



# The Guardian

Volume 14, Issue 1 (April 2026)

The *Guardian* is a quarterly newsletter published by the Greater Wisconsin Agency on Aging Resources' (GWAAR) Wisconsin Guardianship Support Center (GSC).

The GSC provides information and assistance on issues related to guardianship, protective placement, advance directives, and more.

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## Points of Interest



*Walking Each Other Home: Pursuing Respect, Justice, and Wellbeing for Older Victims Cross-Training for Faith Leaders and Advocates – April 14, 2026, 8:30 am – 5:00 pm*

The Wisconsin DOJ, GWAAR, and Walworth County are hosting a unique elder abuse training for faith leaders and elder advocates. The training is free and is done by national trainers from Safe Havens Interfaith Partnership. As a result of this training, participants will be better able to:

- Identify the dynamics and indicators of abuse of older adults (Recognize),
- Provide compassionate support and services to individual older adults who are experiencing abuse (Respond),
- Initiate referrals based on an increased awareness of community resources (Refer), and
- Engage in community collaborations between service providers and faith leaders to better respond to the unique needs of older, faith-involved survivors of abuse (Reach Out).

For more information and to register, please visit <https://wisdoj.cventevents.com/event/walkingtogether0426/summary>.

*National Healthcare Decisions Day on Wisconsin Public Radio – April 14, 2026, 11:00 am*

Tune in to Larry Meiller’s show on WPR on April 14 at 11 am for info and updates on National Healthcare Decisions Day 2026! The show will feature special guests Attorney Sara Micheletti and Dr. Tim Jessick, DO. You can stream the show online at <https://www.wpr.org/shows/larry-meiller-show> or tune in on your local WPR affiliate.

*2026 Falls Free Wisconsin Summit: Advancing Resilience – April 21 & 23, 2026*

Registration is now open for Falls Free Wisconsin Coalition’s 2026 Summit on the theme of Advancing Resilience. This event is virtual and will take place over two half days and is designed to inform, inspire, and advance falls prevention efforts statewide. More information, including a detailed agenda, will be released as it gets closer. <https://us06web.zoom.us/meeting/register/WIKeKFwoRZ2MJ7BBdms3Ww#/registration>

*Save the Date! Wisconsin Aging Advocacy Network Day of Action: May 6, 2026, 1:00 pm*

On Wed., May 6, 2026, the Wisconsin Aging Advocacy Network (WAAN) will host a “Day of Action” including a virtual training from 1:00 - 2:00 p.m. followed by an online campaign. We will use this day to celebrate Older Americans Month and lift priority aging network issues for the next budget and legislative session. Our day of action will be complemented by local, in-district meetings held by WAAN core members throughout the state. Local hosts are encouraged to schedule the in-district meetings between late March and the end of October 2026.

**AGING  
ADVOCACY**

**DAY OF ACTION: MAY 6**





*Older Adult Mental Health Awareness Day Symposium: May 7, 2026, 9:00 am CDT*

The National Council on Aging is proud to host the 9<sup>th</sup> annual Older Adult Mental Health Awareness Day Symposium. This event is co-sponsored with the U.S. Administration for Community Living, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration. Registration is free and includes a full day of sessions on how to best meet the mental health needs of older adults. Event sponsors anticipate offering continuing education credits for several professions. For more information and to register: <https://connect.ncoa.org/oamhad2026>

*Call for ADILN Conference Speaker Proposals Due Friday, May 8, 2026*

The Aging, Disability, and Independent Living Network (ADILN) Conference will be held September 21-23 in Wisconsin Dells. ADILN is currently accepting proposals for workshop sessions that will interest and engage professionals in the aging, disability, independent living, and public health network. If you are interested in leading a session, [complete the ADILN speaker proposal form](#) by **Friday, May 8, 2026**. Selected presenters will receive complementary or reduced registration. For more information about the conference itself, please visit the conference website: <https://www.uwgb.edu/adiln/>

*Circles of Life Conference: May 14-15, 2026*

Registration is now open for Circles of Life, Wisconsin's annual conference for families who have children with disabilities and the professionals who support them. This year's keynote speaker will be Dr. K Jane Lee, presenting on lessons in partnership learned as a parent and as a physician. More information and registration is available here: <https://familyvoiceswi.org/circles-of-life-conference/>.

*Save the Date: Adult Protective Services Round Table – June 9, 2026, 9:00 am – 3:00 pm*

Oneida Nation of Wisconsin and Great Lakes Inter-Tribal Council Elder Programs is holding an Adult Protective Services (APS) Tribal Round Table at the Oneida VFW Post on June 9. This gathering will discuss ongoing APS challenges to strengthen collaboration across support systems. The event is intended for advocacy groups, APS and other county human services staff, emergency responders, health care providers, law enforcement agencies, long-term care providers, public health departments, and tribal partners, among others. Keep an eye out for more information to come from the Oneida Nation.

*Save the Date: 3<sup>rd</sup> Annual Bringing Home and Light to the Dementia Journey Conference – August 12, 2026*

The 3<sup>rd</sup> Annual Bringing Hope and Light to the Dementia Journey Conference will be August 12<sup>th</sup>, 2026, in Medford, WI. This free conference features a panel of people living with cognitive impairment and keynote speakers Angela Lunde and Dr. Michelle Braun. This conference is a state-wide effort being put on by Dementia Care Specialist from around Wisconsin. With two breakout sessions, each having four options to choose from there is something for everyone. There are sessions planned for people living with cognitive impairment, caregivers, community members, and professionals. Registration, speaker, and topic information coming soon. In the meantime, contact the Taylor County ADRC with any questions. ☐





## **Legislative Update: Patient Representative Bill Becomes Law**

[Assembly Bill 598](#) now known as [2025 Wisconsin Act 115](#), became law on March 20, 2026. The new law amends existing law to create an alternative track to allow a family member or close friend to admit an incapacitated hospital patient to post inpatient care without having to seek guardianship first. The new law will take effect on June 1 and will have a three-year sunset date.

