that affect the counties and tribes in our service area and the older persons they serve. It should be noted that GWAAR is required to focus program goals around elderly nutrition, services to people with dementia, caregiver services, healthy aging, and elder justice. However, this plan also goes beyond those requirements and into local priorities: advocacy, technical assistance for local aging unit planning, data management, grantsmanship, guardian support, legal services, senior centers, social media, veterans, volunteerism, low-income minority initiatives in the Hmong and tribal communities, integration of local aging units and aging and disability resource centers, and developing the aging network's business acumen in order to meet the challenges of Wisconsin's changing system of managed long-term supports and services.

All of the above goals are laudable, welcomed by our customers—the county and tribal aging units—and will challenge their authors—the GWAAR staff. Readers will find two in particular on this list that they will want to keep an eye on during the next three years: integration and business acumen development.

The integration of aging units and ADRCs will affect a few dozen of the counties where the two organizations are not already combined. This move is intended to align aging and ADRC services so as to better serve older persons and their families—which was the original intention when ADRCs were created—beginning in 1998.

With Older Americans Act funding too low to meet the needs of the growing aging population, aging units have an opportunity in the coming years to do business with the managed care organizations (MCOs) and integrated health agencies (IHAs). Selling nutrition, transportation, and other services which aging units have built over the past 30 years to healthcare and insurance companies will act as a supplement to their current program funding. However, in order to succeed in these new relationships, the aging network will have to continuously improve and

accurately cost out its products, become data-driven, and show their value to these new payors. In other words, develop business acumen.

Building programs based on what has worked in the past is typically a good approach, but with this new generation of baby boomers aging into Older Americans Act programs, it is clear that what has worked in the past will not necessarily work going forward. We are challenged to provide new, innovative services which will meet the needs of these upcoming older Americans.

3. Organization and Structure of the Area Agency on Aging

Section 3-A: Mission Statement & Description of the Area Agency on Aging

The Greater Wisconsin Agency on Aging Resources, Inc., is a nonprofit agency committed to supporting the successful delivery of aging programs and services in 70 counties and 11 tribes in Wisconsin. We provide lead aging agencies in our service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services to meet the changing needs of older people in Wisconsin.

The mission of the Greater Wisconsin Agency on Aging Resources is to deliver innovative support to lead aging agencies as we work together to promote, protect, and enhance the well-being of older people in Wisconsin.

Main Office:

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Madison, WI 53714
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125 N. Executive Drive, Suite 207
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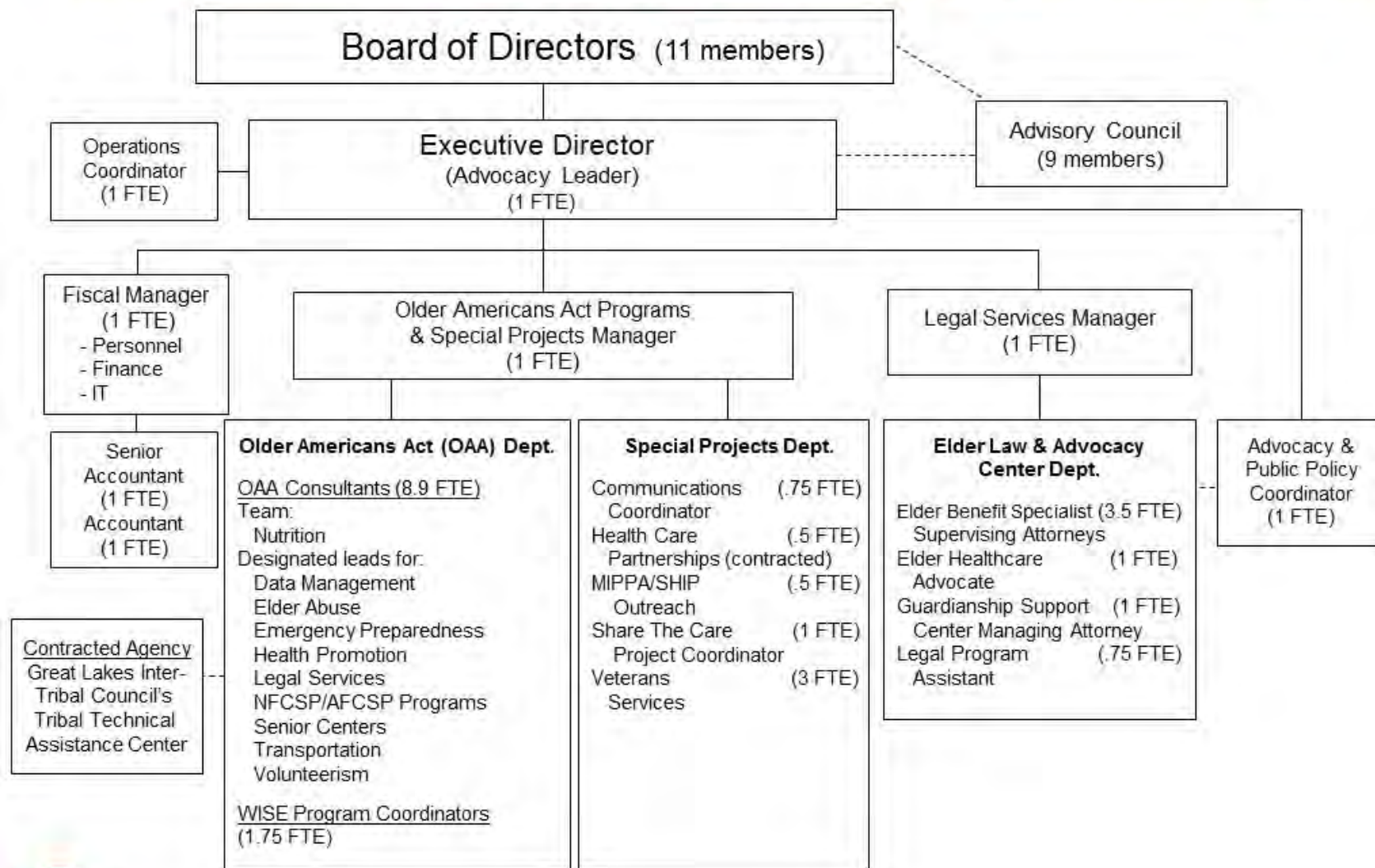
Hours of Operation: Monday through Friday, 8:00 a.m. until 4:30 p.m.—except on the following holidays: New Year’s Day, Martin Luther King, Jr., Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, day after Thanksgiving, and Christmas. There is an answering machine available for messages after hours.

E-mail: info@gwaar.org

Website: www.gwaar.org

Section 3-B: Organizational Chart of the Area Agency on Aging

Greater Wisconsin Agency on Aging Resources' Organizational Structure



Section 3-C: Statutory Requirements for Structure of Aging Units

This section is only required for an Area Agency on Aging that also serves as a county aging unit.

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

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.	
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
1. 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.	
2. 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.	
3. 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/ No

Section 3-D: Membership of the Board of Directors/Policy-Making Body

This requirement only applies for an Area Agency on Aging that also serves as a county aging unit.

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units. "Members of a county/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." In the case of county board/tribal council members the requirement is 3 consecutive 2-year terms. This requirement only applies for an Area Agency on Aging that also serves as a county aging unit. List the members of the board of directors/policy-making body.

Area Agency on Aging Board of Directors/Policy-Making Body				
Name	Age 60 and Older?	Elected Official?	First Term Began	Second Term Expires
Chairperson: Larry Jepsen	Y	Y	June 2013	June 2019
Vice-Chairperson: Jim Clark	Y	N	June 2015	June 2021
Treasurer/Secretary: Mary Bouche	N	N	June 2009	June 2017
Sy Adler	Y	N	June 2009	June 2016
Lane Delaney	Y	N	June 2014-2017 (completing term)	June 2023
Herb Hanson	Y	Y	June 2013	June 2019
Marion Hokamp	Y	Y	June 2009	June 2017
Dave Johnson	N	N	June 2015	June 2021
Wes Martin, Jr.	Y	N	June 2015	June 2021
Mary Pierce	Y	N	June 2015	June 2021
Vacant				

Section 3-E: Membership of the Advisory Council/Advisory Committee

This requirement only applies for an Area Agency on Aging that also serves as a county aging unit.

Chapter 46.82 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership. List the members of the advisory council.

Area Agency on Aging <u>Advisory Council</u> /Advisory Committee				
Name	Age 60 and Older?	Elected Official?	First Term Began	Term Expires
Chairperson: Barbara Robinson	Y	N	May 2012	May 2018
Vice-Chairperson: Tom Evert	Y	N	April 2011	April 2017
Stan Hensley	Y	N	April 2011	April 2017
Jan Herwald	Y	N	June 2013	June 2019
Herschel Ryales	Y	N	April 2013	April 2019
Erv Teichmiller	Y	Y	Sept. 2015	Sept. 2021
Va Thao	N	N	April 2011	April 2017
Vacant				
Vacant				

Section 3-F: Staff of the Area Agency on Aging

This requirement only applies for an Area Agency on Aging that also serves as a county aging unit.

Listed below are the people employed by the Area Agency on Aging.

Name: Job Title: Telephone Number/Email Address:
Brief Description of Duties:
Name: Job Title: Telephone Number/Email Address:
Brief Description of Duties:
Name: Job Title: Telephone Number/Email Address:
Brief Description of Duties:
Name: Job Title: Telephone Number/Email Address:
Brief Description of Duties:
Name: Job Title: Telephone Number/Email Address:
Brief Description of Duties:

Section 3-G:Affirmative Action Plan

Statement of Commitment of Affirmative Action and Equal Employment

By submission of this plan the Area Agency on Aging signifies its commitment to employment practices based solely on the work-related abilities and qualifications of employees and job applicants. Staff are assigned and promoted without regard to race, color, religion, sex, age, handicap or national origin. In addition, the Area Agency on Aging is committed to taking affirmative action in the hiring and upgrading of minority, female, disabled and older people.

Policies	Yes	No
Does the Board annually review and update the affirmative action plan?	√	
Does the Board annually review employment practices to eliminate discriminatory elements?	√	
Are written procedures for handling discrimination complaints developed, posted, and in use?	√	
Has the affirmative action plan been explained or discussed with all staff?	√	
Is the affirmative action plan posted and available for review by members of the public?	√	
Person responsible for the affirmative action plan:		
Analysis of current staff:		
Analysis of recent efforts:		
Affirmative action & equal opportunity goals:		
Planned activities for 2016-2018 on affirmative action & equal opportunity:		

Greater Wisconsin Agency on Aging Resources, Inc. Affirmative Action Plan – Employment

Statement of Commitment of Affirmative Action and Equal Employment

By submission of this plan, the Greater Wisconsin Agency on Aging Resources (GWAAR) signifies its commitment to employment practices based solely on work-related abilities and qualifications of employees and job applicants. Staff is assigned and promoted without regard to race, color, religion, sex, age, handicap, national origin, or sexual orientation. In addition, GWAAR is committed to taking affirmative action in hiring and upgrading minority, female, disabled, and older persons.

Analysis of Current Staff

GWAAR is committed to meeting all goals identified. As of October 14, 2015, the GWAAR staff of 33 is composed of 28 females and 5 males. Twenty-five percent are over the age of 55. In addition to regular staff, GWAAR administers the Wisconsin Senior Employment program with 79 enrollees—all of whom are 55 or older and low income; there are 47 females and 32 males. Twenty-five percent of enrollees are non-white and 39% are disabled.

