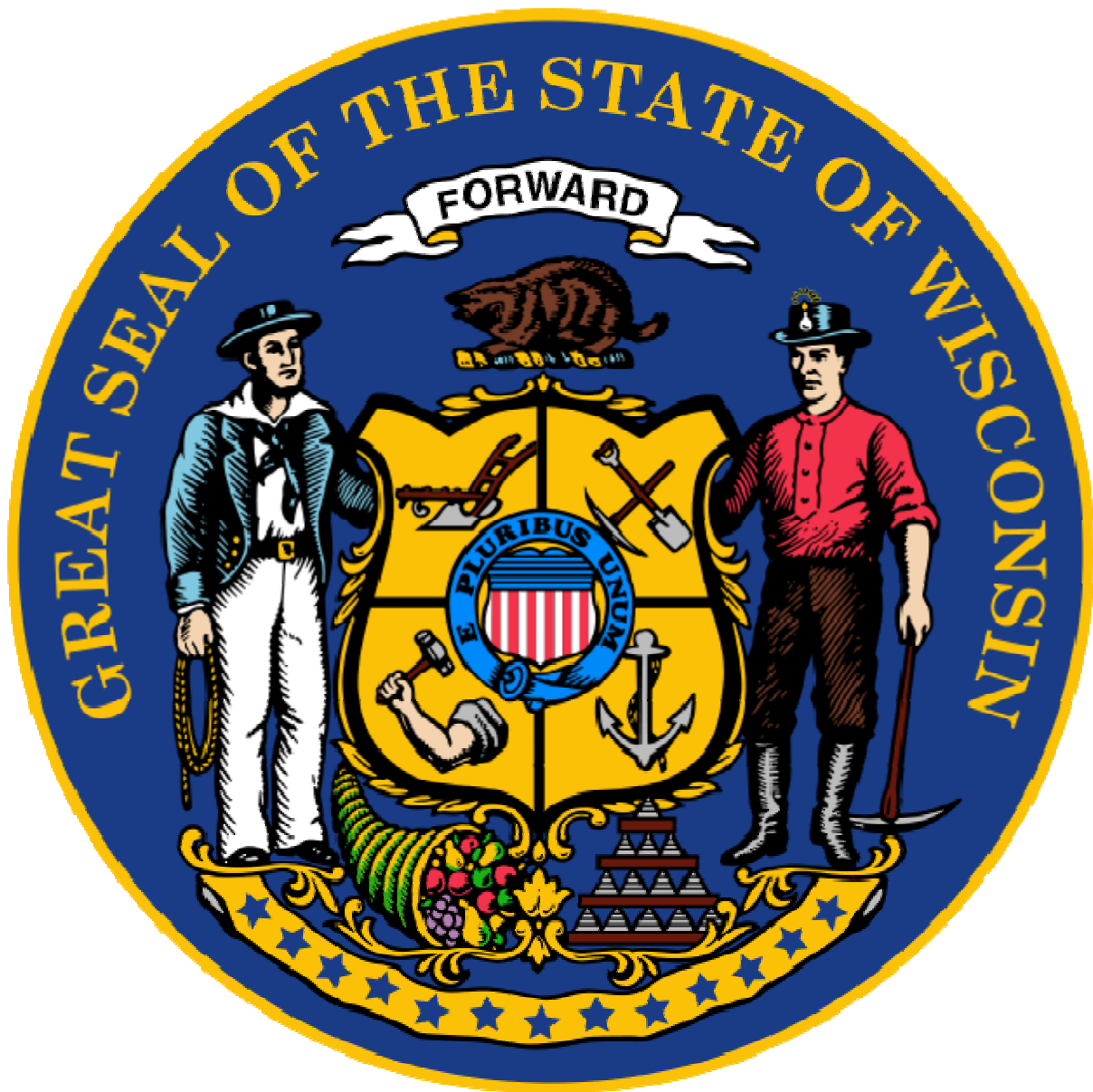


# Wisconsin Plan for Older People 2010-2012



# Preface

In accordance with Part 45 of the Code of Federal Regulations, Chapter 1321, the Wisconsin Department of Health Services, through the Bureau of Aging and Long-Term Care Resources, the designated State Unit on Aging, is required to complete a State Plan for Older People. This plan is to outline how the state “will foster and support the development and implementation of a comprehensive and coordinated system of services to serve older individuals”.

Following the guidelines set forth by the Federal Administration on Aging, this multi-year plan represents a “legal contract” between the state and the federal government for carrying out the programs authorized under the Older Americans Act. Like its counterpart at the federal level, the state agency is responsible for serving as an effective and visible advocate for the elderly.

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# Executive Summary

## Introduction

The Wisconsin Aging network is at a critical juncture. Since the Aging network (consisting of the State Bureau on Aging and Disability Resources (BADR), area agencies on aging (AAA), and aging units) developed in the 1970s it has remained basically unchanged. Although the aging network has done a commendable job of serving our state's older citizens for the past 30 years, circumstances demand that the network change - change to remain relevant and, change in order to survive. Two general trends will focus the attention of the aging network over the next few years.