The GSC is currently developing a Frequently Asked Questions document, which we anticipate will be available before the end of April. In the meantime, we are providing this brief summary of the new legislation. In addition, Legislative Council has provided an [Act Memo](#), which provides more detail.

Under existing law, outlined in [Wis. Stat. § 50.06](#), if an incapacitated hospital patient does not have a valid health care power of attorney and needs post-inpatient care, a family member or close friend may consent to admit the patient to a skilled nursing facility (SNF) or community-based residential facility (CBRF), as long as the patient does not object to the admission. The family member must file for guardianship and protective placement first, although the court process does not need to be completed before the patient may be admitted to the facility. While the court cases are pending, the family member can make health care decisions to the same extent as a guardian of person and may authorize financial expenditures related to care to the same extent as a guardian of estate. Unless a guardian is appointed, the family member's authority is limited to 60 days but can be extended another 30 for discharge planning.

The new law leaves that process intact and adds an alternative track to post-inpatient facility

admissions. This alternative method differs from existing law in a few respects:

- 1) The family member or friend (now called a patient representative) may admit the patient to the SNF or CBRF without filing for guardianship or protective placement.
- 2) Certain documentation requirements must be met before the patient representative may act.
- 3) There is no time limit on the patient representative's authority.
- 4) The new law adds a judicial remedy if concerns are raised about the actions of a patient representative.

### Documentation Requirements

As in the existing 50.06, the new alternative track requires that two physicians or a physician and an advanced practice clinician determine that the patient is incapacitated. In this alternative track, however, the determination must be documented on a form to be developed by the Department of Health Services. The patient representative must also complete a declaration on a form to be developed by DHS. They must attest that they will exercise the degree of care, diligence, and good faith that an ordinarily prudent person exercises in their own affairs. They must also attest that to the best of their knowledge, there is no guardian, health care POA, or family member higher on the statutory priority list who is willing to act.

Both the incapacity determinations and the patient representative declaration must be filed with the Register in Probate and Adult Protective Services in the patient's county of residence and must also be provided to the receiving facility. In addition, the patient representative declaration must be provided

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to all the patient's family members that can reasonably be contacted. The bill specifies that Adult Protective Services is not required to take any specific actions upon receipt of the statements of incapacity or patient representative declaration.

There will be a filing fee of \$8 to file the documents with the Register in Probate and the filing will be confidential. The register in probate must provide a report on the number of admissions using this method upon request of the Department of Health Services, which must in turn report to the legislature.

### Patient Representative Authority

As in existing 50.06(2), the patient representative will have the same authority for health care decisions and health care expenditures as a guardian. The patient representative's authority will end if any of the following occur:

- The patient is determined to have regained capacity;
- The patient discharges to a non-facility setting;
- A guardian is appointed;
- A health care POA is identified that was not identified at the time the patient representative was established.

### Reassessment and Judicial Remedy

Any person may ask that the patient's capacity be reassessed. In addition, any person may petition the court to review the actions of the patient representative. The court may choose to appoint a guardian *ad litem* for the individual and the new law outlines who must receive notice of the proceeding, who may be responsible for costs of the proceeding, and a nonexhaustive list of judicial remedies.

### Final Thoughts

We know there are likely to be many questions about this new law as it takes effect in June. Please keep an eye out for the GSC's FAQ in coming weeks. In addition, health care providers and county staff who have questions may want to consult with their leadership and/or counsel for specific guidance on how the new law will be implemented.

### ***Legislative Update: Additional Protections for Adults at Risk***

Governor Evers signed Assembly Bill 19, now 2025 Wisconsin Act 149, into law on April 2. The legislation reflects similar legislation passed in a previous session related to increased penalties for crimes against older adults. Among other things, the new legislation makes several changes that extend protections related to adults at risk, including:

- Allowing an adult at risk seeking a restraining order to appear in court via telephone or live audiovisual means;
- Creating a penalty enhancer for crimes committed against an adult at risk;
- Adding victims who are adults at risk to the crime of battery to an elder person;
- Increasing the penalty for sexual assault of an adult at risk; and
- Adding adults at risk to the procedure that allows a court to freeze or seize a defendant's assets if charged with a financial exploitation crime.

For more information about this law, please see the Legislative Council's [Act Memo](#).

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## ***BOALTC Launches New Website Domain to Better Serve Wisconsin Residents***

Madison, Wis.

February 26, 2026

The State of Wisconsin Board on Aging and Long Term Care (BOALTC) announced today the transition of its official website from [longtermcare.wi.gov](http://longtermcare.wi.gov) to [boaltc.wi.gov](http://boaltc.wi.gov).

This update is part of a modernization initiative to align the agency with state digital standards and to provide a more intuitive experience for users. The new domain name is inclusive of all vital BOALTC services, including the Medigap Helpline Program, and provides streamlined access for Wisconsin residents seeking assistance.

“Our website is the digital front door for thousands of Wisconsin residents,” said Jessica Trudell, Executive Director of the Board on Aging and Long Term Care. “By moving to [boaltc.wi.gov](http://boaltc.wi.gov), we are creating a more accessible, recognizable gateway to our advocacy programs and essential support services.”

### **What to Expect During the Transition:**

- **Automatic Redirects:** Users visiting the old address ([longtermcare.wi.gov](http://longtermcare.wi.gov)) will be automatically redirected to the new site. All existing links and bookmarks will remain functional.
- **Updated Branding:** The new web address will be reflected on agency communications, including letterhead, business cards, and digital signatures.
- **Phased Print Updates:** To ensure fiscal responsibility, existing printed stock of brochures and informational materials will

be used until depleted; new materials will reflect the updated website upon re-printing.

- **Partner Coordination:** Community partners and providers are encouraged to update their digital resource directories and website links to reflect the new [boaltc.wi.gov](http://boaltc.wi.gov) address.

BOALTC remains dedicated to providing uninterrupted, high-quality service and advocacy throughout this transition. For more information, visit the new site at <https://boaltc.wi.gov>.