Analysis of Current Efforts

As job openings occur, current employees are informed via email. To reach the general public, information of the position is placed on the GWAAR Website under the heading "What's New." Advertising is placed in local, statewide, and regional newspapers; professional association media; government employment Websites; and target population organizations and their publications. Notice of openings are also shared with aging network agencies and aging list services. All notices indicate GWAAR as an equal opportunity/affirmative action employer.

Affirmative Action and Equal Opportunity Goals for 2016-2018

1. Continue recruitment efforts to attract qualified professionals representing racial and ethnic minorities, older women, and persons with disabilities.
2. Encourage staff and clients to develop outreach through target population organizations in order to increase training, services, and program participation of underrepresented groups.

Action Plan for 2016-2018 Employment

To meet these stated goals, GWAAR plans to:

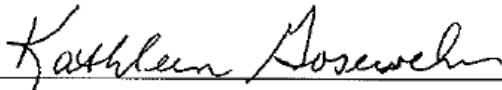
- Identify organizations and associations to assist broadening recruitment in target population areas.

- Post GWAAR's affirmative action plan on our Website.
- Standardize and clarify orderly recruitment and hiring procedures for all managers.
- Refine discrimination and harassment procedures.

Policies for Compliance

- The Board of Directors reviews and approves the GWAAR affirmative action plan annually—usually at its fall or winter meeting.
- The GWAAR affirmative action plan is available to the public via the GWAAR Website.
- The GWAAR affirmative action plan is available to all staff via the public drive on the GWAAR network.
- Procedures for discrimination and harassment complaints are posted for staff via the public drive on the GWAAR network.

Person Responsible for the GWAAR affirmative action plan is:



Kathleen Gosewehr, Accountant

As signed this day, November 20, 2015

4. Context

Who are the current and future older persons?

The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR), is one of three area agencies on aging (AAA) in Wisconsin under the Older Americans Act (OAA) charged with the responsibility of helping older adults live with independence and dignity in their homes and communities. Unlike Dane and Milwaukee AAAs—which each serve one county—GWAAR serves 70 counties and 11 federally-recognized tribes.

In order to assure that local needs and preferences are taken into consideration and that the resulting local delivery system is tailored to the community, GWAAR contracts with local aging units in each county and tribe to provide direct services such as meals, transportation, in-home services, information and referral/assistance, benefits/health insurance counseling, and family caregiver support programs. GWAAR's plan focuses on supporting and assisting the efforts of these county and tribal aging units in their system development efforts. GWAAR is a catalyst for innovation and best practices in its relationships with local aging units to support them in their efforts to make the programs better at the local level.

The following provides you with general statistical information about the older adults living in Wisconsin.

Wisconsin is made up of 72 counties covering 54,310 square miles. The Greater Wisconsin Agency on Aging Resources' (GWAAR) service area consists of 70 of these counties which include 11 federally-recognized tribes. The population density ranges from under 10 people per square mile in rural areas to approximately 3,000 people per square mile in urban areas. A significant portion of Wisconsin is rural—including those areas just outside the populated cities. Rural areas are disproportionately populated with older people, people with lower incomes, and our nation's veterans.

Older Americans are the fastest-growing demographic group of the population—having increased 11% since 2000. The 2010 U.S. census identified 777,314 people living in Wisconsin who were aged 65 and older which was nearly 14% of the total Wisconsin population in 2010. Most of these individuals were between the ages of 65-74 (400,496), but a significant number of those were aged 75-84 (258,313) and 85+ (118,505). Of these individuals who were over 65, 30% lived alone and 1 in 5 was living at or below the poverty level. The U.S. Census 2014 population estimates indicate there were nearly 876,000 people living in Wisconsin

aged 65 and older including 484,232 aged 65-74; 263,540 aged 75-84; and 128,096 aged 85+.

According to the Wisconsin Department of Administration – Demographics Services Center, Population Projections, Vintage 2013, the population of people living in Wisconsin aged 65 and older is projected to increase nearly 100 percent over a 30-year period from 2010 to 2040 with an additional 758,100 individuals. The percentage of the total population of Wisconsin, individuals aged 65 and older will increase from nearly 14% in 2010 to nearly 24% in 2040.

With regard to gender, there are more female older adults in Wisconsin. Of the total 876,000 people listed in the U. S. Census 2014 population estimates, 484,522 or approximately 55% were female. Of the 484,232 aged 65-74, 233,055 were male and 251,177 were female. Of the 263,540 aged 75-84, 115,171 were male and 148,369 were female. Of the 128,096 aged 85+, 43,120 were male and 84,976 were female.

While the minority population of those over 65 is also growing, it is still lower than the national average. The U.S. Census Annual Estimates reports that in Wisconsin most of the non-white and Hispanic populations live in the metropolitan areas while a large percentage the Native American population live in the northern counties. The 2 largest non-white populations aged 60 and older are African-American with 3.2% of the population and Hispanic/Latino with 1.7% of the population. In the 2010 U.S. Census, over 9,000 individuals over 65 reported an ethnicity of Hispanic/Latino, 2,702 reported being other races than white, and 2,861 reported being two or more races. The Asian population in Wisconsin has been increasing since 2000 and is the fourth largest racial group after “white alone.” Thirty-six percent of the Asian ethnic group is Hmong, with 3% of the Hmong population being over the age of 65. The U.S. Census Bureau estimates that there are 6,055 Native Americans living in Wisconsin aged 60+.

The U.S. Census American community survey data indicates that poverty increased in Wisconsin for those aged 65 and older from 7.5% in 2012 to 9% in 2013. The highest poverty rates were mostly in rural areas in northwest and southwest counties.

The population of veterans 65 and older in Wisconsin is significant. According to the United States Department of Veterans Affairs’ National Center for Veterans Analysis and Statistics projections in 2014, there were 413,723 veterans in Wisconsin, of which 198,917 or just over 48% were aged 65 and older. Of these, 64,031 were aged 65-69; 39,809 were aged 70-74; 34,799 were aged 75-79; 29,465 were aged 80-84; and 30,814 were aged 85 and older.

What needs have been identified?

The needs of older persons in Wisconsin are varied. With the increasing number of people turning 60 and the disproportionate funding of programs serving seniors, resources are stretched to provide services to all in need. Issues such as the challenge of caring for the growing number of people with memory loss and dementia, an increase in the number of and need for family caregivers, continued rising costs of health care, and public policy changes concerns about elder abuse top the list of identified needs.

In 2010 there were an estimated 119,900 Wisconsinites with dementia (14%). By 2035 that number is expected to increase by 68%. The greatest risk factor for getting Alzheimer's is age, with people aged 85+ having nearly a 50% chance of getting the disease. Alzheimer's disease is currently the sixth leading cause of death in the United States. Symptoms of Alzheimer's and other dementias include memory loss, confusion, challenges with tasks that were once ordinary, and difficulties with language and judgement. All of these symptoms demand increased assistance with daily living—starting with family members and soon involving the larger community. The Alzheimer's Association reports that early diagnosis of dementia gives maximum benefits of available treatments and can improve quality of life for the person and the caregiver. There is a need for more public education about Alzheimer's/dementia, its warning signs, importance of early diagnosis, stages of the disease, and the best ways to help a person with dementia.

As individuals strive to remain in their own homes as long as possible their reliance on family caregivers increases, with or without a diagnosis of dementia. According to a 2015 research study done by the National Alliance for Caregiving and AARP, there are over 34 million Americans who have provided care to someone aged 50+ in the prior 12 months. These caregivers spend an average of 24 hours/week providing care, with 50% of them assisting with medical/nursing tasks. Six out of 10 caregivers are employed and 60% report that their work has been affected by caregiving. Thirty-eight percent report high levels of stress from caregiving and 8 out of 10 caregivers say they could use more information on caregiving. These family caregivers are tremendously important to the seniors we serve. As the number of caregivers increase alongside the increasing population of seniors, attention to the care of these caregivers is of utmost importance. Caregivers are in need of information about available resources and assistance accessing those resources. They need education about caregiving as well as individual and group support as they learn to cope with caregiver stress. The provision of these support

systems in addition to affordable respite care is essential to ensure the health and continued work of family caregivers.

As the cost of health care continues to rise, older individuals are looking for more ways to stay healthy to avoid as much health care expense as possible and live quality lives in their later years. The Affordable Care Act allows preventive service to be covered under Medicare. Beneficiaries need encouragement and education on how to utilize these new benefits.

Older persons in Wisconsin need help learning about healthy aging and understanding ways they can prevent disease which leads to a longer, healthier life. Older individuals are disproportionately affected by long-term (chronic) health conditions such as arthritis, diabetes, heart disease, and disabilities that result from injuries such as falls. These health challenges result in high economic and health care costs and call attention to the critical role that evidence-based health promotion programs play in helping older adults adopt healthy self-management behaviors, increase well-being, and reduce health service utilization. Despite the positive program outcomes however, states and local partners are finding it difficult to sustain these programs due to limited resources in a challenging environment.

Although the needs of the aging population vary, so do the service models in the state. It is recognized that the demand for assistance and services will continue to grow as the population ages rapidly.

How is the aging network and long-term care system organized to support older persons in the planning and service area?

The aging network and long-term care system in our service area is organized to be responsive to the needs and preferences of older people and their families—helping to empower them to make informed decisions about their life choices.

This has been accomplished through the development and management of a long-term care system which relies on a partnership among the state unit on aging, Wisconsin's three area agencies on aging, county and tribal aging units, aging and disability resource centers (ADRCs), tribal aging and disability resource specialists (T-ADRSs), local providers, older people, and volunteers.

Every county and tribe in Wisconsin is represented by an aging unit and within this arrangement, older persons fill major roles in governing those aging units and determining how they can adequately serve older persons in the counties and tribes. As older people are best positioned to

advocate for their own needs and those of their peers, county and tribal aging units help older persons help themselves advocate for local and societal change. Additionally, there are 41 operational ADRCs—38 in our service area (some of these ADRCs are also aging units with others being a part of a human services system or are stand-alone agencies)—and 6 (one of these is currently vacant) T-ADRSs serving all counties and tribes in Wisconsin.

Older people also play a significant role as members of the ADRC governing boards. ADRC staff and T-ADRSs assist older adults—as well as adults with physical and/or developmental disabilities—by providing individuals and their family members unbiased information on all aspects of life related to aging or living with a disability. In addition, these local resource specialists help people access long-term care programs and services. ADRCs are able to assess individuals' eligibilities for public programs, provide person/family-centered options counseling, and connect individuals with both public and private services and supports along the long-term care continuum. This streamlined approach has improved access to benefits and supports for consumers.

Aging units and ADRCs have a strong local presence which helps them to offer the face-to-face, local office and in-home services necessary to create not only trusted relationships with community members, but also to build the constructive relationships and support networks needed with other community providers and organizations to develop the necessary resources to meet both individualized consumer needs and to address unmet community needs. These relationships are critical, as the aging network works to support older adults—the majority of whom have indicated their desire to remain in their own homes even when assistance is needed—aging in place.

A combination of skilled options counseling—affording people an opportunity to make informed decisions about the type of services and supports that best meet their needs—and a broad array of home- and community-based services—have helped older adults to age-in-place (preventing and/or delaying skilled nursing facility placement) and conserve spending of personal resources. According to AARP's most recent long term-care scorecard, Wisconsin continues to increase the percent of Medicaid and state long-term services and support spending going to home- and community-based services and lower the percent of nursing home residents with low care needs.