## Funding Has Not Increased With an Expanding Population

Public programs often struggle with the problem of providing increasingly costly goods and services without access to increased funding. In recent years school districts, law enforcement agencies, social service agencies, fire departments, and a wide range of other public entities nationwide have faced budget shortfalls and, in some cases, service cutbacks as their funds remain stagnant or decrease

In this context, the situation for organizations that provide services for older people is not unique. Aging services mandated under Title III of the Older Americans Act are funded primarily through annual Older Americans Act allocations from the Administration on Aging. A large share of aging network programming is supported by these federal funds, and the funding is not increased from year to year based on inflation. It should be noted that states, counties, and local governments can and do contribute additional money. However, the current state of the economy puts these sources of funding in jeopardy.

What is unusual about the aging network's financial situation is that the population it serves is growing very rapidly, and will nearly double in size over the next 25 years<sup>1</sup>. Stagnant funding levels must not only pay for services whose costs are increasing due to inflation; they also must pay for services for an expanding number of individuals. When the first "Baby Boomers" turned 60 in 2006 and became eligible for OAA Title III services, the Aging network found its resources strained as never before. This problem has been exacerbated by the general recession facing our country.

The combination of static funding and a rapidly expanding elderly population has created an escalating level of pressure on the network. It is unlikely that there will be sufficient resources, in the near term, to support the current locally-based infrastructure without crippling the service programs the network provides.

## **Long Term Care Reform**

The Wisconsin Department of Health Services, Division of Long Term Care, has embarked on an initiative to restructure the long term care system in Wisconsin. A key element of the state's strategy for managed care expansion is the development of aging and disability resource centers (ADRCs)

Aging and disability resource centers offer the general public a single entry point for information and assistance on issues affecting older people, people with disabilities, and their families. These centers are welcoming and convenient places to get information, advice and access to a wide variety of services. As a clearinghouse of information about long-term care, they are also available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. The ADRC is also the single entry point into the public long term care system. Services are provided via telephone or in visits to an individual's home.

The creation of a statewide system of ADRCs offers the potential for a greatly enhanced Aging network. At the same time it raises numerous opportunities and questions about the role of aging-specific aging units in the future.

### **Approach**

Despite the challenges ahead, the Wisconsin aging network will continue to emphasize its core values, as listed below.

1. The Network Is Committed To Individual And Organizational Advocacy
2. Seniors Are Really In Charge Of The Aging Network.
3. Core Services Provided Statewide
4. Statewide Expertise In Aging Services And Systems
5. Consistent Quality Services
6. A Focus On Community Collaboration
7. Convenient Service Areas
8. Volunteers Are Key To Service Delivery

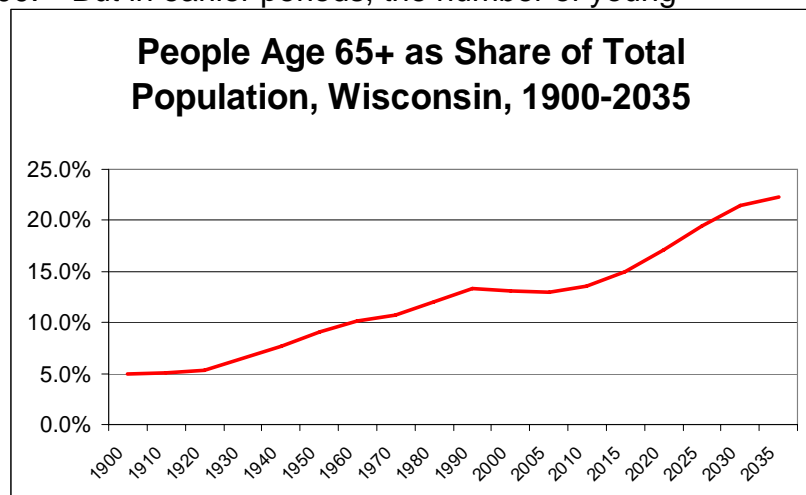
# Context: History, Current Conditions, and the Future

## Current and Future Older Persons

Wisconsin's older population, like that of the nation as a whole, is increasingly complex and diverse. In 2010, Older Americans Act programs will begin their fourth year of serving "Baby Boomers," who started turning age 60 in 2006. This group will also be starting to swell the ranks of those eligible for Social Security, Medicare, and long-term care services under Medicaid, bringing greater racial, ethnic, cultural, educational, and economic diversity to the "older population" than ever before. The rapidly increasing size of this age cohort will challenge Wisconsin's aging network in important ways, while its widening diversity means a "one size fits all" approach to aging and long-term care services is a thing of the past.

The most visible change over the coming quarter-century will be the escalating share of the population that is age 65 and older, as this group will grow faster than every other age group. Over the 25-year period between 2010 and 2035, Wisconsin's younger (under 65) population is expected to grow by less than four percent while the 65+ population nearly doubles, increasing by 90 percent.