## ***New NCEA Publication: What Law Students Need to Know About Elder Abuse***

The National Center on Elder Abuse has recently produced a short informational document outlining what law students need to know about elder abuse. This new piece offers an overview of elder abuse, common legal and ethical issues that may arise when working with older adults, and practical ways future lawyers can support older adults and advance elder justice. It also highlights the important role legal professionals can play in prevention, intervention, and access to justice for older adults. <https://ncea.usc.edu/wp-content/uploads/2026/03/NCEA-What-Law-Students-Need-to-Know-About-Elder-Abuse.pdf>.

## ***NCEA Blog: “Strengthening Public Health’s Roles in Elder Mistreatment Prevention”***

In honor of [National Public Health Week](#), the NCEA is pleased to share our latest blog, “[Strengthening Public Health’s Roles in Elder Mistreatment Prevention](#),” by Megan Wolfe and Karon Phillips of Trust for America’s Health, and Ruthann Froberg

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and Gary Epstein-Lubow of the Education Development Center. Elder mistreatment is a serious public health issue, yet public health practitioners may lack expertise or be unaware of the resources that can help prevent elder mistreatment and support survivors and their families. To strengthen public health's response to elder mistreatment, Trust for America's Health (TFAH) partnered with the Education Development Center and the National Alliance for Caregiving to build the [Elder Mistreatment Prevention Toolkit for Public Health](#). This Toolkit, developed in alignment with Trust for America's Health's Age-Friendly Public Health Systems 6Cs Framework, is designed to build awareness and understanding of public health's many roles in preventing mistreatment and mitigating its effects when it does occur.

### ***NCEA Blog: "Advancing Quality, Dignity, and Justice: Resources from the Long-Term Care Community Coalition"***

The National Center on Elder Abuse recently shared a new blog post, "[Advancing Quality, Dignity, and Justice: Resources from the Long Term Care Community Coalition](#)," by Richard J. Mollot, Executive Director of the Long Term Care Community Coalition (LTCCC). In this blog, Richard highlights resources from the LTCCC including free, publicly accessible tools and information to support residents, families, researchers, and others navigating the long-term care system. For example, staffing is the most important indicator of a nursing home's quality and Safety, and LTCCC's Data Center allow users to easily compare facilities, identify understaffing, and make more informed decisions about care.

### **Ageism Negatively Impacts All of Us**

***By the GWAAR Legal Services Team (for reprint)***

Think about how many times a day or week we casually say things that imply that aging is a negative phenomenon. Telling someone they look great or do something well "for their age" is an example of this. Just give the compliment – you look great! No need to qualify it by mentioning their age. This implies that people looking great in their later years is something exceptional, rather than something ordinary that occurs regularly.

According to [Reframing Aging](#), ageism refers to stereotypes, prejudice, and discrimination directed toward people on the basis of age. It can affect our health, financial security, employment, and self-perceptions. Nearly three in five older workers say they have seen or experienced age discrimination.

The population of older people is incredibly diverse. There can be a big difference between being in your 60s and being in your 80s. Lumping everyone 65 and older into one group overlooks the individual circumstances people experience as they get older. This also overlooks the impact of intersectionality. Intersectionality considers multiple aspects of a person's identity and how those different types of identity are viewed by society. For example, people and society may have certain ideas and stereotypes about someone who identifies as female. If that person is also Hispanic and disabled, those additional aspects of their identity may further impact how people and society react to that person.

This ties into how policies and collective decision-making impact us. It is common to assume that someone who is physically fit and financially stable as they get older has "made the right choices" or done something to earn that physique and class status. But this overlooks how decisions and

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priorities we have as a society affect us as individuals. Pollution and other negative environmental factors can greatly impact someone's health, especially in poorer communities that have less political power. Things like inadequate public transportation options and the high cost of higher education can limit someone's employment opportunities. We are all responsible for supporting decisions and policies that allow all of us to thrive as we age.

Treating people who are older equally is a form of justice. Aging is an opportunity for people to share their years of wisdom and experience with others. By 2060, 24% of the U.S. population will be aged 65 and older. How can we work collectively to make things better for people as they age, whether through health care improvements or transportation options that reduce isolation and access to services? How can we work individually to change our language and views around the joy that is aging?

Want to learn more? Check out [Old School](#), a hub for age equity + ageism awareness.

## **Expanded Medicare Telehealth Coverage Extended**

*By the GWAAR Legal Services Team (for reprint)*

Telehealth services let you talk with your doctor or other health care providers using your phone, tablet, or computer instead of going into an office.

Telehealth services became more common during the COVID-19 pandemic because they allowed people at high risk of serious COVID-19 symptoms as well as those living in rural areas or without access to transportation to receive medical care at home. Because of this, the Centers for Medicare and Medicaid Services temporarily expanded Medicare

coverage of telehealth services during the pandemic. Congress recently extended the expanded Medicare telehealth coverage rules through December 31, 2027 and made some of the expanded coverage rules permanent. This ended months of confusion about whether coverage rules had been rolled back to pre-pandemic levels.

The following coverage rules are in effect through December 31, 2027:

- Medicare patients can receive telehealth services for non-behavioral health care services, like appointments with their primary care providers, in their home.
- There are no geographic restrictions on telehealth services for non-behavioral health care services.
- Federally Qualified Health Centers and Rural Health Clinics can provide and be reimbursed for non-behavioral health telehealth services.
- If video telehealth services are not available, Medicare will cover audio-only telehealth services for non-behavioral health care through December 31, 2027.
- With respect to behavioral health telehealth services, an in-person visit within six months of the initial Medicare-covered behavioral health telehealth service and annual in-person visits are not required through December 31, 2027.

The following expanded coverage rules are permanent:

- Medicare patients can receive telehealth services for behavioral health care in their home. There are no geographic restrictions on telehealth services for behavioral health.

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- Federally Qualified Health Centers and Rural Health Centers can provide and be reimbursed for behavioral health telehealth services.
- If video telehealth services are not available, Medicare will cover audio-only behavioral health telehealth services.
- Marriage and family therapists and mental health counselors can provide behavioral health telehealth services.