The active involvement of older adults in the policy-making process is critical to the aging networks' ongoing ability to support older people. A

shrinking careforce—both paid direct care workers and unpaid family caregivers—as well as the state’s further redesign of the Medicaid long-term care system to include integration of acute, primary, and behavioral health care require the strong presence and voice of older adults at the table to ensure Wisconsin’s long-term care system will meet the needs and desires of older adults now and in the future.

What is the role of the AAA in long-term care and the role of the AAA with ADRCs?

One way GWAAR advocates for older persons in the long-term care system is by participating on several committees related to various issues of concern for seniors. For example, various GWAAR and Tribal Technical Assistance Center (TTAC) employees are involved in such activities as the Long-Term Care Council, the Non-Emergency Medical Transportation Advisory Council, Tribal Long-Term Care Workgroup, and the Evidence-Based Prevention Program Advisory Committee, among others.

GWAAR collaborates with the Department of Health Services (DHS) to offer regional round tables for county and tribal staff who provide services to adults at risk and elder abuse. Staff also develop position papers and talking points to assist aging units in advocating for long-term care services. GWAAR and the TTAC’s roles center on supporting and assisting the efforts of county and tribal aging units in their system development efforts by providing aging units in its planning service area with training, technical assistance, and advocacy to ensure the availability and quality of programs and services aimed at meeting changing and unmet needs and protecting the well-being of older people in Wisconsin.

Wisconsin’s aging network continues to deliver Older Americans Act services via the county aging units through a comprehensive delivery system of information and assistance for older adults and those with disabilities through the aging and disability resource centers (ADRCs) and aging & disability resource specialists (ADRSs) at the tribes. ADRCs provide information on various programs and services and help people understand the various long-term care options available and to also help apply for programs and benefits. ADRCs serve as the access point for publicly-funded long-term care programs. As many ADRCs and aging units have consolidated into one entity, GWAAR provides technical assistance related to aging services to the ADRCs as well as to aging units that are outside the ADRC. When there are questions regarding older adults or aging services, ADRCs can look to GWAAR as the experts in aging. GWAAR encourages aging units to have a strong presence within the ADRCs and will continue to help the aging units ensure that older adults are involved in the decisions and plans of the ADRCs.

Older persons are included on various aging advisory committees in addition to ADRC boards to assure representation from older persons. ADRCs help determine eligibility for various long-term care programs and assists seniors in determining which program choices may be appropriate for them. The many programs include Family Care, SeniorCare, IRIS, Partnership, and PACE—as well as Medicare and Medicaid—all of which help to maximize resources and services to meet the needs of older persons in a manner consistent with consumer preferences and choices.

GWAAR strives to identify unmet needs so that through the aging network, services can be provided to meet those needs. For example, new programs have recently been developed to assist veterans with dementia and their caregivers. GWAAR—along with the entire aging network—bases its work on the eight principles of the common identity theme. GWAAR is committed to providing individual and organizational advocacy and ensuring seniors are really in charge in the aging units and ADRCs. GWAAR guarantees that core services are provided statewide. GWAAR is committed to excellent training in order to have statewide expertise in aging services and systems, grassroots advocacy, and consistent quality services. GWAAR's focus will remain on community collaboration and promoting convenient service areas through aging units and ADRCs. GWAAR is aware that volunteers are the key to service delivery and will assist with recruitment. These principles are the backbone of the network and the message that will be delivered by older adults and all others who have the responsibility to ensure that older people are consulted and have a say as systems change in Wisconsin.

The aging network empowers consumers and supports caregivers. GWAAR maintains its role of assisting the aging units in their accountability for outcomes and administrative efficiency by developing its own area plan for a time period determined by the Bureau of Aging & Disability Resources and the GWAAR area plan for 2016-2018 outlines its assurances that all requirements of the Older Americans Act are met through the aging units and ADRCs.

GWAAR plays a primary role in monitoring public policy related to long-term care and other areas and issues impacting the lives of older adults. GWAAR disseminates policy information to the aging units, ADRCs, and other aging network partners highlighting opportunities to impact the policy-making process and working collaborative with the aging network to formulate and distribute issue positions, talking points, and advocacy strategies for successfully engaging policy-makers and getting the messages heard and acted upon.

What are the critical issues/trends? What are the future implications?

While there are differences within the GWAAR region and individual communities, with the respect to the impact that will be produced by the increased aging population the critical issues and trends are consistent and highly significant statewide and nationwide.

As we continue into the dramatic demographic shift with the baby boomers' coming of age, the greatest challenges relating to health promotion, caregiver services, and financial support will continue to be at the forefront in order to ensure a sound quality of life for many of Wisconsin's residents. With the focus on quality of life and independent living, the CDC identified five roles to promote health and prevent disease in older adults:

1. Provide high-quality health information and resources.
2. Support health-care providers and organizations in prevention efforts.
3. Integrate public health prevention expertise with the aging services network.
4. Identify and implement effective prevention efforts.
5. Monitor changes in the health of older adults.

Managing chronic disease continues to be important in helping control health care costs and improving health conditions. Many of Wisconsin's residents have chronic conditions or other impairments that impact their daily lives. Preventive services provide many direct benefits to individuals such as improved health outcomes and delay or avoid significant financial costs. Allowing for a person to become ill or impaired will place a much greater demand on the long-term care system.

In addition to managing chronic diseases, many of Wisconsin's elderly are continuing in the workforce—either out of necessity or choice—thereby delaying their reliance on aging programs. This is a short-term relieve for the services. Eventually these individuals may require assistance for aging services by which time their demands may be at a higher level of need than if they had sought out assistance sooner—thereby creating a higher demand of services from aging units.

The projected numbers of at-risk older adults in the GWAAR region who will be eligible for services will surpass the aging units' abilities to provide the services currently offered—especially with decreasing Title III funds. Continuing to provide the same level of services will mean more resources are needed and/or require a change in the focus of current programs. Partnerships with other providers will be necessary to meet the needs of the elderly within the region.

The increasing demand for home- and community-based services and supports offered by aging unit programs—funded by such grants as the Older Americans Act—will continue to put a deepening financial and employment strain on each provider. As such, it is quite possible that the area agency on aging will be looked to for leadership on creating and searching out a more diverse set of funding and partnership sources—while continuing to advocate for the elderly and programs and services to support them.

What are the challenges?

The delivery of aging programs at a time when the number of older people is rising and budgets are flatlined is very challenging. Local budgets are being scrutinized and hard decisions are being made about priorities in spending. Creative use of volunteers, increased efficiencies of program delivery, and an increase in collaborations with other agencies are positive results that come from tight budgets. Less desirable consequences include the inability to expand or create new programs—and even the reduction of services. We are challenged to promote innovative ways to deliver services and prevent the loss of resources in this financially-challenging time.

Challenges always present themselves when working with a large diversity of counties. The demographics are immensely varied among the 70 counties and 11 tribes GWAAR works with. Populations are varied as well as the percentage of persons over age 60. The distribution of rural communities across one county versus a county with a densely-populated city as its hub present varied needs and require a different approach to delivering services. Each county and tribe presents its own unique personality, trends, culture, and style and it is important to keep that in mind when offering support to aging units.

In an effort to recognize and value the differences each county and tribe brings, it is important to be flexible with the support provided. Offering flexibility while also demanding a certain level of standards is also challenging. Working to learn as much as possible about each county, tribe, and aging unit helps to determine what can be expected.

Building programs based on what has worked in the past is typically a good approach, but with this new generation of baby boomers aging into Older Americans Act programs, it is clear that what has worked in the past will not necessarily work going forward. We are challenged to provide new, innovative services which will meet the needs of these upcoming older Americans.

What are the resources and partnerships?

It is clear that with the rapid growth of older persons it will be essential to create partnerships between agencies who provide help and support for the seniors in our state. Good communication and a spirit of collaboration will ensure our resources are being utilized to their fullest. GWAAR has a good working relationship with the other Area Agencies on Aging—Area Aging on Aging of Dane County and Milwaukee County Department on Aging—as well as the Office on Aging at the Wisconsin Department of Health Services. The Office for Resource Center Development is also an essential partner as we work toward better integration with ADRCs. The Great Lakes Inter-Tribal Council (GLITC) is a crucial partner in providing services to meet the needs of the tribal aging units.

Advocacy organizations such as the Wisconsin Aging Advocacy Network (WAAN) help GWAAR with the crucial work of fighting for policies in support of our aging programs. AARP also joins the list of partners who provide support with advocacy and other current issues such as caregiving.

Close collaboration with the Wisconsin Institute for Healthy Aging (WIHA) and the Community-Academic Aging Research Network (CAARN) ensure quality healthy living programs are being disseminated to county and tribal aging units. The Alzheimer's Association and Alzheimer's and Dementia Alliance both work closely with GWAAR to promote services and resources for families who are affected by Alzheimer's disease or dementia.

GWAAR's Elder Law and Advocacy Center and Wisconsin Guardianship Support Center provide legal services to older people in Wisconsin. GWAAR contracts with the state to provide the Wisconsin Senior Employment (WISE) program, which provides employment and training opportunities for people over 55 and with the Veterans Administration for the VAMC program which allows qualified veterans to receive self-directed supportive home services.

Statewide coalition groups are also important partners for GWAAR. The Aging & Disability Professionals Association of Wisconsin (ADPAW), Wisconsin Association of Senior Centers (WASC), Wisconsin Association of Nutrition Directors (WAND), Wisconsin Association of Mobility Managers (WAMM), Survival Coalition, Wisconsin Association of Benefit Specialists (WABS), and the Veterans Administration all provide resources and assistance to seniors statewide and GWAAR's communication with these groups is strong and positive.

In order to meet the increasing need for funding, enhancement of services, and development of a business acumen, GWAAR will continue to develop formal and informal relationships/partnerships with advocacy organizations, hospitals, disability service organizations, public housing authorities, faith-based organizations, community health care providers, managed care/HMO networks, private businesses, and other entities that serve the elder and disability populations.

5. Public Involvement in the Development of the Area Plan

The GWAAR Nutrition Team asked the county and tribal nutrition directors what support they wanted and needed locally and what big-picture initiatives should be addressed in the next three-year plan at four regional meetings that were held July 2015.

We surveyed our customers (aging unit directors) in August to determine what they would like to see in our plan. Responses are in Section 16—along with the public hearing comments.

The GWAAR Advisory Council met in February, May, June, and September 2015 to work on development of the plan, review proposed goals, make comments, and suggest changes or additions.

The public hearing notices were made available to all staff, our Board of Directors and Advisory Council, aging unit directors in our planning and service area, and the general public through the *Wisconsin State Journal* and *Wausau Daily Herald*.

There were two public hearings which were held on the following dates.

<i>Number Attended</i>	<i>Date</i>	<i>Time</i>	<i>Place</i>	<i>City</i>
44	9/15/15	11:15-Noon	Grand Lodge Waterpark Resort	Rothschild
41	9/17/15	11:15-Noon	Lussier Family Heritage Center	Madison

See Section 16: Appendices for affidavits, public hearing announcements, and public hearing comments.

6. Goals for the Plan Period

Please focus on the following: Elder Nutrition Program, Services to People with Dementia, Services in Support of Caregivers, Services to People With Dementia, Healthy Aging, and Elder Justice.