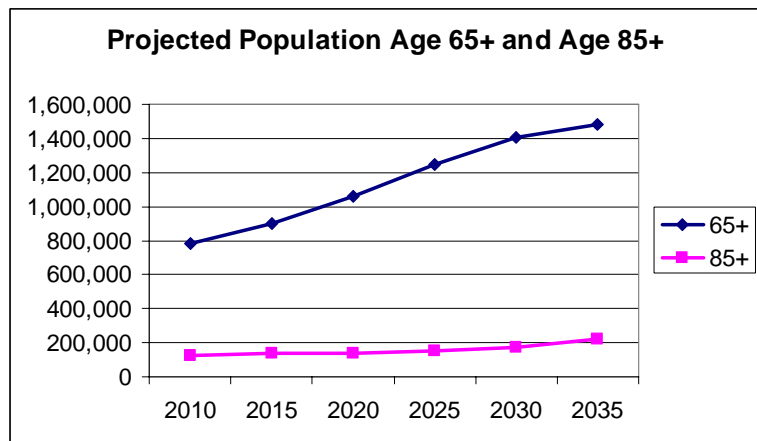
Wisconsin's older population has grown tremendously at other points in history, and it has been growing faster than the population as a whole for more than 100 years. In 2000, for instance, the number of people Wisconsin residents aged 65 and older was nearly six times as great as in 1900.<sup>2</sup> But in earlier periods, the number of young people always grew quickly, as well. In 2000, Wisconsin's younger population was almost 2½ times its size in 1900. Now, the growth of the younger population has slowed almost to a standstill, and between 2020 and 2030, the number of people under age 65 will actually decrease for the first time since official population counts began.



<sup>2</sup> Historical Census data (1900-1980) from "Wisconsin's Older Population," WI-DHSS, Division of Policy and Budget, Bureau of Planning, May, 1987. Numbers for 1990 and 2000 from U.S. Bureau of the Census, 1990 Census, Summary Tape File 1; and Census 2000, Summary File 1. Population projections through 2035 from Wisconsin Department of Administration Demographic Services Center (Updated, 2009 Vintage).

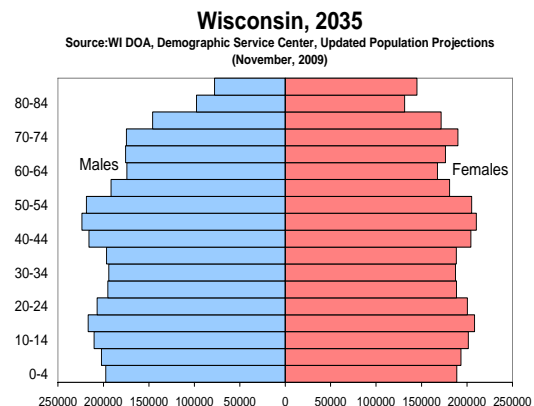
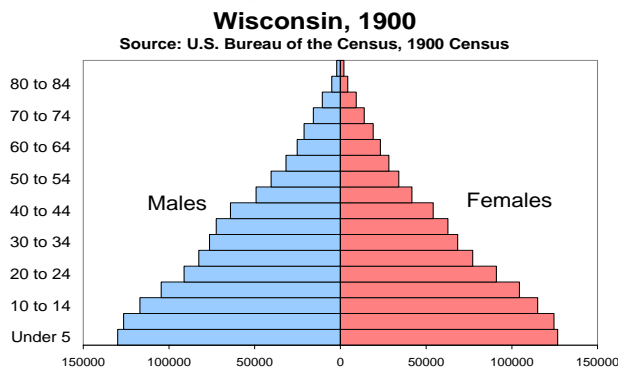
Because the number of older people is growing so much faster than the number of young people, those 65 and older are making up an ever-larger share of the total population. This trend has been in motion for more than a century, mainly due to long-term increases in life expectancy. Thanks to widespread progress in sanitation, nutrition, preventive health care, vaccinations, and public support programs that have reduced poverty, Americans today live about thirty years longer, on average, than they did 100 years ago. In 1900, only about 40 percent of newborns were expected to live until their 65<sup>th</sup> birthday. Today, nearly 80 percent of newborns live that long. Similarly, in 1900, just seven percent of 65-year-olds would live until their 90<sup>th</sup> birthday; today, more than one in four do so. By 2050, experts predict that nearly half of 65-year-olds will live an additional 25 years.

The second reason that one in five Wisconsinites will be 65 or older 25 years from now is the fact that birth rates were so high between 1946 and 1964, and the members of this “baby boom” generation will begin turning 65 in 2011. “Boomers” will continue turning 65 through 2029. By that time, the number of older people will have almost doubled, and more than one in five Wisconsinites will be 65 or older.