## **Advance Directives: What They Are And Why You Need Them**

April 16 is National Healthcare Decisions Day! This movement became nationally recognized in 2008 to help raise awareness of the importance of advance care planning, to empower people to draft advance planning documents, and to encourage discussions with family members and medical professionals about healthcare wishes. In general, Wisconsin doesn't automatically allow family members to make decisions, so having advanced directives in place is the best way to ensure that the person has a say in who their decision-maker is and what types of decisions they can make.

The law on advance care planning documents and authority varies by state. In Wisconsin, practitioners typically recommend the following documents:

- Power of attorney for finances
- Power of attorney for healthcare
- Living Will (optional)
- Authorization for Final Disposition (burial & funeral arrangements)

Advanced directives can be executed with or without an attorney. While the basic forms are

available online for free, an attorney can provide legal advice and counseling based on the person's specific circumstances to make sure their wishes can be carried out as desired.

## **Powers of Attorney**

Powers of attorney (POAs) provide authority for someone to make financial and/or healthcare decisions for another person. Powers of attorney documents are valid once they are signed, but the agent does not have authority to act on behalf of the principal until the document is activated. Healthcare POA are usually activated if the individual becomes incapacitated. Financial POAs can be activated immediately or upon a future event. A POA agent's authority ends if the document is deactivated or revoked. The agent's authority also ends at the person's death.

A Power of Attorney for Health Care does not need to be notarized, but it must be witnessed by two disinterested witnesses. Disinterested means the witnesses are not:

- The agent
- Related to the person
- Financially responsible for the person's care
- An heir
- A healthcare provider/facility or employee who is currently providing care to the person, unless they are a social worker or chaplain – these two types of health care employees may serve as witnesses.

A Power of Attorney for Finances & Property typically does need to be notarized before banks and other financial institutions will accept it.

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## Living Will/Declaration to Health Care Professionals

A living will is similar to a Power of Attorney for Health Care, but it has some important differences. A living will allows the person to specify their wishes for end-of-life care, such as whether feeding tubes and other life-sustaining treatment should be used. It directs the person's healthcare providers to carry out those wishes if the person is incapacitated and cannot decide for themselves. It does not grant authority to an agent and it does not allow any other decisions.

A POA for Health Care document can also grant an agent authority to make these decisions. A Living Will can serve as a helpful backup, though, in case agents are ever unable or unwilling to make these decisions. A Living Will also typically stays in place if a guardian is ever needed and can provide guidance to the guardian.

Like a POA for Health Care, the Living Will must be witnessed by two witnesses.

## Authorization for Final Disposition

The Authorization for Final Disposition allows a person to indicate their funeral and burial/cremation preferences in writing and to appoint a representative to carry out those wishes upon the person's death. If no representative is appointed, Wisconsin law indicates that a surviving spouse, adult child, parent, adult sibling, or guardian (in that order) can make funeral and burial decisions on behalf of a decedent.

The Authorization for Final Disposition can be witnessed by two witnesses or signed in front of a notary. The representative does not need to sign it

at the same time as the individual, but they do need to sign it before they can act.

[The Guardianship Support Center's website](https://gwaar.org/guardianship-resources) (<https://gwaar.org/guardianship-resources>) includes links to forms, more information on advance directives, and Do-It-Yourself Guides. The Department of Health Services also has the statutory forms for all of these documents available on its [website](https://www.dhs.wisconsin.gov/forms/advdirectives/adformspoa.htm) (<https://www.dhs.wisconsin.gov/forms/advdirectives/adformspoa.htm>); most are available in multiple languages.

### **Myth-busting false beliefs about POAs:**

#### **1. I do not need a POA because my spouse or family can make decisions on my behalf.**

a. Wisconsin is not a "next of kin" state, meaning that family members do not have inherent authority to make decisions solely based on their relationship with you. Authority must be specifically given to a person through a POA or a court order for guardianship.

#### **2. I do not need a POA until I am older or sick.**

a. Too often, people wait until it is too late to do advance planning. If a person no longer has the capacity to execute a POA document, then a court may need to appoint a guardian. All adults over the age of 18 should consider creating advance directives.

#### **3. Once I create a POA, I'm set for life.**

a. The POA documents are not locked in stone. They can be revoked or re-executed at any time. The Wisconsin Medical Society recommends that advance planning documents be reviewed if any of the 4 "d's" occur:

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- **Death** (if any of the agents named in your POA pass away)
- **Decade** (if it has been more than 10 years since you drafted or reviewed your documents)
- **Divorce** (if you subsequently get a divorce after drafting your POA—in Wisconsin, if you named your spouse as agent, your POAs may be automatically revoked or the agent’s authority may terminate)
- **Disease** (if you become sick or are diagnosed with an illness).

## What to Know About Aging in Place

By the GWAAR Legal Services Team (for reprint)

“Aging in place” refers to remaining in your own home rather than going to an assisted living or retirement community. Most people would prefer to remain in their home for as long as possible, but there are different things to consider when deciding what is right for you. Everyone’s situation isn’t the same, so even if your friends or family feel strongly about what’s right for them, or give advice about what you should do, you should make the best decision for you.

Home offers comfort, familiarity, and independence. Think about the following:

Home safety modifications: Is your home equipped to safely accommodate you should current or future health issues develop or get worse? Will your current setup meet your needs in 10 years? More? Small upgrades like installing grab bars in bathrooms, improving lighting, adding handrails, and removing loose rugs can reduce the risk of falls if mobility declines. Walk-in showers, stair lifts, or first-floor bedroom conversions are more expensive

projects that may enable you to stay in your home longer. Check out the National Institute on Aging’s [Worksheet: Home Safety Checklist](#) for more safety considerations.

Habitat for Humanity Wisconsin is creating an aging in place program to focus on helping seniors stay in their homes with zero-interest loans for modifications based on income. Visit [Aging in Place – HFH Wisconsin](#) for more information and updates.

Long-term financial planning: Think about the increasing costs of healthcare, as well as the price of maintaining a home. Property taxes and insurance premiums, routine maintenance, and potential major repairs like roofing require planning and consideration.

Healthcare access: Visiting nurses, physical therapists, personal care aides, and traveling meal programs may assist you in staying in your home longer if your healthcare and personal needs are moderate. However, think about the cost of these services and where you live. Sometimes finding in-home assistance is hard in rural areas.