Elder Nutrition Program

1. For each year of the plan, the Nutrition Team will select a minimum of 4 county or tribal aging units to analyze food service operations with the intent of resolving common causes of food waste. This effort is to identify areas of concern that can carry over to a statewide food waste reduction initiative. The Nutrition Team will select a minimum of 2 operations that cook on-site as well as a minimum of 2 operations that utilize contracted caterers, in effort to meet the needs of all aging units in the coverage area. Upon identification of problem areas, the team will develop systems and put in place specific measures of food waste reduction to rate the success of the initiative.
2. The Nutrition Team will select a minimum of 4 county or tribal aging units per year to analyze the food service operations in an effort to improve the overall quality of the food being served. The Nutrition Team will utilize the meal satisfaction surveys results, nutrition assessments, and other criteria to be established to target specific aging units that are in the most urgent need of assistance. The Nutrition Team will aid these food service operations on a case-by-case basis, with efforts to create streamline systems that can be utilized on a statewide level. The measure of success will be an overall meal satisfaction rating averaging 85% or higher at the food service operations receiving technical assistance.
3. To help assure county and tribal nutrition programs successfully complete their nutrition goals, the Nutrition Team will review and categorize all 70 county and 11 tribal nutrition plans. Regional and statewide nutrition workgroups will be established for programs with similar goals. The workgroups will meet at least quarterly in-person or virtually. Success will be measured by 95% of nutrition programs successfully completing their goals for each year of the plan.
4. To ensure family caregivers have knowledge and access to nutrition information that can assist them in their caregiver role, the GWAAR family caregiver lead will work with the GWAAR Nutrition Team to develop, enhance, and disseminate educational caregiver nutrition materials. This will include a minimum of 12 handouts for each year of the plan.

5. To ensure a strong foundation for the statewide nutrition program, the Nutrition Team will develop and refine trainings in the core areas for the nutrition program including but not limited to (customer service, volunteer and site manager orientation, home-delivered meals {HDM} driver orientation, HDM assessor orientation, cooks training, meal quality, cost/efficiency). Training materials will be developed in modules that will be available in print and video formats. A minimum of 3 training modules will be completed for each year of the plan by December 31.
6. To help ensure the county and tribal nutrition programs are modernized and continue to thrive and have relevance, are cost-effective and provide quality meals and services that are marketable, the Nutrition Team will develop a statewide accreditation process by December 31, 2016. This will help us build our business case:
 - a. To managed care organizations, healthcare facilities, and private pay individuals, the Nutrition Team will work closely with a minimum of 2 agencies each year of the plan to enhance their knowledge, skillset, and business acumen. Success will be measured by the number of full cost meals sold annually (a baseline will be established in 2016).
 - b. To our target populations, success will be measured by tracking meal trends each year of the plan and analyzing SAMS data. This will be done each year of the plan after year-end reports are compiled.
7. To ensure family caregivers have access to easy, nutritious meals to prepare, the Nutrition Team will collect recipes, menus, and meal ideas from informal caregivers to compile into a cookbook by December 31, 2017.

Services in Support of Caregivers

1. In an effort to increase the number of caregiver services reported into the SAMS database, the GWAAR Family Caregiver Specialist will work with the GWAAR Data Management Specialist to create and disseminate data collection materials to local caregiver specialist staff by March 1, 2016. The completion of this project will result in a 10% increase in the number of information services and I&A contacts reported into the SAMS database using a 6-month comparison between April 1, 2016, and December 31, 2016.
2. In order to increase utilization of NFCSP and AFCSP programs across the state, the GWAAR Family Caregiver Specialist will work with the state caregiver coordinator to develop a statewide outreach and marketing strategy for Wisconsin caregiver programs by September

30, 2017. The purpose of the marketing campaign is to raise public awareness about what caregiving is, who caregivers are, the signs of caregiver stress, and their need for support.

3. In order to ensure compliance with the National Family Caregiver Support Program (NFCSP) policy, the GWAAR Family Caregiver Specialist will work with 3 counties to either form a new caregiver coalition or utilize an existing coalition to serve as a caregiver coalition by December 2018. The following are possible means of assistance: email or phone communication, site visit, or creation of materials explaining how to start a coalition.
4. In order to increase programs and resources for grandparents and relative caregivers (GRC) across the state, the GWAAR Family Caregiver Specialist will partner with The Rainbow Project (a non-profit organization in Dane County that provides services to children and families including a program serving Grandparents and Relative Caregivers). The collaboration will be to create a toolkit that will assist counties in providing resources for relative caregivers. The toolkit will include basic, easy-to-administer projects for counties with limited time and resources as well as more involved projects. The goal is that 6 counties who presently do not have GRC programs will offer at least 1 GRC resource by December 31, 2018.

Services to People With Dementia

1. In order to create more dementia-friendly communities in Wisconsin and as part of the Wisconsin dementia care redesign, the GWAAR Family Caregiver Specialist will work individually with 3 ADRCs/aging units to implement parts of the dementia-friendly toolkit by December 31, 2016. Programs include memory cafés, early memory loss support groups, and educating businesses how to be dementia-friendly (purple angel), etc.
2. In order to improve the lives of those living with Alzheimer's/dementia in their home and for a longer period of time, Share The Care will be implemented within 40 Wisconsin counties or tribes by September 30, 2017.
3. In an effort to increase utilization of grant funds in an efficient and purposeful way, the GWAAR Family Caregiver Specialist will meet with new caregiver coordinators within 1 month of their start date—either in person or by phone—to explain the AFCSP program, review the AFCSP policy/procedure manual, and answer questions about program delivery. A minimum of 8 meetings will occur by December 31, 2018.

Healthy Aging

1. To collect data about class participation by those who are transportation-dependent, GWAAR will work with WIHA by February 2016 to add a question to the registration forms in SAMS (e.g., do you rely on someone else to get to this class?).
2. In order to provide sufficient training for new aging unit health promotion staff on healthy aging programming, GWAAR health promotion staff will work with the Wisconsin Institute for Healthy Aging (WIHA) to design a standard healthy aging orientation by December 2016 and will implement with each new aging director or health promotion coordinator.
3. In order to determine which health promotion programs throughout the state offer or actively facilitate transportation, GWAAR will work with WIHA to complete a survey of all health promotion programs by December 2016.
4. In order to advance health care partnerships with aging units and healthy aging program attendance, GWAAR health promotion staff will work with WIHA to engage at least 1 aging office and partnering health care organization in an active formal evidence-based program referral system by December 2017.
5. To increase health promotion programs class attendance by individuals who are transportation-dependent, GWAAR—along with WIHA—will complete 2 pilot projects by December 2017 designed to include the transportation coordinator/mobility manager in that area on the team that plans and schedules health promotion programs.
6. In order to advance the aging network into program sustainability, by December 2018 GWAAR health promotion staff will work with WIHA by assisting at least 1 aging unit in developing a business plan and preparing their health promotion programming for healthcare system contracts.
7. In order to assist aging units in offering high-level evidence-based healthy aging programs that meet the health education needs of their communities, GWAAR health promotion staff will work through Community-Academic Aging Research Network (CAARN) and WIHA to package and disseminate at least 1 new evidence-based program to at least 5 counties or tribes by December 2018.
8. By December 2018 GWAAR will host a summit in collaboration with WIHA to share the results of the transportation and health promotion program pilots and translate those results to enable class instructors to assist class participants with transportation in 1 additional evidence-based class.

9. In order assist MIPPA grantees to increase outreach about Medicare's preventive benefits to Wisconsin's Medicare beneficiaries, statewide MIPPA coordinators will provide 2 trainings by December 31, 2018, to the local MIPPA coordinators on outreach aimed at Medicare's preventive benefits and will have outreach materials available on the GWAAR Website that can be used at the local level.

Elder Justice

1. GWAAR elder abuse staff will promote a spring marketing campaign around World Elder Abuse Awareness Day (WEAAD) to raise awareness of elder abuse in Wisconsin communities which is celebrated annually June 15 each year.
2. Domestic abuse in later life is a significant cause of injury for many older adults. State funds allocated to GWAAR will be used to issue a grant opportunity to over 40 domestic violence centers in the GWAAR planning and service area (PSA). Funds awarded will be used to reach this significantly-underserved population to assure immediate intervention and services can be made available. Emphasis for the 2016 grant will be placed on serving those who identify as being LGBT. Grantee year-end narratives will collect demographics on those served. January each year of the plan.
3. GWAAR elder abuse staff will create a bi-monthly e-newsletter to distribute to lead elder abuse contacts containing notable news articles, research findings, associated webinars, and social media links to expand their information base, available resources, and training opportunities by June 2016. This will be ongoing.
4. In collaboration with the state elder abuse lead, tribal social services elder abuse professionals, and related county Adult Protective Services (APS) professionals, GWAAR elder abuse staff will assist in the development of standards for appropriate follow-up related to suspected cases of elder abuse and neglect involving a tribal elder or caregiver of a tribal elder received by a county APS unit by December 2017.

7. Additional Priorities/Local Priorities

Advocacy

1. To expand the role of volunteerism within the AAA and model the use of self-directed volunteer teams for aging units and ADRCs within GWAAR's service area, GWAAR's advocacy staff and volunteer training team will develop and utilize 3 new self-directed volunteer teams by June 30 of each year (9 teams). The self-directed volunteer aging advocacy teams will consist of retired aging network professionals and other older adult volunteers and will be responsible for coordinating and providing regional *people organizing and working for elder rights* (POWER) advocacy training workshops.
2. To increase aging unit and ADRC directors and older adults' comfort levels in engaging with policy-makers, knowledge of the state budget process, and skill in working with local aging advocates to effectively participate in the public policy process, GWAAR's advocacy staff and self-directed volunteer aging advocacy team(s) will provide 2- or 3-day regional POWER training workshops in 4-6 state senate districts each year of the plan. Regional trainings will include developing mechanisms for maintaining effective communication with and between the network of trained aging advocates—including the use of social media platforms as deemed appropriate.
3. To further build and strengthen the aging network's grassroots advocacy capacity, annually in May (Older Americans Month) of each year of the plan, a Wisconsin Aging Advocacy Network (WAAN) aging advocacy day will be held to bring together all POWER alumni (from prior local and regional workshops) and other aging network advocates from around the state for a brief training. They will review goals, assess progress toward goals, adapt and modify as needed to stay on track with goals and mission, and an opportunity to tour the state Capitol and meet with their legislators in their Capitol offices.
4. To increase public awareness of WAAN and its advocacy efforts and to further deepen relationships between WAAN core members, GWAAR staff will annually participate in a board/advisory council meeting of each of the WAAN core member organizations and associations during each year of the plan.
5. To increase aging unit and ADRC directors and older adults' comfort levels in engaging with policy-makers, knowledge of the state budget process, and skill in working with local aging

- advocates to effectively participate in the public policy process, GWAAR's advocacy staff and self-directed volunteer aging advocacy team(s) will provide an advocacy POWER training—including how to work with self-directed volunteer teams—for county/regional aging unit/ADRC directors by March 31, 2016.
6. GWAAR will develop a 2016-2018 GWAAR legislative platform & policy priorities document by March 31, 2016, to provide the foundation for policy development and guide advocacy action and organizational priorities throughout each year of the plan.
 7. To increase public awareness of WAAN and its advocacy efforts, GWAAR—with assistance from WAAN core members—will design and build a stand-alone WAAN Website by June 30, 2016.
 8. In order to maintain a strong network of trained volunteer aging advocates, by December 31, 2016, GWAAR advocacy staff and volunteer trainers will develop a toolkit to assist aging unit and ADRC directors and local trained aging advocates in developing and maintaining local advocacy committees and/or identifying local opportunities for advocates to regularly utilize their advocacy skills and experience.