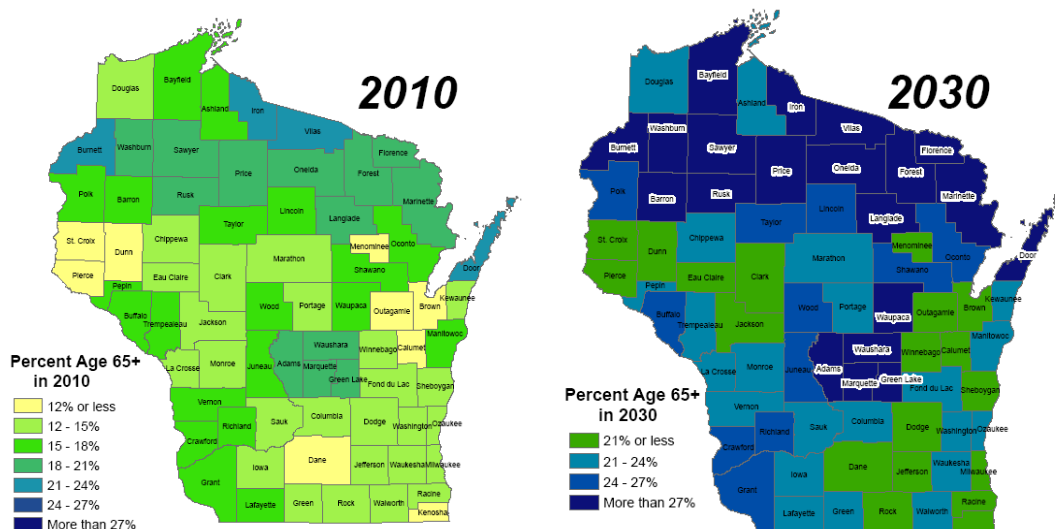
In 2031, the first Boomers will turn 85, and this “oldest old” group will show a similar growth pattern until 2049 when the last of the Boomers turn 85.

The transformation of Wisconsin’s age distribution over time shows clearly in population pyramids for different periods. Population pyramids are graphs showing how the size of each five-year age group compares to other age groups, with the youngest age group at the bottom and the oldest at the top. Historically, and today in most developing countries, high birth rates and short life expectancies meant that the number of individuals in younger age groups far outstrip those in the oldest groups, leading to the classic “pyramid” shape of the graph. Wisconsin’s population pyramid for 1900 showed this pattern, but by 2035, Wisconsin’s population distribution is projected to look more like a rectangle than a pyramid, with the number of older people nearly equaling the number of young people.



## Geographic Differences in Population Aging

Population age dynamics differ strikingly from county to county within Wisconsin. For example, while older people now make up more than 24 percent of the population in Vilas and Iron Counties<sup>3</sup>, those age 65+ comprise less than 11 percent of the population in five counties, with Dane County coming in last at 10.3 percent. As the maps below show, all of the “oldest” counties are northern, nonmetropolitan counties. Most of the counties that have already reached or exceeded the “percent age 65+” expected statewide by 2035 are in the northern third of the state. In general, the counties with the smallest concentrations of people age 65+ are metropolitan counties with large, growing younger populations due to educational, employment, or housing advantages that attract new residents. These trends are projected to intensify significantly over time, with some parts of northern Wisconsin reaching concentrations of about 40% by 2035. Door County is projected to have the highest concentration by that time, with more than 44% of its population age 65 or older.



## Varying Effects of Population Aging

The effects of population aging vary, even among counties that appear to be experiencing similar trends. For instance, a high concentration of older people can bring advantages to an area, particularly when the older individuals have comfortable incomes, are active and in good health, and are relatively youthful. Some northern Wisconsin counties serve as “retirement destinations” for exurbanites from Minneapolis and Chicago. Older residents arrive with fresh resources and boost demand for goods and services, including home building, high-end consumer products and restaurants, and quality health care. They can become a major economic presence undergirding strong employment and providing a substantial property tax base. Door and Vilas Counties are the clearest examples of this first type of “aging county.”

<sup>3</sup> WI DOA Demographic Services Center, Updated (2009 Vintage) Population Projections for 2010.

On the other hand, when the older population becomes concentrated in an area because an existing population ages in place while younger people leave, challenges loom large. Many of Wisconsin's northern counties have never been economically robust. Their aging populations had only moderate incomes during their working years, and face difficult financial circumstances in retirement. Long-term erosion of employment in agriculture, forestry, mining, and other northern industries have prompted two or three generations of young people to seek educational and career opportunities elsewhere, and the prospects for a turnaround are dim. Although people generally use (and pay for) more services as they age, the restricted resources of older people in this second group of "aging counties" are unlikely to spur growth in anything but the most basic and lowest-paid health care and personal services. Because of youth-flight, a shortage of young people to provide such services already makes it hard to meet even those needs, and downward trends in employment and income are likely to continue eroding the tax base local governments need to provide basic services and a safety net. Forest, Florence, Iron, and other northern counties are on the leading edge of counties confronting these difficulties.

Even Wisconsin's more "average" counties face challenges of these kinds. Statewide, counties will experience rapid growth in the number and percent of older people while their working-age populations hold steady or shrink, raising the twin specters of workforce shortages and tax base erosion. Because baby boomers had fewer children, on average, than previous generations, they will also have fewer resources for family economic support and caregiving than their currently-aging parents do. In general, baby boomers are also a more racially and economically diverse group than the traditional older population, and their preparedness for retirement and aging varies widely. While some have attained high levels of education and income and enjoy comprehensive health insurance and a secure retirement income, a larger share face aging with far fewer resources and much less security. Recent developments in the global economy have, of course, undermined the security of all financial resources and made the notion of retirement for many middle- and lower-income people more challenging. The role of public aging and long-term care services will become increasingly important as the ranks of baby boomers swell the older population.