Community support and transportation: Will you be able to get to and from doctor’s appointments, the grocery store, your senior center, family members’ homes, activities with friends, etc. if you stay in your home? If you have a vehicle and can drive, this doesn’t present a problem but think about whether that will be the case 10 years from now. It’s important to maintain social connections and reduce isolation, and if you don’t live in an area with safe, reliable public transportation, you may need an alternative plan for staying in your home.

Have a candid conversation with your loved ones as

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you start to think about the benefits and challenges of aging in place. If you assume your children or other relatives will provide support or transportation as needed, it's best to confirm their availability and willingness to take on that commitment ahead of time. If you live with a spouse, partner, roommate, or relative, talk to them about their expectations for taking care of each other as you age. It can be scary to think about leaving your home, or making needed changes to keep you in it, but planning ahead and involving others in the conversation can help prepare you for decision-making around the issue.

## **Financial Aid Grants for Specific Diseases or Medical Conditions**

*By the GWAAR Legal Services Team (for reprint)*

If you have been recently diagnosed with a serious disease or if you have been dealing with a chronic health condition, you may have many out-of-pocket costs that add up and are not covered by insurance. However, you may be eligible for a financial aid grant to help cover some of those costs. Some of these grants cover copays, deductibles, health insurance premiums, or specific medications. Other grants are available for general expenses such as rent, groceries, or vehicle expenses that may arise while you are dealing with an illness.

These grants are typically provided by disease or condition specific non-profit organizations or foundations. One organization, called the PAN Foundation (<https://www.panfoundation.org/>) has a search tool to help patients and caregivers find grants available to people with a specific disease or condition. Other organizations that have similar services are the HealthWell Foundation (<https://www.healthwellfoundation.org/>), The Assistance Fund (<https://tafcares.org/>), and others.

Another option is to go to the nonprofit organization website of whatever specific disease or condition that you or your loved one has been diagnosed with and see if there are any available grants directly through those organizations. For example, if you or your loved one has been diagnosed with a type of blood cancer such as Leukemia, you can go to Blood Cancer United (<https://bloodcancerunited.org/>) and click on their "financial assistance" link. There, you will find several different financial assistance programs that you can apply for.

Finally, you may ask the social worker or care coordinator at the hospital or clinic at which you are receiving care. Oftentimes these professionals have direct insight on what grants are available and how to apply for them. Sometimes, they may even assist with applying for these grants.

## **How Social Security Determines Disability**

*By the GWAAR Legal Services Team (for reprint)*

If you've applied or thought about applying for Social Security disability benefits, you may have heard about the five-step process the Social Security Administration (SSA) uses to decide whether someone is disabled. Understanding how SSA makes disability determinations can help you understand why a claim was approved or denied. Read on to learn more about the process.

### **Step 1: Are you working?**

Social Security first looks at whether you are working and earning over a certain monthly amount. If you are earning too much, SSA usually decides that you are not disabled. If you are not working or earn below the limit, SSA will send the application to the Disability Determination Bureau

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(DDB) for the remaining steps.

## **Step 2: Is your condition severe?**

Next, the DDB looks at your medical conditions. To qualify, your condition must be serious enough to limit your ability to do basic work activities, such as standing, lifting, remembering instructions, or concentrating. If the condition is not considered severe, the claim is denied. If it is severe, the DDB continues to Step 3.

## **Step 3: Is your condition on SSA's list?**

SSA has a list of medical conditions that are considered automatically disabling. If your condition meets or equals one of these listings, you are determined to be disabled. If it does not, the DDB will move on to the next step.

## **Step 4: Can you do your past work?**

At this step, the DDB reviews the jobs you have done in the last 15 years. They decide whether you can still do any of that work based on your medical limits. If you can still perform your past work, your claim is denied. If you cannot, the DDB goes to the final step.

## **Step 5: Can you do any other work?**

Finally, the DDB looks at whether you can do any other type of work that exists in the national economy. They consider your age, education, work experience, and physical or mental limitations. If SSA decides you cannot adjust to other work, you are found disabled. If they decide you can work, the claim is denied.

For more information, please see: <https://www.ssa.gov/benefits/disability/qualify.html>.

## **Understanding Estate Recovery**

*By the GWAAR Legal Services Team (for reprint)*

If you use certain Medicaid benefits during your lifetime, your estate may be subject to Estate Recovery after your passing. The State does this so it can recoup the costs of your care and use those funds to help more people. Although Estate Recovery can be complicated, it is important to understand the basics to prepare yourself, your family, and your legal representatives so that you feel comfortable signing up for Medicaid and accessing any services you need.

## **Should you apply for Medicaid?**

Some people are afraid to use Medicaid programs available to them because they are under the mistaken belief that anyone who uses Medicaid will “lose their house.” However, it’s important to remember that millions of Americans benefit from Medicaid, receiving key services that help improve health outcomes, quality of life, and personal dignity. Furthermore, not all services provided by Medicaid are recoverable.

## **Which Medicaid Programs Are Subject to Estate Recovery?**

In general, recoverability depends on which services you received, as well as your age and residence when you received the benefit. Medicaid recipients who move into long-term care facilities may be subject to Estate Recovery. This can include nursing homes, skilled nursing facilities, and institutionalization in an inpatient hospital. Some services you receive in your home if you are 55 years old or older are subject to estate recovery as well. This can include skilled nursing services, home health aide services, and more. For more information, please see pages 1-3 of the Estate

*(Continued on page 14)*





Recovery Program Handbook here: <https://www.dhs.wisconsin.gov/publications/p1/p13032.pdf>.

## How Does Estate Recovery Work?

After you pass away, the State will seek repayment for services you received during your lifetime from both your estate and non-probate assets. The State can also seek recovery for services you received from your spouse's estate and non-probate assets after they pass away. The State is limited in their recovery efforts to assets you, as the Medicaid recipient, had an interest in at your death. If the State is seeking Estate Recovery, they will file a claim against your estate and send a notice to your surviving spouse or Personal Representative. Note that your family may receive this notice 9-12 months after your passing, so they should be careful and work with an attorney before spending those funds. The State will assume that the full claim amount is available--your spouse or Personal Representative must be ready to explain to the State why any amount of the claim is not available.