Aging Plan Input

1. To emphasize the importance of older person input in the aging plan and to increase participation in and the amount of input into aging unit plans around the state for the 2019-2021 plan, GWAAR will create and distribute tools, templates, and best practices for gathering input, conducting surveys, and hosting listening sessions and forums by October 2017. This will include investigating online and other technology platforms to gain feedback.

Aging Unit Director Support

1. In order to make the transition to a new aging unit director smoother, GWAAR will offer technical assistance to local aging units around succession planning when a director announces they are leaving and make an effort to have at least 1 staff member meet face-to-face with each new director as soon as possible after the new person starts throughout the plan period.
2. In order to determine what is important to aging units and to determine ways to improve communication between GWAAR and local aging units, GWAAR will develop and implement a survey of aging unit directors by January 2017.

Business Acumen

1. In order to create a new, unrestricted funding stream for aging units, GWAAR will explore, develop, and publish a written, comprehensive strategy for creating business relationships with health care entities by December 31, 2016.
2. GWAAR will acquire (hire/contract) the services of a business development staff and enter into at least 2 contracts by December 31, 2017.
3. GWAAR will evaluate existing contracts by July 1, 2017, and enter into 2 additional contracts by December 31, 2018.

Data Management

1. To encourage program information and data entry requirements for the data collection system are understood and followed by aging unit staff, GWAAR's data management staff will develop 10 instructional pieces (provided via PDF and video link on the GWAAR Website) by December 31, 2016.
2. To encourage program information and data entry requirements for the data collection system are understood and followed by aging unit staff, GWAAR's data management staff will conduct 2 quarterly webinars for users by December 31, 2016.
3. To increase productivity and data entry accuracy, GWAAR's data management staff will—in collaboration with state staff—research and develop 3 enhancements (2016 anticipated focuses: SHIP, dashboards, and assessments) within the current data collection system by December 31, 2016.
4. To encourage program information and data entry requirements for the data collection system are understood and followed by aging unit staff, GWAAR's data management staff will update current instructional pieces and develop 3 new documents (provided via PDF and video link on the GWAAR Website) by December 31, 2017.
5. To increase productivity and data entry accuracy, GWAAR's data management staff will—in collaboration with state staff—research and develop 3 enhancements (TBD) within the current data collection system by December 31, 2018.

Guardianship Support Center

1. To assist with the prevention of financial abuse, physical abuse, and neglect of vulnerable individuals, the Guardianship Support Center will provide technical expertise as needed to assist in the development of a guardianship registry by December 31, 2018.

Integration

1. In order to improve services to older adults in counties where aging units are not connected to the ADRC, GWAAR will collaborate with the Office for Resource Development (ORCD) to provide technical assistance to at least 1 aging unit and ADRC on integration each year of the plan.

Internship Networks

1. In order to better assist aging units, GWAAR will increase the use of interns to 1 new area or department within GWAAR by September 2017.

Legal Services

1. To increase cultural competency, diversity, and sensitivity in elder benefit specialists (EBSs), the EBS program attorneys will present regional training on topics such as working with clients with mental illness, racial sensitivity, clients with physical or cognitive disabilities, immigration, same-sex couples, and tribal cultural awareness to EBSs in years 2016 and 2017 and 3 newsletter articles on cultural competency topics each year of the plan.
2. The Elder Law Center (ELC) will improve the current process of onboarding new EBSs by formalizing and implementing an in-house policy outlining action steps and responsibilities by July 1, 2016.
3. By January 2017 program attorneys will develop a more interactive presentation style for bimonthly regional and new EBS trainings to facilitate more discussions and learning by doing. This goal will be measured by reducing the use of PowerPoint to less than half of the material for each training in favor of more hands-on learning exercises.

Senior Centers

1. In order to fulfil all obligations of the 3-year grant from the National Council on Aging (NCOA) to develop the age mastery program in Wisconsin, GWAAR in collaboration with the Wisconsin Association of Senior Centers (WASC) will create an advisory group to choose and fund 13 organizations. The advisory group will be responsible for providing technical assistance to funded organizations to successfully implement and sustain the program through 2018.

Social Media

In order to be able to provide 3 aging units with technical assistance on using social media and to begin using it effectively by December 2016 GWAAR will:

1. Conduct a survey of aging units on current use of social media and assistance needed to improve or expand social media use.
2. Create an internal social media use plan (e.g., who is our audience, goals and objectives for the type of social media used, and who posts and monitors social media). Establish a social media presence in at least two types of social media for various audiences (e.g., professionals, general public, advocates, and caregivers).
3. Create a policy for GWAAR-sponsored social media postings (see AARP Illinois policy) by staff. The policy will establish criteria for approved staff and non-staff comment and identify how inappropriate comments (e.g., ageist or racist comments) are handled. The policy will identify a protocol for retaining content that is public record.
4. To increase the number of followers and views, GWAAR will create a content calendar by February 2017 for 10 months.
5. Monitor and report internally on analytics quarterly beginning January 2017 as a means of evaluation and establishing future action.

To target specific audiences (caregivers, elected officials) and increase use by these targeted audiences, GWAAR will:

6. Explore social media events like Facebook Q&A sessions, Twitter events, or online town halls for input on aging unit plans for the 2019-2021 plans.
7. Determine the feasibility of social media advertising by October 2018 to enable this to be added to the budget in the following year.

Volunteerism

1. To expand the use of PowerUP! teams, GWAAR will coordinate with n4a to recruit for and host an in-person PowerUP! refresher and train-the-trainer event by June 2016.
2. In order to gain a complete picture of the volunteer driver network in Wisconsin and to better advocate for program needs, GWAAR will collect and compile data from all identified volunteer driver programs in the state by June 30, 2016.

3. GWAAR will develop a report on the accomplishments of the existing PowerUp! teams in Wisconsin by June 2017 and use the report to market the impacts of PowerUp! to recruit at least 2 new PowerUp! teams by December 2018.

WISE (WI Senior Employment) Program

1. To achieve employment of a WISE participant, the Green Bay WISE Program Coordinator will train and place a WISE participant in an ADRC/aging unit by December 2016.

8. Special Project: WI Guardianship Support Center

List all prospective special projects that will involve funds from the Bureau of Aging and Disability Resources. Provide one sheet for each project.

Name of the Service:	Wisconsin Guardianship Support Center
Standard Service Title:	WI GSC
Standard Service Number:	
Agency Providing Service:	Greater Wisconsin Agency on Aging Resources, Inc.
Contact Information: (Name, Telephone, email)	Attorney Susan M. Fisher Guardianship Support Center Managing Attorney GSC Phone: 855-409-9410 GSC Fax: 866-561-2652 GSC Email: guardian@gwaar.org
Hours of Operation:	Monday-Friday, 8 a.m.-4:30 p.m.
Where is the Service Provided:	In the community through public presentations, created information and publications, as well as a toll-free helpline.
How Does this Service Relate to the Area Agency's Priorities in Section 4?	
How does the Area Agency Monitor this Service for Quality and Financial Integrity?	Oversee program operations

8. Special Project: Veteran-Directed Home- & Community-Based Services

List all prospective special projects that will involve funds from the Bureau of Aging and Disability Resources. Provide one sheet for each project.

Name of the Service:	Veteran-Directed Home- & Community-Based Services
Standard Service Title:	VDHCBS
Standard Service Number:	
Agency Providing Service:	GWAAR/Clement J. Zablocki VA Medical Center, Tomah VA Medical Center
Contact Information: (Name, Telephone, email)	Lisa Drouin VA Programs Manager Phone: 262-785-2576 Cell: 608-228-8031 lisa.drouin@gwaar.org
Hours of Operation:	Monday-Friday, 8 a.m.-4:30 p.m.
Where is the Service Provided:	In the individual's place of residence.
How Does this Service Relate to the Area Agency's Priorities in Section 4?	
How does the Area Agency Monitor this Service for Quality and Financial Integrity?	Oversee program operations

8. Special Project: WI Senior Employment Program – Green Bay

List all prospective special projects that will involve funds from the Bureau of Aging and Disability Resources. Provide one sheet for each project.

Name of the Service:	WI Senior Employment Program
Standard Service Title:	WISE
Standard Service Number:	
Agency Providing Service:	Greater Wisconsin Agency on Aging Resources, Inc.
Contact Information: (Name, Telephone, email)	Darice Hannon WISE Program Coordinator Phone: 920-469-8858 Cell: 608-220-1011 Fax: 920-469-8967 darice.hannon@gwaar.org
Hours of Operation:	Monday-Friday, 8 a.m.-4:30 p.m.
Where is the Service Provided:	Ashland, Bayfield, Brown, Forest, Manitowoc, and Outagamie Counties
How Does this Service Relate to the Area Agency's Priorities in Section 4?	
How does the Area Agency Monitor this Service for Quality and Financial Integrity?	Oversee program operations

8. Special Project: WI Senior Employment Program – Madison

List all prospective special projects that will involve funds from the Bureau of Aging and Disability Resources. Provide one sheet for each project.

Name of the Service:	WI Senior Employment Program
Standard Service Title:	WISE
Standard Service Number:	
Agency Providing Service:	Greater Wisconsin Agency on Aging Resources, Inc.
Contact Information: (Name, Telephone, email)	Paul Koenig WISE Program Coordinator Phone: 608-242-4897 Cell: 608-228-8093 Fax: 866-440-9206 paul.koenig@gwaar.org
Hours of Operation:	Monday-Friday, 8 a.m.-4:30 p.m.
Where is the Service Provided:	Columbia, Dane, Green Lake, and Waukesha Counties
How Does this Service Relate to the Area Agency's Priorities in Section 4?	
How does the Area Agency Monitor this Service for Quality and Financial Integrity?	Oversee program operations

9. Direct Services Waiver

The Older Americans Act requires the Area Agency on Aging to seek a waiver from the Bureau of Aging and Disability Resources if the Area Agency on Aging wishes to provide a service directly.

If the Area Agency on Aging is seeking a waiver to provide a service or services directly it must submit a page with the information requested for Special Projects for each service it seeks to provide directly. Please provide the information below.

Not Required for GWAAR

Name of Service:

Description of Service:

Justification for the Direct Provision of the Service by the Area Agency on Aging:

10. Coordination Between Area Agencies on Aging & Aging & Disability Resource Centers

The Area Agencies on Aging should describe how they will collaborate and/or coordinate with the Office for Resource Center Development and the ADRC(s) in carrying out the goals included in this plan. This may include but is not limited to planning, program activities and referrals to and from the ADRCs. The description should also include collaboration activities to support the required focus areas of aging unit plans.

GWAAR

1. To assure GWAAR collaborates and coordinates with the Office for Resource Center Development (ORCD) and the ADRC(s) to carry out the goals of this plan, GWAAR will:
 - a. Continue to represent GWAAR at ADRC Connect meetings.
 - b. Continue to participate in ORCD-sponsored new ADRC director trainings by educating them on aging services.
 - c. GWAAR staff will continue to meet with ORCD staff in order to educate each other on what is happening at aging units and ADRCs around the state.
 - d. Provide an aging services training to regional ADRC directors in order to better educate them on various programs that aging units provide at the county and tribal level.

Veteran Programs

1. In an effort to ensure veterans served through the Veterans-Directed Home- and Community-Based Services (VDHCBS) program are aware of all the programs and services they may be eligible for, the Care Consultants who work in the program will provide information to all new enrollees about the ADRCs in their areas throughout the plan period.

11. Coordination Between Titles III & VI

The Older Americans Act (Sec. 306 (a)) requires aging agencies, to the maximum extent practicable, to coordinate services the agency provides under Titles VI and Title III.