#### Organization: Wisconsin's Aging network And Long-Term Care System

During the previous State Plan period, Wisconsin completed a major step in the modernization of its aging network, consolidating the administrative operations of its four multi-county AAAs. One AAA now serves Milwaukee County, one serves Dane County (Madison), and one serves the balance of the state (70 counties, previously served by four regional AAAs). This consolidation makes the administration of Title III programs more efficient and allows a greater share of funding to be allocated directly to supporting older people. The upcoming plan period will see ongoing work to develop the administrative and service arrangements of the Greater Wisconsin Agency on Aging Resources (GWAAR), Wisconsin's new 70-county AAA, and to ensure that other goals of the modernization effort are also met, including incorporating older people in meaningful ways into the operations and policy-making of the aging network.

Another important aspect of Wisconsin's aging network modernization involves the transition from delivering Older Americans Act services through county aging units to providing a more comprehensive set of aging and community-based services through aging and disability resource centers (ADRCs). Closely related to aging units and often encompassing them, ADRCs are designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities. The State Unit on Aging oversees the Office of Resource Center Development, charged with administration and oversight of the ADRC expansion project. As of May 1, 2009, there were 31 operational ADRCs serving 50 Wisconsin counties and one tribe, accounting for 72 percent of the state's population.

Wisconsin was an early pioneer in developing alternatives to institutionalization for older people requiring long-term care services under Medicaid, launching highly successful and popular waiver programs that were taken up nationwide through the 1980s. Today, the state's county-administered home and community-based Medicaid waiver programs are being reorganized into a network of managed care organizations (MCOs) offering consistent services as an entitlement in a rapidly-expanding number of counties. Called "Family Care" and authorized by the Governor and Legislature in 1998, this program serves people age 18 and older with physical or developmental disabilities, and frail elders, with the specific goals of:

- Giving people better choices about where they live and what kind of services and supports they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective system for the future.

Managed care organizations (MCOs) manage and deliver the Family Care benefit, which combines funding and services from a variety of existing programs (including home and community based Medicaid waivers) into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences. As of May 1, 2009, residents of 37 counties had access to managed long term care. Family Care was operational in 35 of those counties (accounting for 57% of the state's population), and the Partnership Program, combining managed health care and managed long-term care, was operational in 16.

#### Strategic Opportunities:

The reorganization of Wisconsin's aging network has created an important opportunity to create a more central place for older people and their voices in all aspects of the structure and function of aging service organizations.

The transition from traditional county aging units to Aging and Disability Resource Centers (ADRCs) allows a more comprehensive and holistic approach to discovering and meeting the needs of older people and people with disabilities. Particularly through

their Information and Assistance specialists, options counseling services, and the Elderly and Disability Benefit Specialist programs, ADRCs pull together information about the whole spectrum of long-term care resources available in an area and help coordinate access to them. In addition, health promotion and disease prevention information and activities are provided for the entire community as a service of the ADRC. As ADRCs' outreach and marketing efforts expand local awareness about these opportunities, older people, those with disabilities, and their families and caregivers will have better, more rapid, and less stressful access to needed information and services.

Moving from traditional home and community-based waivers to Family Care creates opportunities for more comprehensive program coverage and for substantial cost savings in the long run, as a larger share of the eligible population can be served under the managed-care umbrella and avoid costly nursing home placement. Counties already offering Family Care are able to eliminate waiting lists for services, reducing the anxiety and financial burden of older people in need of long-term care, and their families.

#### Challenges and Resources:

While the Department, the Governor, and the state legislature are committed to moving forward with the goals of statewide access to Family Care, including ADRCs, expansion is budget-dependent. The state's is facing severe economic challenges, which has necessitated some delays in Family Care expansion.

State finances are only part of the picture. Counties are also challenged to provide the required share of resources, including the personnel and training opportunities required to successfully operate under this new paradigm.

Significantly, a number of counties are too small to run an ADRC, independently on a cost-effective basis. In general, counties are encouraged to coordinate with neighboring counties in forming ADRCs. Similarly, managed care organizations are encouraged to propose offering services to multiple counties under one administrative umbrella, both to take advantage of economies of scale and to ensure that a consistent level of service is available across county lines. While these strategies help to solve the problem of scant county resources, they require a high level of inter-governmental cooperation and coordination and will take time to develop.

# Smart Goals

The 2010-2012 State Plan for Older People uses the SMART Goal format.

The SMART goal system is a useful acronym for describing well-defined goals.

- S**     **Specific:** Goals must be clear. When goals are specific, they tell people exactly what is expected, when, and how much.
- M**     **Measurable:** A goal that can't be measured is not very useful. If goals are not measurable, it is impossible to tell if progress is being made towards their successful completion.
- A**     **Attainable:** Goals must be realistic and attainable. The best goals require organizations to stretch a bit to achieve them, but they aren't extreme. Goals that are set too high or too low become meaningless.
- R**     **Results-Based:** This answers the "so what" question. A SMART goal describes the desired end state.
- T**     **Time-bound:** Goals must have starting points, ending points, and fixed durations. There should be a clear target date for completion. Use a specific date (December 31, 2012), rather than a month or season (Vernal Equinox, 2009).

The SMART Goal system addresses traditional concerns of goals, objectives, strategies and performance measures in a concise easily readable fashion.