The State can recover from your legal assets, including real and personal property, life insurance, revocable trusts, joint accounts, payable on death accounts, any excess in your funeral trust, and annuities.

The good news is that there are several protections in place to help your surviving family members after you pass away, even if your property is subject to Estate Recovery. Some of your personal items and tangible non-business personal property can be exempted to pass on to your heirs. You can also set up a funeral trust to cover your funeral expenses, and those funds are not subject to Estate Recovery. Further, the State may not bring a claim while your spouse is alive, or if you have a child under 21, or a

disabled child of any age. While the State may file a lien on your real estate, the lien will not be satisfied until the property is sold. There are additional protections available against Estate Recovery, so it is important to work with an attorney to protect your assets.

## Who can help me prepare for Estate Recovery?

Estate Recovery falls under the purview of Medicaid planning, a complicated area of the law. Some people think that any estate planning attorney can provide advice regarding Medicaid and Estate Recovery. However, Medicaid planning attorneys and estate planning attorneys can have different goals or strategies because Medicaid planning is focused on qualifying for Medicaid benefits, while estate planning is focused on distributing assets to your heirs. Because of this distinction, questions regarding Estate Recovery must be handled by an experienced Medicaid planning attorney. WINAELA maintains a directory of Wisconsin Medicaid planning attorneys who can help you here: [Find a Lawyer - Distance WINAELA](#). ☐



*Happy spring! Microsoft Stock Photo.*



# Helpline Highlights



## What happens to my POAs if I get divorced?

It depends on two things: 1) what type of POA is it? And 2) did you name your spouse or domestic partner as your agent?

Health Care POA: If you named your spouse as your agent and your marriage is subsequently annulled or you obtain a divorce, your POA for health care is revoked and the document will no longer be considered valid. The same is true if your legal domestic partnership under ch. 770, Wis. Stats., is terminated. See [Wis. Stat. § 155.40\(2\)](#).

Financial POA: If you named your spouse as agent, the agent's authority will terminate if a petition for annulment, divorce, or legal separate is filed, unless you specify otherwise in your POA. The document itself remains valid and a successor may serve if you have named one. See [Wis. Stat. § 244.10\(2\)\(c\)](#).

If you named your domestic partner as agent, their authority terminates if the domestic partnership is terminated, unless the POA specifies otherwise. See [Wis. Stat. § 244.10\(2\)\(e\)](#).

## What is the Guardianship Support Center able to help with?

The GSC is a neutral statewide informational helpline for anyone throughout the state. We can provide information on topics such as Powers of Attorney, Guardianship, and Protective Placement. The GSC is unable to provide information on minor guardianships, wills, trusts, property division, or family law. The GSC is also unable to give legal advice or specific direction on completing court forms such as the inventory and annual accounting. The GSC does not have direct involvement in cases and is not able to provide legal representation.

## What are some other free or low-cost legal resources?

Other resources include the American Bar Association's Free Legal Answers [website](#) where members of the public can ask volunteer attorneys legal questions. The State Bar of Wisconsin also offers a Modest Means Program for people with lower income levels. The legal services are not free but are offered at a reduced rate. Income qualifications must be met. For more information, visit the State Bar's [website](#) or call **800-362-9082**.

## Interested in Receiving *The Guardian*?

Do you want more information about guardianship, POAs, and related issues? Signing up is easy with a link on our website: [Guardian Newsletter Sign-Up](#). You can also subscribe by emailing [guardian@gwaar.org](mailto:guardian@gwaar.org).



**Title:** *Burnett County v. T.W.Z.*

**Court:** Court of Appeals, District III

**Date:** Feb. 3, 2026

**Citation:** [2024AP2024](#)

## Case Summary

Burnett County filed for guardianship and protective placement over “Trevor” after finding him living in extremely unsanitary conditions and determining that he had dementia. The petitions were granted. Trevor appealed both orders and also asked for his right to vote to be restored. While the Court of Appeals agreed with the County that there was sufficient evidence to support the guardianship and protective placement and upheld these two orders, the Court of Appeals also agreed with Trevor that there was insufficient evidence in the record to support the loss of the right to vote. It remanded to the circuit court to enter an order restoring that right.

## Case Details

Trevor was 78 years old and living in a “shack-like” structure with no running water that was “almost completely filled” with garbage and human and cat waste. Trevor himself was filthy and covered with sores. Members of his church took him to the hospital, and Burnett County filed for guardianship and protective placement over him.

The physician who examined Trevor, Dr. Novick, testified that Trevor had “moderate dementia” and could not appreciate the fact that his lifestyle contributed to his poor health. Additionally, Dr. Novick testified that Trevor was at significant risk of financial exploitation: Trevor had \$3,000 in a van on his property and had no idea he had the money or where it came from. Dr. Novick recommended that Trevor be placed in a secure nursing home that has intensive caretaking.

Based on Dr. Novick’s testimony and the testimony

of a social worker, the circuit court granted guardianship of Trevor’s person and estate and a protective placement. Trevor’s guardianship order removed his right to vote and apply for a driver’s license. Trevor appealed.

When reviewing a guardianship or protective placement order, the Court of Appeals defers to the circuit court’s factual findings unless they are clearly erroneous, but independently assesses whether these facts meet the standards for guardianship and protective placement. The Court held that the facts do meet these standards. For guardianship of the person, the Court held that because of his impairment, Trevor was unable to communicate decisions to such an extent that he could not meet the essential requirements for his physical health and safety. For guardianship of the estate, the Court held that because of his impairment, Trevor was unable to effectively evaluate information or make decisions regarding the management of his property. For protective placement, the Court held that because of his impairment, Trevor was so totally incapable of providing for his own care or custody that he created a substantial risk of serious harm to himself.