If the planning and service area includes part or all of a federally-recognized tribe, indicate how the Area Agency on Aging will work with tribal aging units to coordinate and ensure the provision of services to tribal elders.

If the planning and service area does not include part or all of a federally-recognized tribe please indicate “not applicable.”

GWAAR contracts with the Great Lakes Inter-Tribal Council (GLITC) to operate a tribal technical assistance center (TTAC) to provide culturally-appropriate technical assistance on Title III and Title VI to the 11 tribes of Wisconsin—all of which are located in the GWAAR planning and service area (PSA). GLITC is a tribally-run non-profit corporation headquartered in Lac du Flambeau with a mission to support member-tribes in expanding sovereignty and self-determination efforts by providing services and assistance.

TTAC staff have received training on the Older Americans Act—specifically on the use of Title VI funds—for which tribes contract directly with the Administration for Community Living (ACL). Title III allocations are administered by GWAAR and technical assistance on the use of those funds by tribes is also a charge of the TTAC with additional support provided by designated GWAAR staff.

TTAC staff serve as a liaison to both GWAAR and the state Office on Aging, sharing information, communicating ideas and concerns, and problem-solving. TTAC staff also serve as a liaison with staff from ACL to assist with coordination of Older Americans Act Title VI programs in Wisconsin.

Many of the tribal aging units face challenges dealing with the complexities of managing Title III, Title VI, and tribal budgets—along with planning and reporting requirements at the federal, state, and tribal level. The 2010 census confirms the tribal elder population is growing and more baby boomers are entering the service areas as well as returning to the reservations. The increased tribal elder population along with staff turnover and training in small hard-to-reach communities, increased transportation costs for a rural population with significant health disparities, and lack of adequate access to county and tribal and aging resources in many poor rural tribes adds to the challenges faced by tribal aging units.

With respect to tribes' sovereignty, if requested, the TTAC will assist tribes in meeting the challenges they face by:

1. Increasing collaboration between Title III and Title VI programs through meetings and training with the Administration for Community Living – Office of American Indian, Alaskan Native, & Native Hawaiian programs, National Resource Centers on Native American Aging, and National Indian Council on Aging. This will include GWAAR and TTAC facilitation of meetings in 2017 to coordinate Title III and VI programs for the next three-year planning cycle between aging units where there are large populations of American Indian and Alaskan Natives. This will include the urban areas of Milwaukee and Dane Counties.
2. Providing culturally-competent technical assistance and quality assurance services on an annual basis during the 2016-2018 plan cycle, including plan development, nutrition and general plan assessments, advisory board training, policy and procedure training, and amendments to aging plans.
3. Supporting the Wisconsin Tribal Aging Directors Association to advocate for tribal needs on a local basis.
4. Assist tribes, the State Office on Aging, and Wisconsin Institute for Healthy Aging (WIHA) to determine if the evidence-based programs are culturally-appropriate or require modification or guidelines.
5. Assisting tribes to coordinate and collaborate with other aging units in caregiver support programs to most effectively use the limited resources available.
6. Supports tribes' efforts to revitalize their nutrition programs to serve more tribal elders—including but not limited to the growth in use of traditional foods.
7. Assisting tribes in the GWAAR PSA in facilitating cooperation between county lead elder abuse agencies and tribes to ensure tribal elders have access to elder abuse and neglect intervention services.

12. Targeted Populations

Section 306 of the Older Americans Act requires that the area plan with respect to the fiscal year preceding the fiscal year for which such plan is prepared. (I) identify the number of low-income minority older individuals 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 agency's objectives for serving low-income minority older individuals. Attach additional pages as needed.

Section 12-A: Serving Low-Income Minority Older Individuals

Section 306 of the Older Americans Act requires that the area plan include specific SMART goals for providing services to low-income minority individuals and include proposed methods of carrying out the preference in the area plan. Describe the SMART goals the Area Agency on Aging will work on during 2016-2018 to serve low-income minority individuals. Attach additional pages as necessary.

Hmong

1. In order to determine the feasibility of a summit or workshop for the 2018 aging network conference on the elder Hmong population, GWAAR will collect and review data from aging units, consumers, and other states on programs and services available/needed to reach Hmong elders by December 2017.

Tribal

1. During the 3-year planning period, the tribal technical assistance center (TTAC) will coordinate and collaborate with BADR in 2016, the Milwaukee County and Dane County area agencies on aging in 2017, and the WI Tribal Aging Unit Directors Association each year on increasing access to programs and coordination of services provided to Native Americans—especially the large urban population of elders. Evidence of this will be made available by including this subject annually at the WI Tribal Aging Unit Directors meetings.
2. To improve the health and well-being of tribal members, TTAC staff will work with BADR, WIHA, CAARN, and NRCNAA (National Resource Center for Native American Aging) to assist tribal aging units with the development and/or expansion of culturally-

- appropriate evidence-based prevention programming at the tribal level (including urban areas) each year of the plan. This will be measured by annual reports by the TTAC on expansion of tribal programming both rural and urban.
3. During the plan cycle the TTAC will assist tribes and the Wisconsin Department of Health Services (DHS) through the money follows the person tribal initiative (MFP-TI) in creating a sustainable infrastructure to expand home- and community-based services in tribal communities. This will be done by: providing TTAC staff representation at all Wisconsin DHS/tribal long-term care workgroup meetings; promoting the MFP-TI and how tribal elders may benefit in establishing a long-term care services and supports to aging units; supporting the need for or the role of a tribal community living specialist and/or ombudsman; and providing assistance to tribal aging units on how to analyze tribal data (including Title VI needs assessment *identifying our needs: a survey of elders*).
 4. The TTAC will continue to advocate for and assist tribal aging units to develop a Wisconsin tribal elder abuse network to support the needs of Native Americans to establish tribal codes and develop culturally-appropriate services for county-based adult protective services programs throughout the planning period.
 5. Throughout the plan period, the TTAC will provide staff representation all the DHS/tribal long-term care workgroup meetings in order to assist tribes in the development of the proposed tribally-operated long-term care Medicaid waiver program. This will include reviewing the role of ADRCs and aging and disability resource specialists (ADRSs) in the new waiver environment as well as quality assurance of the program.
 6. To assure new tribal aging unit directors are aware of all their responsibilities, TTAC will provide a new director training/orientation guide and checklist at the WI Tribal Aging Unit Directors Association meeting by June 30, 2016.
 7. By October 31, 2016, the TTAC will work with a committee of BADR, GLITC, and tribal aging advisory boards to address and reach agreement and understanding on the needed changes in the funding formulas that allocate Title III program dollars to tribal aging units. The committee will create draft recommendations for discussion with ACL by December 2016.
 8. To assure tribal elders are aware of their role in Title III and Title VI programs on tribal commissions on aging and advisory boards, the TTAC along with GWAAR's Advocacy and Public Policy Coordinator will develop a curriculum for training of new members by October 31, 2016. The curriculum will be presented to the WI Tribal Aging Unit Directors Association by December 31, 2016.

9. The TTAC will support and advocate on a national and statewide basis for equitable funding formula for Title III & VI aging programs to reflect that many American Indian communities do not live as long as the general population by assisting the WI Tribal Aging Unit Directors Association in developing position papers and/or a resolution to support this initiative by December 31, 2016.
10. In order to expand supports for tribal members who have dementia and tribal family caregivers, and help to create dementia-friendly communities, the TTAC will coordinate/collaborate with dementia care specialists (DCSs) to increase awareness on dementia in tribal communities by having at least 1 of 3 DCSs present information on their tribal initiative/pilot programs at a WI Tribal Aging Unit Directors Association meeting by December 2016. Evaluation and decisions about further expansion of this program—as funding permits—will be complete by June 30, 2017.
11. A report summarizing the tribal or tribal organizations' resolutions and advocacy letters regarding the Title III funding formula for tribal aging units submitted to state and federal organizations and legislatures will be submitted to the Wisconsin Aging Advocacy Network to consider for inclusion into their 2018 advocacy platform by October 31, 2017.

Section 12-B: Serving Older Individuals in Rural Areas

Section 306 of the Older Americans Act requires that the area plan include specific SMART goals for providing services to individuals residing in rural areas and include proposed methods of carrying out the preference in the area plan. Describe SMART goals the Area Agency on Aging will work on during 2016-2018 to serve individuals in rural areas. Attach additional pages as necessary.

MIPPA

1. In order to increase MIPPA outreach to rural communities throughout Wisconsin, statewide MIPPA coordinators will provide a training to MIPPA grantees on outreach to Medicare beneficiaries in rural areas by June 2017.

Transportation

1. In order to assist aging units to start the conversation of retiring from driving before there are issues, GWAAR will develop a publication specific to discussion of retirement from driving planning by December 2016.

2. To enable aging units to potentially contract with other agencies for transportation services, GWAAR will collaborate with MetaStar to compile data on the costs to medical facilities and on patients' health of not having adequate transportation by November 2017.

Veteran Programs

1. In order to increase the number of veterans served by the Veteran-Directed Home- and Community-Based Services program (VDHCBS) in rural areas, the Tomah VA Medical Center program will have 75% of veterans served located in rural areas by December 31, 2018.

13. Budgets

Budgets must be submitted on the Excel worksheets provided for that purpose.

14. Compliance

GWAAR's final three-year plan was submitted to the State Office on Aging with appropriate signatures.

15. Assurances

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' 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' 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' 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' 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' 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

The applicant shall comply with all requirements of the Older Americans Act (PL 89-73.

Sec. 306(A), AREA PLANS

(2) Each Area Agency on Aging shall 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.

(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; and

(4)(C) Each area agency on agency 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;

(9) Each Area Agency on Aging shall provide assurances that 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 2000 in carrying out such a program under this title.

(11) Each Area Agency on Aging shall 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)(A) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will 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.

(13)(C) Each Area Agency on Aging shall provide assurances that the area agency will 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.

(13)(D) Each Area Agency on Aging shall provide assurances that the area agency will 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.

(13)(E) Each Area Agency on Aging shall provide assurances that the area agency will, 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) Each Area Agency on Aging shall 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;

18. Federal Regulations-

The applicant shall comply with all federal regulations (45 CFR 1321) governing Older Americans Act funds and programs.

19. 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.

16. Appendices

This section may be used to attach a summary of public comments.

Appendix A: Public Hearings



You're invited to attend a
Public Hearing on the

2016-2018 Greater Wisconsin Agency on Aging Resources, Inc. **AREA PLAN**

When: Tuesday, September 15
11:15-Noon

Where: Grand Lodge Waterpark Resort
805 Creske Avenue
Rothschild, WI 54474

Aging programs and services play a major role in the health of our community. GWAAR is undergoing a planning process to determine how best to support aging programs in the state to ensure that older people have access to services and can live healthy, independent lives.

But we need your input!

We invite you to take a look at our plan and give us your feedback. Written comments will be accepted until November 2, 2015. For a copy of the plan or to send comments:

1414 MacArthur Road, Suite A
Madison, WI 53714
608-243-5670
info@gwaar.org



You're invited to attend a
Public Hearing on the

2016-2018 Greater Wisconsin Agency on Aging Resources, Inc. **AREA PLAN**

When: Thursday, September 17
11:15-Noon

Where: Lussier Family Heritage Center
3101 Lake Farm Road
Madison, WI 53711

Aging programs and services play a major role in the health of our community. GWAAR is undergoing a planning process to determine how best to support aging programs in the state to ensure that older people have access to services and can live healthy, independent lives.