## **Federally Required Priorities**

1. Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options
2. Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation
5. Coordinate Title VI and Title III services to avoiding duplication of services and maximize available resources.
6. Work with emergency preparedness organizations in the development of plans to respond to natural and man-made disaster events.

**Required Federal Priority** - Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options

In the mid-1990s, a broad consensus developed on the need to redesign Wisconsin's long-term care system, prompted by concerns with the cost and complexity of the long-term care system, inequities in availability, and by projections of an aging population's growing demand for long-term care. Over the next few years, consumers, advocates, providers, state and local officials, and others collaborated to design a new approach to the provision of long-term care in Wisconsin. This new approach, named "Family Care," was designed to provide cost-effective, comprehensive and flexible long-term care that would foster consumers' independence and quality of life, while recognizing the need for interdependence and support. Family Care was partially based on experience in developing the Partnership Program which integrates acute health and long-term care services into one inclusive benefit.

Family Care, authorized by the Governor and Legislature in 1998, serves adults with physical disabilities, people with developmental disabilities and frail elders, with the specific goals of:

- Giving people better choices about where they live and what kinds of services and supports they get to meet their needs.
- Improving access to services.
- Improving quality through a focus on health and social outcomes.
- Creating a cost-effective system for the future.

Family Care has two major organizational components:

1. Aging and disability resource centers (ADRCs), designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities.
2. Managed care organizations (MCOs), which manage and deliver the new Family Care benefit, which combines funding and services from a variety of existing programs into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences.

The advent of the aging and disability resource centers in Wisconsin creates an opportunity for localities to adopt new roles and new public identities to serve a larger population that is aging and living longer with greater levels of disability, as well as younger persons with disabilities seeking fuller lives in their communities.

The ADRC intentionally stands apart from the delivery or financing of direct services in order to provide greater attention and objective information to citizens trying to navigate the complex array of programs and benefits, private as well as publicly financed

community services and supports. The ADRC can provide leadership in identifying gaps in community services, locating informal supports and new providers, facilitating a seamless eligibility process, and generating more rigorous approaches to the prevention of disability and management of chronic illness through evidence-based programs. The ADRC is not an “intake” unit for public human services.

The ADRC is free of conflict of interest, as it does not promote the services of any single provider or managed care entity, nor does the ADRC benefit financially from choices made by consumers. The ADRC provides a **new identity** for the aging network as well as for other components of county human services delivery.

Since experience indicates that a majority of the customers of the ADRC will be older persons or their families, the expertise and responsibilities of the aging units should be incorporated into the operation of the ADRC whenever possible, through the **integration** of aging unit and ADRC functions.

State, area and county agencies established and funded under the auspices of the federal Older Americans Act have been shaped by federal and state statutes and thirty years of tradition. Federal and state laws require that area agencies on aging (AAA) and county and tribal aging units assure that Older Americans Act (OAA) programs are governed by a majority of older persons, and that each area agency on aging must provide - through contracts with county and tribal aging units - information and assistance, benefit specialist (legal) services, and advocacy for older adults regardless of income. It should be noted, that while the state unit on aging does not have a direct funding relationship with Senior Centers, it views them as an important collaborative partner in serving Wisconsin’s seniors.

## **State Goals-Empowering Older People on Long Term Care Issues**

The ADRC's mission is to assist older persons and their families in making informed decisions about long-term care options. Ideally, this will be done prior to a crisis and when individuals still have private resources to use for their care. At this point much of the emphasis of options counseling in the ADRCs has been focused on individuals eligible for the publically funded system. In the future, this focus will shift.

1. Well researched and thought out materials will be needed by the staff of the ADRCs in order to provide good options counseling to private pay individuals and their families. The SUA will research and develop a variety of materials on subjects ranging from long-term care insurance options to the pros and cons of selecting alternative living options. Work on these resources will be complete by December 31, 2011.
2. The Office on Aging will work with staff in the Office for Resource Center Development to identify issues to be researched and ADRCs willing to test materials produced as a way to assure the materials are useful and relevant. Staff will be identified to work on this project by July 31, 2010.

**Required Federal Priority** - Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

According to the Family Caregiver Alliance – National Center on Caregiving Report “Federal and State Family Caregiving Legislation: Trends in 2007-2008”

Our nation's health and long-term care systems face severe challenges. Millions of Americans are uninsured, and millions more with chronic illnesses and disabilities lack the personal resources or access to public programs needed to obtain critical long-term care services. At the heart of these challenges are the nation's 44 million family caregivers, working under often strenuous circumstances to provide their older or ailing family members, friends, and neighbors the care they need. Yet, if families and friends are to continue in this role as the backbone of our long-term care system, a variety of policy solutions are needed to address person and family-centered care.

Today, the enormous pressures and risks of family caregiving, including burnout, compromised health, depression and depletion of financial resources, are a reality of daily life for millions of American families. Families need information and their own support services to preserve the critical role that they play in the nation's long-term care system, but frequently they do not know where to turn for help. When they do seek assistance, many community agencies cannot provide adequate supports due to funding constraints and out-dated policies.

#### The Purpose of the NFCSP and How it Works

The National Family Caregiver Support Program (NFCSP), established in 2000, provides grants to States and Territories, based on their share of the population aged 70 and over, to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible.