Trevor presented several challenges to the circuit court’s orders, all but one of which failed. First, Trevor argued that he does not have an impairment, because the diagnostic tool Dr. Novick used—called the SLUMS test—was not a sufficient substitute for a full diagnostic workup. The Court of Appeals did not consider the merits of this argument because the evidence that Trevor relied upon for showing the insufficiency of the SLUMS test was not presented at the circuit court; the Courts of Appeals is not a fact-finding court and does not accept new evidence on appeal. Second, Trevor argued that his dementia was not the reason for his poor living conditions. The Court rejected this argument, because, on appeal, Trevor ignored large pieces of evidence from





*(Burnett County v. T.W.Z. cont. from pg. 16)*

his final hearing at the circuit court, including how his living conditions significantly declined in 2024 when his dementia progressed. Similarly, Trevor also argued that he did not meet the standards for guardianship of the estate or protective placement, but the Court rejected these arguments because Trevor ignored evidence from his final hearing, and the Court must give deference to the district court's factual findings.

Trevor had one successful argument: that his right to vote should be reinstated. The Court of Appeals noted that the County had not requested that the right be removed in its initial petition and that Dr. Novick's assessment had also determined that Trevor could maintain the right to vote. A court can only remove the right to vote when it is shown by clear and convincing evidence that the individual lacks the capacity to understand the objective of the elective process. Because no evidence was presented to support the removal of the specific right and the circuit court made no findings on the record as to its reasoning for removing the right, the Court of Appeals found that the circuit court's decision to remove his right to vote was clearly erroneous and remanded the case to have the right reinstated.

**Title:** *Douglas County v. N.J.M*

**Court:** Court of Appeals, District III

**Date:** Feb. 17, 2026

**Citation:** [2025AP484](#)

### **Case Summary**

Douglas County filed for guardianship and protective placement over "Nancy" because of "alleged abuse, neglect, and exploitation" after medical staff determined Nancy was unable to express her needs and make safe decisions for herself and her well-being. Nancy challenged the court's jurisdiction over

the County's guardianship petition, because although she had been living in a tent on Barker's Island in Superior with her parents for several months, she stated that her home state was Iowa and she had no significant connection to Wisconsin. The circuit court rejected this argument and held that it had jurisdiction for the guardianship petition. The Court of Appeals affirmed.

### **Case Details**

Nancy and her mother Katie sought services from Douglas County Health and Human Services on multiple occasions in late 2024. Workers reported that Nancy was unable to answer any questions or engage in conversation, appeared extremely dirty with deeply matted hair, and scratched at areas of her body during the meeting. On a subsequent occasion, Katie reported that Nancy was autistic and that she was Nancy's primary caretaker. She reported that Nancy had been sexually assaulted several times and that she was incontinent at night. Although DHHS staff recommended a medical evaluation, Katie refused to allow a physician to see her.

On another report a few days later, government officials transported Nancy to a local hospital for evaluation. Medical staff determined that she was unable to express her needs or make informed choices, and unable to make safe decisions for herself and her health and well-being. The County subsequently filed petitions for temporary guardianship and protective placement to protect Nancy from further harm.

At the hearing on October 2, the County presented testimony from an emergency medicine physician assistant who had seen Nancy; a coordinated response specialist with the Superior Police Department, and an adult services worker at the County

*(Continued on page 18)*





*(Douglas County v. N.J.M, cont. from pg. 17)*

who was assigned to Nancy's case. All testified about their interactions with the family in the preceding months and all described Nancy as dirty, confused, and agitated. Based on their observations, each believed that Nancy was a vulnerable adult who was unable to communicate her needs and unable to make safe decisions for herself. The circuit court granted the petition for temporary guardianship of person and temporary protective placement.

The County subsequently filed petitions for permanent guardianship of person and estate on October 16. At the October 28<sup>th</sup> hearing, Nancy filed a motion to dismiss through counsel, alleging that the circuit court lacked personal jurisdiction to hear the petition pursuant to Wis. Stat. § 53.23. She alleged that emergency petitions for appointment of a temporary and permanent guardian had been filed on October 23. She alleged that Iowa was her home state and provided bank statements to verify her address there.

In response, the County stated that Nancy had been present in Wisconsin during the summer of 2023 and since July 2024, but conceded that it did not know where she had been in the interim and that Wisconsin could not be proven to be her home state. It argued that she had significant connections to Wisconsin, however, and that the Iowa attorney who had drafted the petitions there had not been made aware that proceedings had already begun in Wisconsin. The County alleged that the Iowa petition appeared to have been "orchestrated as a collateral attack" on the circuit court's jurisdiction.

At a hearing to determine jurisdiction, Nancy's defense counsel presented testimony from Nancy's mother, Katie. Although Nancy and her parents had been living in a tent on Barker's Island in Superior for at least several months, Katie testified that they

had a house in Iowa, that she had an Iowa driver's license, that she had Iowa bank accounts, and that she had lived in Iowa for 46 years and Nancy had lived in Iowa for 18 years. Additionally, Katie testified that they were there camping on Barker's Island, not living in the tent. Further, she claimed that they had been in Superior to visit a pastor in St. Cloud, MN, and that they had planned to return to Iowa if "things were not going well," but that "things were going very well" so they stayed longer. However, Katie also admitted in her testimony that she told law enforcement that she and her family "left their lives in Iowa" to be close to this pastor.

A Wisconsin court has the jurisdiction to appoint a guardian if Wisconsin is the proposed ward's "home state" or if the proposed ward has "significant connections" to Wisconsin. Wisconsin is the home state when a proposed ward has been physically present in Wisconsin for at least six consecutive months. A court determines whether a proposed ward has significant connections to Wisconsin by considering several factors, including (1) the connection to family, social connections, and service providers; (2) the location of people required to be notified of guardianship proceedings; (3) the length of time the proposed ward has been in Wisconsin; (4) the location of the proposed ward's property; and (5) things like voting registration, tax filings, vehicle registration and driver's license, work, and receipt of services.