But we need your input!

We invite you to take a look at our plan and give us your feedback. Written comments will be accepted until November 2, 2015. For a copy of the plan or to send comments:

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info@gwaar.org

DAILY HERALD media

A GANNETT COMPANY

STATE OF WISCONSIN
BROWN COUNTY

GWAAR

1414 MACARTHUR RD STE A
MADISON WI 537141318

I, being duly sworn, doth depose and say I am an authorized representative of The Wausau Daily Herald, a newspaper at Wausau Wisconsin and that an advertisement of which the annexed is a true copy, taken from said paper, which published therein on:

Account Number: GWM-520353
Order Number: 0000710822
No. of Affidavits: 1
Total Ad Cost: \$16.15
Published Dates: 09/10/15

(Signed) Bradley Zittler (Date) 9-11-15
Legal Clerk



Signed and sworn before me

Alexandra Zakowski

My commission expires

3/3/19

Public Hearing Announcement:
The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR), invites you to attend a public hearing for the purpose of public review and comment on their proposed 2016-2018 area plan for older people. This public hearing will take place Tuesday, September 15, 2015, from 11:15-Noon at the Grand Lodge Waterpark Resort (805 Creske Ave.) in Rothschild, WI. For a copy of the plan, you may contact GWAAR at 608-243-5670 or info@gwaar.org. Written comments to the plan will also be accepted. Mail comments to: GWAAR, 1414 MacArthur Road, Suite A, Madison, WI 53714; or by email to Robert Kellerman, Executive Director, at info@gwaar.org by November 2, 2015.
RUN: Sept 10, 2015 WNAXLP

GWAAR

Re: Pub Hearing Sept 15

GANNETT WI MEDIA
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Ad #: 2355863 Price: \$22.98 Ad ID: Pub Notice GWAAR 9-17-2015

Retain this portion for your records.

Please do not remit payment until you receive your advertising invoice.

Mail to:

Greater WI Agency on Aging Resources, Inc
Sarah Cowen
1414 MACARTHUR RD. SUITE A
MADISON, WI 53714

STATE OF WISCONSIN }
Dane County } ss.

PWSJ

ARLENE STAFF

being duly sworn, doth depose and say that
he (she) is an authorized representative of
Capital Newspapers, publishers of

Wisconsin State Journal

a newspaper, at Madison, the seat of government of said State,
and that an advertisement of which the annexed is a true
copy, taken from said paper, was published therein on
September 11th, 2015

Public Hearing Announcement
The Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR), invites you to attend a public hearing for the purpose of public review and comment on their proposed 2016-2018 area plan for older people. This public hearing will take place Thursday, September 17, 2015, from 11:15-Noon at the Lussier Family Heritage Center (3101 Lake Farm Rd.) in Madison, WI. For a copy of the plan, you may contact GWAAR at 608-243-5670 or info@gwaar.org. Written comments to the plan will also be accepted. Mail comments to: GWAAR, 1414 MacArthur Road, Suite A, Madison, WI 53714; or by email to Robert Kellerman, Executive Director, at info@gwaar.org by November 2, 2015.
PUB. WSJ September 11, 2015
#2355863 WNAXLP

(Signed)

(Title)

Principal Clerk

Subscribed and sworn to before me on

Sept. 14, 2015

Ellen M. Morgan

Notary Public, Dane County, Wisconsin

My Commission expires July 31st, 2017

We held our public hearings during the ACE meetings to review and receive input from the aging network regarding the draft plan developed by GWAAR staff.

John Schnabl gave an overview of the plan goals.

Section 6 (Required): Elder Nutrition Program

- Develop educational materials for caregivers
- Build outcome measures to demonstrate modernization efforts
- Enhance business acumen for nutrition programs
- Assist modernization efforts
- Develop training modules for the nutrition program

Section 6 (Required): Services in Support of Caregivers

- Form a new caregiver coalition or utilize an existing coalition to serve as a caregiver coalition
- Create data collection materials for SAMS
- Develop a toolkit for aging units to provide to relative caregivers
- Develop an outreach and marketing plan for caregiver programs

Section 6 (Required): Services to People With Dementia

- Implement the dementia-friendly toolkit
- Create dementia outreach and education materials
- Expand Share The Care

Section 6 (Required): Healthy Aging

- Design a healthy aging orientation for new coordinators or directors
- Engage an aging unit and a health care organization in a formal referral system
- Assist an aging unit in developing a business plan
- Package and disseminate a new evidence-based program
- Assist MIPPA grantees in outreach through a training
- Increase attendance to health promotion classes by transportation-dependent individuals (collect data, conduct pilot projects, hold a summit)
- Survey falls prevention programs on transportation facilitation

Section 6 (Required): Elder Justice

- Create e-newsletters to send to elder abuse contacts
- Develop standards related to elder abuse involving tribal elders or their caregivers
- Promote World Elder Abuse Awareness Day
- Issue a grant opportunity to domestic violence centers

Section 7 (Local): Advocacy

- Utilize self-directed volunteer teams for advocacy training workshops
- Provide regional advocacy training workshops

- Improve coordination and communication of county and tribal advocacy efforts
- Provide technical assistance to develop a local advocacy committee
- Build a social media presence for trained aging advocates
- Hold an aging advocacy day at the Capitol
- Continue monthly WI Aging Advocacy Network meetings
- Use the policy priorities and legislative platform document to guide advocacy action

Section 7 (Local): Aging Plan Input

- Distribute tools to aging units for older person input into their next three-year plans

Section 7 (Local): Aging Unit Director Support

- Survey aging unit directors

Section 7 (Local): Data Management

- Develop new instructional materials and update current ones
- Develop three enhancements within the data system to increase accuracy

Section 7 (Local): Grant Procedures

- Develop a procedure for notifying aging units of grant opportunities and soliciting proposals

Section 7 (Local): Guardianship Support Center

- Facilitate statewide education of guardians' responsibilities and duties

Section 7 (Local): Integration

- Provide technical assistance to a county re: integration

Section 7 (Local): Internship Networks

- Increase the use of interns in a new area or department

Section 7 (Local): Legal Services

- Increase cultural competency in program attorneys and EBSs through trainings and newsletters
- Implement an in-house policy for new EBS orientation period
- Develop interactive learning exercises for regional and new EBS trainings

Section 7 (Local): Senior Centers

- Assure age mastery and Generations on Line programs are successful and sustainable in Wisconsin

Section 7 (Local): Social Media

- Survey aging units on current use of social media

- Create an internal social media use plan
- Create policies for postings
- Create a content calendar
- Monitor analytics
- Determine feasibility of advertising and add to budget
- Explore social media tools for aging plan input in next three-year plan

Section 7 (Local): Veterans Programs

- Provide information to all new enrollees about ADRC services

Section 7 (Local): Volunteerism

- Host a train-the-trainer and refresher training for PowerUP! and introduce new areas and project ideas
- Develop a report on existing PowerUP! teams and recruit new teams
- Collect and compile data from volunteer driver programs

Section 7 (Local): WISE Program

- Train and place a WISE participant in an aging unit or ADRC

Section 12-A (Low-Income Minority): Hmong

- Collect and review data on programs and services available/needed to reach Hmong elders

Section 12-A (Low-Income Minority): Tribal

- Work with partners to increase access to Title VI programs
- Assist tribal aging units in development or expansion of culturally-appropriate evidence-based prevention programming
- Create a sustainable infrastructure to administer long-term services and expanding home- and community-based services
- Assure tribal elders are aware of their role on committees
- Provide new tribal aging unit director trainings

Section 12-B (Rural Areas): MIPPA

- Provide a training to MIPPA grantees on outreach to Medicare beneficiaries in rural areas

Section 12-B (Rural Areas): Transportation

- Compile data to support stories of the importance of transportation service to health and wellness

Section 12-B (Rural Areas): Veterans Programs

- Increase the number of veterans served in the Tomah area to be from rural areas

Wausau ACE Meeting Public Hearing Notes

September 15, 2015 | 11:15 - Noon

Devon Christianson: Regarding the statewide marketing goal under caregiver focus area, will there be actual advertising (such as radio ads) done on a statewide level?

Answer: Ideally yes, but there is not funding attached at this point. It is part of the state plan and the AFCSP revitalization plan to create a statewide marketing strategy. At the very least, uniform materials will be developed. There will be a workgroup created to work on this project if anyone is interested. Suggestion to have each county give a small portion of their NFCSP/AFCSP funds to do this.

Anne Hvizdak: Question about vacancies on the Advisory Council and Board of Directors. The Advisory Council needs two new members—preferably from the SW and NW part of the state. Board of Directors have two new members (Dave Johnson and Mary Pierce). There is one vacancy and we need representation from the northern/northeastern part of the state.

Devon C.: Commented on the great job on the context, needs, etc. It is good to have a statewide view of things. She liked the goals with clear focus on outcomes instead of just where materials are going to be created.

- Hoping for stronger goals around integration.
- Would like specific outcomes in the Share The Care goal.
- Wants us to define technical assistance (what does that look like).
- Questioned the goal in Section 7: aging unit director support. Are we just going to create a survey? We should be more specific on how we will help new directors. Will assigned consultants spend the first six months with new directors?

Dianne Jacobson:

- We need a definition of integration. Suggestion to state that GWAAR will work with the state in creating a definition of integration.

Linda Weitz:

- Business acumen should be addressed in the plan in various places.
 - Bob explained that it wasn't included at this point because he wanted input from aging units first. It will be added to the final plan.

Cindy Piotrowski:

- Some of the goals were not very SMART.
 - John reassured that they would be improved upon in that regard.
- The ACE meetings are good but they would also like skills training, e.g., writing a business plan, etc.

Submitted by Jane Mahoney

Madison ACE Meeting Public Hearing Notes
September 17, 2015 | 11:15 – Noon

Lane Delaney: Section 11, number 4, add a y to health in WI Institute for Health Aging.

Sue Torum: The current mission in the draft plan is not what was created in the strategic plan workgroup. Also, advocacy is not reflected.

Linda Olson: A standardized survey would be nice for aging unit directors to use.

Comment: MOWAA is now just Meals on Wheels America (MOWA).

Submitted by Carrie Kroetz

Responses to Aging Unit Director Survey: August 2016

As an Aging Unit Director, what would like to see from GWAAR in the AAA 2016-2018 Plan?

1. Currently WI residents are renewed every 8 years with no age limit for their driver's license.
GOAL: The DMV in WI would start testing seniors more often to renew their driver's license after a certain age. Such as 70 – all seniors would be tested every 3 years.
OR: If do not want to single out seniors, everyone will be tested every 4 years.
2. Create a committee that would work with counties that would like to regionalize all their programs or just one. – Even a checklist of what you have to do and what the recommended order would be in order to make that happen.

Begin a program for aging professionals that is similar to the previous Senior Statesman program. We need to be advocates but we need to have a better understanding of the process. This would definitely enhance the advocacy efforts of aging professionals across the state and revitalize our aging network. We have so many new people with very few who even remember when CWAG was our advocacy organization. WE NEED HELP!

I think GWAAR needs to be a stronger voice in making Aging and ADRC come together. Easy for me to say, I know, but I feel as there is even resistance within GWAAR in making this happen in some counties. Just my own perception.

3. Provide technical support to County Aging Units in determining fiscal needs/advantages of integrating with ADRC.

Provide technical support to Elderly Nutrition Program in changing state policy to provide for program similar to SNAP program operated in Marathon County.