Families are the major provider of long-term care, but research has shown that caregiving exacts a heavy emotional, physical and financial toll. Many caregivers who work and provide care experience conflicts between these responsibilities. Twenty two percent of caregivers are assisting two individuals, while eight percent are caring for three or more. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as fair to poor.

The NFCSP offers a range of services to support family caregivers. Under this program, States shall provide five types of services:

- information to caregivers about available services,
- assistance to caregivers in gaining access to the services,
- individual counseling, organization of support groups, and caregiver training,
- respite care, and
- supplemental services, on a limited basis

These services work in conjunction with other state and community-based services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress and enables them to provide care longer, thereby avoiding or delaying the need for costly institutional care.

The federal Older Americans Act (OAA) National Family Caregiver Support Program (NFCSP) described above provides support to family caregivers who are helping care recipients to remain in their own homes with a high quality of life for as long as possible. Family caregivers need to have updated information about and access to home and community-based services, including supports for themselves.

### IRIS

IRIS is a Wisconsin program where the individual self-directs his/her publicly funded, community-based, long-term care supports and services.

- **INCLUDE** – Wisconsin elders, adults with physical disabilities and adults with developmental disabilities who are Medicaid eligible are included in communities across Wisconsin just like everyone else. IRIS can help participants remain connected to others.
- **RESPECT** – You choose where you live, what relationships you build, where you work, and how actively you participate in your community.
- **I SELF-DIRECT** – IRIS is a self-directed option in which you creatively use your monthly budget allocation to help meet your individual long-term care needs. You decide what is important to you.

## State Goals – Family Caregiver Support Program

1. The SUA will provide IRIS training and technical assistance to aging agencies on IRIS, by June 30, 2011, so that they can help older people arrange for the services they need.
2. The SUA will work to provide aging units and ADRCs with increased access to the resources and expertise of the three Wisconsin Alzheimer's Chapters, by December 31, 2010. This will enable the aging units and ADRCs to provide better information on Alzheimer's Disease to older people.
3. The SUA, in cooperation with the Wisconsin Department of Veteran's Affairs, will develop informational materials, for aging agencies, on services available through the Wisconsin Department of Veteran's Affairs, by December 31, 2011. This information will enable the aging agencies to provide more comprehensive and up-to-date information on veteran's benefits to older veterans.
4. The SUA, in cooperation with the University of Wisconsin-Extension, will develop technical assistance materials for aging agencies on how to develop local family caregiver coalitions, by December 31, 2011. The family caregiver coalitions will serve as local vehicles for the coordination and development of caregiver services.
5. The SUA, in cooperation with state-level and community agencies, will help implement an evidence-based caregiver program in each aging unit, by December 31, 2012. Evidence-based programs have demonstrated effectiveness in assisting caregivers.
6. The SUA, in cooperation with Bethany Home of Waupaca will provide family caregiver educational /training programs for the NFCSP, by January 31, 2011. This training will assist caregivers in refining their caregiving functions.

**Required Federal Priority - Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare**

The United States is on the brink of a longevity revolution. By 2030, the proportion of the U.S. population aged 65 and older will double to about 71 million older adults, or one in every five Americans. The far-reaching implications of the increasing number of older Americans and their growing diversity will include unprecedented demands on public health, aging services, and the nation's health care system.

Chronic diseases exact a particularly heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. Although the risk of disease and disability clearly increases with advancing age, poor health is not an inevitable consequence of aging.

Much of the illness, disability, and death associated with chronic disease are avoidable through known prevention measures. Key measures include practicing a healthy lifestyle (e.g., regular physical activity, healthy eating, and avoiding tobacco use) and the use of early detection practices (e.g., screening for breast, cervical, and colorectal cancers, diabetes and its complications, and depression).

Since 2004 Wisconsin has been developing the capacity to offer evidence based prevention programs through local aging units and ADRCs. Most notably, the Stanford program "Chronic Disease Self Management" (CDSMP) in Wisconsin known as "Living Well with Chronic Conditions" and "Stepping On" fall prevention are offered. Both of these programs are built on a model of self-efficacy and are proven to be effective.

Most recently Wisconsin has been the recipient of an Administration on Aging (AoA) evidence based prevention grant and a grant from the National Council on Aging to plan for sustainable systems. The goal is to create an Institute for Healthy Aging which will be the locus for evidence based prevention programs in Wisconsin.

## State Goals - Evidence-Based Prevention Programs

1. In order to assure quality, fidelity and uniformity of evidence-based prevention programs operated throughout the Wisconsin Aging network, the State Office on Aging will work with a constituent task force to develop a plan for the creation of an Institute for Healthy Aging. The business plan and funding recommendations will be complete by March 31, 2010
2. Wisconsin continues to rank in the top ten states for fall related deaths to persons over age 65. In an effort to reduce the number of falls among older persons, the Bureau of Aging and Disability Resources, in partnership with the Bureau of Community Health Promotion within the Division of Public Health will work to expand the Stepping on Fall Prevention Program in ten more counties in the state by December 31, 2011.
3. The Bureau of Aging and Disability Resources recognizes the value of implementing evidence-based prevention programs as a means of providing programs already proven through research. The Office on Aging will work with Area agencies on aging and representatives from local aging offices to explore a policy change that would require Title III-D money be used only for evidence-based prevention programs. Work would be complete by October 31, 2011 and policy changes would be made effective with the January 1, 2012 contracts.