First, the circuit court concluded that neither Iowa nor Wisconsin was Nancy's home state. The circuit court found that Nancy's mother's testimony was not credible and often contradicted itself. Regarding her testimony, the court said "she talks about working places. She adds more places she's working. She talks about paying rent and then not paying rent. I just don't believe it. I don't believe—I think it's a





(*Douglas County v. N.J.M.*, cont. from pg. 18)

manufacturing for jurisdiction[,]” and “Why would you live in a tent on Barker’s Island when you have a home in Iowa? It just defies all logic.” The circuit court found that the only credible evidence from Nancy’s mother was that Nancy had been living in a tent on Barker’s Island for several months, which did not meet the six-month physical presence requirement for finding Wisconsin as the home state.

However, the circuit court held that Nancy had significant connections to Wisconsin, so the court had personal jurisdiction over her for guardianship proceedings. First, Nancy’s parents were in Wisconsin and were closely involved in her care, so this supported the finding of a significant connection. Moreover, Nancy had used Wisconsin services, including a homeless shelter in Ashland. Second, the people who were required to be notified of guardianship proceedings against Nancy were her two parents, both of whom were in Wisconsin, so this supported a significant connection. Third, Nancy had been in Wisconsin for at least two months, which supported a finding of a significant connection. Fourth, there was limited evidence presented about the location of Nancy’s property, so this factor did not support the finding of a significant connection. Fifth, Nancy had received Wisconsin services, including contacts with the Superior Police Department, the use of a homeless shelter in Ashland, and the assistance of the Douglas County ADRC and DHHS. Therefore, this factor also supported the finding of a significant connection.

The Court of Appeals held that based on the factors above, it was reasonable for the circuit court to conclude that Nancy had significant connections to Wisconsin and that they had jurisdiction over the guardianship and protective placement petitions. The Court of Appeals affirmed the circuit court’s decision.

**Title:** *Grant County v. D.G.N.*

**Court:** Court of Appeals, District IV

**Date:** Feb. 27, 2026

**Citation:** [2025AP2382](#)

### Case Summary

D.G.N. has been diagnosed with schizophrenia. A nurse practitioner had prescribed a psychotropic medication to D.G.N., but he refused to take his medication because he did not believe that he had a mental illness. Grant County filed petitions for guardianship of the person and estate and for protective placement, as well as an order for involuntary administration of medications under Wis. Stat. § 55.14. The circuit court granted all three petitions. D.G.N. did not contest the guardianship and protective placement orders, but appealed the medication order. The Court of Appeals held that the circuit court did not comply with the statutory requirements for a medication order under Wis. Stat. § 55.14 and reversed the order.

### Case Details

D.G.N. has schizophrenia and is treated by a nurse practitioner. This nurse practitioner had prescribed D.G.N. with a psychotropic medication to treat his schizophrenia, but he refused to take it because he did not believe he had a mental illness. At the time of his court hearing, D.G.B was living in a hotel room that was in a “terrible condition, filled with trash.” The nurse practitioner’s medical director, Dr. Rolli, would sit in on the weekly meetings with D.G.N.’s care team and was familiar with D.G.N. and his treatment plan. Dr. Rolli testified at D.G.N.’s hearing, and said that “Without medications, D.G.N. has repeatedly become a danger to himself and others and is unable to participate at all in satisfying his basic needs, such as his needs for food and housing.”





(Grant County v. D.G.N., cont from pg. 19)

Grant County petitioned for guardianship and protective placement over D.G.N, as well as a medication order under Wis. Stat. § 55.14 for involuntary administration of psychotropic medication. The circuit court granted all three orders. D.G.N. agreed with the guardianship and protective placement, but appealed the medication order.

A medication order under § 55.14 has two requirements: (1) a physician must have prescribed the psychotropic medication for the individual; and (2) the petitioner must show that without the involuntary administration of this psychotropic medication, the individual presents a substantial probability of physical harm, impairment, injury, or debilitation to himself, or physical harm to others. This “substantial probability” can be shown by providing at least two episodes, one of which has occurred within the previous 24 months, that resulted in an involuntary commitment under Ch. 51, Wis. Stats., and that the episodes were caused by a refusal to participate in treatment. Alternatively, the substantial probability can be shown by presenting evidence that the individual fulfills one of the “dangerousness criteria” in Wis. Stat. § 51.20(1)(a).2. (discussed below).

The Court of Appeals held that the medication order failed to comply with the requirement that a physician prescribe the psychotropic medication. Here, a nurse practitioner prescribed D.G.N.’s medication, not a physician. Although Dr. Rolli was involved in D.G.N.’s care, she was not the one who prescribed the medication. The Court held that it is not enough for a physician to just “review” a prescription; a physician must have prescribed it directly.

The fact that a nurse practitioner instead of a physician prescribed D.G.N.’s medication was enough by itself to invalidate the medication order, but the

Court discussed the substantial probability of harm requirement as well. First the Court acknowledged that D.G.N. was under a Chapter 51 commitment order, but the County did not provide any evidence about what led to this commitment. The County provided two documents that showed conduct by D.G.N. shortly before his commitment, but these documents did not show that this conduct is what caused the commitment order. Regardless, the County only provided evidence of one Chapter 51 commitment instead of providing two as required by statute.

Next, the Court focused on two of the dangerousness criteria in Wis. Stat. § 51.20 to determine whether there was a substantial probability of harm. The first the court focused on was whether there was a “substantial probability” that D.G.N. would, if left untreated, “lack services necessary for [his] health or safety.” The Court held that D.G.N. did not fulfill this criterion, because, although D.G.N.’s living conditions were undesirable, there was no evidence that his living conditions were affecting his health or safety. The second criterion the court focused on was whether D.G.N. had a “substantial probability” if left untreated to “suffer severe mental, emotional, or physical harm that will result in the loss of his ability to function independently in the community or the loss of cognitive or volitional control over his . . . thoughts or actions.” Here, the Court held again that the County did not produce sufficient evidence to show that D.G.N. fulfills this criteria. In short, while the County potentially *could* have presented sufficient evidence at the circuit court to show that D.G.N. fulfilled the § 51.20 dangerousness criteria, it did not do so. The Court of Appeals thus reversed the circuit court’s order for the involuntary administration of psychotropic medication. □