4. All meal site managers will have received dementia friendly training by December 31, 2018. Standard training for meal site managers and volunteers by 12-31-2016 with training implemented by 12-31-2017. Incentives for meal providers who demonstrate innovative nutrient

dense foods in there menu (even if they hide them say in the mashed potatoes). I did it at my house.

5. Increase training for dummies... More hands on for SAMs and monthly excel claim forms. More training on specific programs... SHIP, EBS, SHS
6. I would love for the Senior Statesmanship Program to come back but also that you would have something like that for the Directors. I have a fear of talking with legislators and it would be so helpful to learn more about that.
7. Reintroducing advocacy training for seniors at both the local and state levels.

Having the meeting in the Northern half of the state include the same state staff/division leadership as that in the Southern half. Sharing the same information at the meetings and being reassured that the person present can answer questions.

If it isn't possible to do #2 - then perhaps reduce the number of face-to-face meetings and add in more frequent conference calls (this is not my preference).

More training on inclusion not just diversity.

Changes Made to the Plan From the Public Hearings

Goals were reviewed by the plan team, Bob Kellerman, and John Schnabl. Changes were made to clarify goals, put in SMART format, and make more specific and outcome-based. New goals were added to reflect requests, i.e., business acumen and advocacy.



DRAFT

**GWAAR Advisory Council Meeting Minutes
October 29, 2015 | Stevens Point, Wisconsin**

Present: Stan Hensley, Barbara Robinson, Herschel Ryales, and Va Thao
Excused: Thomas Evert, Jan Herwald, and Erv Teichmiller
Also Present (Staff): Bob Kellerman, Sandy Martin, and Janet Zander
Board Member: Jim Clark, Vice-Chairperson

1. **Welcome & Introductions:** Barbara Robinson, Chairperson, called the meeting to order.
2. **Review & Approval of Agenda:** *Stan Hensley moved, second by Herschel Ryales, to approve the agenda as printed. Motion unanimously carried.*
3. **Review & Approval of September 10, 2015, Minutes:** *Herschel Ryales moved, second by Stan Hensley, to approve September 10, 2015, minutes as printed. Motion unanimously carried.*
4. **Public Comment:** None.
5. **Member Updates:** Va Thao shared a brochure from La Crosse Aging Unit for Hmong elders/caregivers on the Caregiver Coach program. The brochure includes signs of Alzheimer's and dementia. A video is being done and will be available on YouTube so everyone has access to it. Dementia Care Specialists can tweak the brochure to make county-specific. Contact Va to do so. Although Hmong elders have little or no literacy, their caregivers can read.

Herschel Ryales commented that 160,000 Social Security recipients are being garnisheed for student loans. Discussion followed. Hershel also commented that there is no Social Security COLA for 2016.

Stan Hensley updated the group on the WITC gerontology program and a brochure passed around. Stan commented that the person in charge of the gerontology program was a speaker at their caregiver conference and he would recommend her for the GWAAR conference.

Jim Clark commented that the speaker on Alzheimer's/dementia at the last GWAAR conference was very good.

Barbara Robinson attended Tammy Baldwin's hearing on her new caregiver program RAISE. Barbara commented that it was very interesting to hear the impact from everyone.

6. **GWAAR Updates:** New staff hires: Jean Lynch for the Nutrition Program and Renae Flowers for the Elder Law Center's Eldercare Healthcare Advocate position.

The GWAAR Aging Network Conference will be held September 22-23, 2016, at the Kalahari in WI Dells. GWAAR is currently looking for keynote speakers and sending out calls for workshops. GWAAR Board, Advisory, and staff will also be expected to attend the dinner, etc., September 21.

GWAAR is continuing to work on business acumen (selling of services to insurance companies and MCOs). GWAAR may consider becoming a broker for counties/tribes. We also need to concentrate on changes to our data collection as we move ahead with this.

Bob is a member of the LTC Advisory Council, which is currently being changed by DHS due to Family Care/IRIS 2.0. The mission of the council has changed and the main thrust will be building a dementia-capable system of services and supports (including caregiver support); strategies related to employment of people with disabilities and long-term care needs; and community supports to keep people safe in the community for as long as possible.

There is a state initiative on integration (the combining of aging units with ADRCs where they currently are not combined). Guidelines on integration will be developed.

Bob handed out an article from *The New York Times* on end-of-life issues. The article refers to what Gunderson Health is doing in Wisconsin with *respecting choices*.

Sandy announced that GWAAR has issued an RFP for the provision of legal services in SE Wisconsin. The SE area covers the counties of Kenosha, Ozaukee, Racine, Walworth, Washington, and Waukesha. The legal services provider must provide legal back-up, training, and supervision to the elder benefit specialists in the 6-county area. Proposals are due November 2, 2015.

7. **Review/Approval of the 2016-2018 GWAAR Plan:** Members were provided a summary of the goals for the 2016-2018 plan and the goals were reviewed. The members asked to have two edits made to goals. Nutrition goal #5 should read: "To ensure *family* caregivers have knowledge and access to nutrition information that can assist them in their caregiver role..." And support of caregivers goal #2 should read: "In an effort to increase the number of caregiver services reported into the SAMS database, the GWAAR Family Caregiver Specialist will work with the GWAAR Data Management Specialist to create and disseminate data collection materials *to local caregiver specialist staff* by March 1, 2016."

Herschel Ryales moved, second by Va Thao, to recommend GWAAR Board of Directors accept the 2016-2018 plan with edits and to authorize Barbara Robinson, Advisory Chairperson, to sign required pages. Motion unanimously carried.

8. **Advocacy Updates:** Janet provided the group with a handout. At the state level, issues impacting the older adults in the state budget were explained and discussed.
9. **Platform Issues:** We need to determine how we prioritize. We will work from the current document and modify for the 2016-2016 plan cycle. Suggestions from members were: continue to work on dementia/caregiver; transportation; marketing of services; people receiving services as advocates; work with medical associations; mental health; input from local level; and use ideas members provided for plan development. We will schedule time to discuss at the next meeting.
10. **Other Business:** Tentative future meeting date is Thursday, January 28, 2016, in Stevens Point.
11. **Check Out and Adjourn:** Meeting adjourned.

Minutes submitted by Sandy Martin

Greater Wisconsin Agency on Aging Resources, Inc.

Board of Directors Meeting

Stevens Point, WI | December 11, 2015 | 10:00 a.m. - 2:00 p.m.

Minutes

Members present were Sy Adler, Mary Bouche, Jim Clark, Lane Delaney, Herb Hanson, Marion Hokamp, Larry Jepsen, and Wes Martin.

Members excused were Dave Johnson and Mary Pierce.

Also present were Bob Kellerman, Executive Director; Deb Mould, Fiscal Manager; Sarah Cowen, Operations Coordinator; Sandy Martin, OAA Consultant (morning); Neal Minogue, Bureau of Aging & Disability Resources; and Janet Zander, Advocacy & Public Policy Coordinator (morning).

The meeting was called to order at 10:00 a.m.

Review and Approval of Agenda

Motion by Marion, second by Wes, to approve the December 11 agenda as presented with the addition of "Action: GWAAR Legal Services Budget" under Finance Committee Report. Motion unanimously carried.

Review and Approval of the October 9, 2015, Minutes

Motion by Lane, second by Herb, to approve the October 9 minutes as presented. Motion unanimously carried.

Public Comment

There was no public comment.

Executive Director's Report

Personnel: Jean Lynch was hired as our OAA Consultant – Nutrition Program Specialist. She used to run a home-delivered meal program in Dane County which serves approximately 300 meals per day. Renea Flowers has been hired as our new Elder Healthcare Advocate.

Integration: This was put on hold because of the Governor's budget but is gaining steam again. ADPAW has put together a list of mentors who are available to assist with the process and GWAAR will also be available.

Business Acumen: We have discussed this at the recent ACE meetings and directors seem open to it. We are currently determining which counties could act as pilots.



Broadband Adoption: Bob is on a committee through UW-Extension regarding the elderly and broadband adoption. According to the handout, "Fifty-eight percent of senior citizens use the Internet. Those who live in rural areas are less likely than those in the suburbs and urban areas to use the Internet. Still, 78% of rural residents are online."

Action: Approval of the 2016 Legal Services Contract With SeniorLAW

GWAAR currently contracts with SeniorLAW to provide legal backup services to six southeastern counties and puts out an RFP every three years. SeniorLAW is the suggested agency from the committee Sandy put together to help review the applications.

Motion by Sy, second by Jim, to approve a contract with SeniorLAW to provide legal services in six counties. Motion unanimously carried.

Action: Approval of the 2016-2018 GWAAR Area Plan

Motion by Wes, second by Mary B., to approve the 2016-2018 area plan. Motion unanimously carried.

The Board would like to thank the Advisory Council for their hard work on our 2016-2018 area plan.

Finance Committee Report

10/31/2015 Summary Report

Total expenditures were \$1,117,847.27 and revenues were \$1,193,180.94. Seventy-eight percent of the budget has been spent and we are under budget by 5 percent.

Motion by Marion, second by Wes, to receive the summary report and place it on file. Motion unanimously carried.

Motion by Jim, second by Lane, to approve the 2016 GWAAR administrative budget with the 2% raise for staff.

Amendment to the previous motion: Motion by Sy, second by Wes, to approve the 2016 GWAAR administrative budget with a 3% raise for staff.

Amendment to the previous motion: Motion by Herb, second by Jim, to approve the 2016 GWAAR administrative budget with a 2% raise and 1% one-time bonus for staff. Motion unanimously carried.

Motion by Herb, second by Sy, to approve the 2016 GWAAR legal services budget with a 2% raise and 1% one-time bonus for staff to be taken out of the reserve fund. Motion unanimously carried.



Advocacy Report

Janet provided members a handout of issues affecting older adults at the state and federal level. She provided a brief overview of several of the current priority issues being worked on: long-term care, FoodShare bill, RAISE Family Caregivers Act, and the FY 2016 federal spending bill.

Bureau of Aging & Disability Resources Report

Integration: Integration is meant to be what is best for the customer. Douglas, Iron, and La Crosse are currently in transition and Neal hopes others to be complete within three years' time. ADPAW has prepared a document which includes guiding principles for aging and ADRC integration.

Aging Plans: The counties and tribes have been submitting their plans to GWAAR which will soon be due to the Office on Aging (OOA). Neal hopes there will be more involvement from the OOA in the future with regard to the submission and review of the aging unit plans. The AAA plans (GWAAR, Dane, and Milwaukee) are due soon to the OOA as well.

Aging Network Policies and Procedures: The manual will be rewritten over the next couple of years.

Executive Committee Report

The committee met via phone and discussed the agenda topics for this meeting. Larry appointed Wes Martin to the Board Development Committee.

Advisory Council Report

The Council met October 29 and they have been busy working on our three-year plan. Jim Clark shared a brochure Council member Va Thao translated to Hmong. He also shared a new curriculum from the WI Indianhead Technical College for Gerontology - Aging Services Professional (two-year Associate's degree) member Herschel Ryales shared with the Council.

Set 2016 Meeting Dates

The Board decided to keep with the second Fridays for most: February 12, April 8, June 10 (Madison), August 12, October 14, and December 2 (December 9 snow date).

Check Out & Adjourn

Motion by Wes, second by Mary B., to adjourn at 1:03 p.m. Motion unanimously carried.

The next meeting is Friday, February 12, 2016, at 10:00 in Stevens Point. The Share The Care Coordinator will attend and a dementia care specialist will attend a future date.

Sarah Cowen, recorder