**Required Federal Priority** - Ensure the rights of older people and prevent their abuse, neglect and exploitation

Elder abuse is a growing problem across the nation. According to the National Center on Elder Abuse (NCEA), a combination of psychological, social, and economic factors, along with the mental and physical conditions of the victim and the perpetrator, contribute to the occurrence of elder maltreatment. It has been estimated that roughly two-thirds of all elder abuse perpetrators are family members.

Elder victims of domestic violence are commonly referred to as the invisible population. They are among the most socially isolated, physically vulnerable, and psychologically conditioned to passivity of all victims of domestic violence. Most elder victims hold tenaciously to the belief that family problems are a private matter. They fear that exposure of the abuse will result in unbearable consequences: they will be forced into a nursing home; their daughter, son, or husband will be arrested and jailed. In Wisconsin, elder victims are the least likely of all domestic violence victims to seek out or accept services. The trauma of abuse and shame limits the elder's capacity to initiate change. Most elder victims simply want the abuse to end, their families to remain intact, and to feel safe at home for their remaining years.

<b>State Goals - Prevention of Elder Abuse, Neglect and Exploitation</b>
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1. The SUA, will increase the visibility and outreach of programs through presentations and materials on services that help alleviate abuse, neglect and financial exploitation by, June 30, 2010
2. The SUA will identify key changes to improve programs that will require training by December 31, 2010.
3. The SUA will develop regional training agenda and conduct training sessions across the state, to improve the quality of programs, by December 31, 2010.
4. The SUA will increase outreach, education and assistance with FoodShare, by March 31, 2010.
5. The SUA, in concert with local agencies, will increase the number of LIS and MSP applications, particularly in those areas which CMS has identified as having high numbers of potential applicants, including Hmong and Hispanic populations by January 31, 2011.
6. The SUA ,in concert with local agencies, will increase the number of SHIP volunteers in Milwaukee, by January 31, 2011.
7. The SUA will revise the Elder Abuse Interdisciplinary Team Manual to reflect law changes and long-term care reform, by June 30, 2010.
8. The SUA will develop additional legal and policy guidelines, with the assistance state and county staff, on elder adults/adults-at-risk programs under Wisconsin's reformed long-term care system, by August 31, 2010.

**Required Federal Priority** - Coordinate Title VI and Title III services to avoid duplication of services and maximizing available resources.

AAAs were established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans 60 and over in every local community. Funds were made available to the AAAs under Title III to provide a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best, AAAs make it possible for older adults to remain in their homes and communities as long as possible.

Title VI, Grants for Indian Tribal Organizations, was included in the 1978 Amendments to the OAA. Title VI Native American aging programs provide nutritional and supportive services to older American Indians and provide services to their elders comparable to services offered to other older adults by AAAs. Ten of Wisconsin's Eleven tribal organizations receive Title VI funding.

In Wisconsin, Title III funds are distributed through the AAAs to both county and tribal aging units to aid in the development of community services.

Increasing demands for community services, coupled with static or reduced funding, makes the coordination of Titles III and VI activities, imperative.

Under the 2003-2008 Network Modernization efforts, the State of Wisconsin, in collaboration with the tribal aging directors, designed the Tribal Technical Assistance Center to be part of the newly created Area Agency on Aging. This TA Center is housed at the Great Lakes Inter-Tribal Council (GLITC) a unique multi-tribal organization in Wisconsin and is under contract with the Greater Wisconsin Agency on Aging Resources (GWAAR) the new Area Agency on Aging, to provide technical assistance, training and serve as a liaison between both the AAA and the SUA on tribal issues. This model was created after a long consultation with the tribal aging directors to assure it met their needs.

## **State Goals - Coordination with Title III & Title VI**

1. To better assist tribal aging offices in providing services to their elders, the SUA will work with the Administration on Aging to identify ways the TA Center may also be of assistance with Title VI issues. Activities will be on-going as issues arise.
2. The Tribal Elder Benefit Specialist (TEBS) Program is a sub-set of the statewide Elderly Benefit Specialist Program. While the public benefits portion of the program is the same, the unique knowledge of tribal benefits and tribal law dictate that legal support for them is provided by public interest attorneys with knowledge of both. By December 31, 2010 the SUA, in partnership with the GWAAR will arrange for the Tribal TA Center to contract with an organization skilled in tribal law and public benefits to provide legal back-up to all TEBS.
3. To avoid as much duplication in reporting as possible, the SUA will work with tribal aging directors to identify key elements of reporting for Title VI funds and include those elements in the SAMS reporting system for tribes. This activity, and the accompanying training to tribal staff, will be complete by December 31, 2010.
4. Respecting the sovereign status of tribes, the SUA will work with tribal aging directors to streamline the planning efforts and align them with Title VI whenever possible. This activity will be complete by August 31, 2012 which will allow for new plan documents to be ready for the next 3-year plan cycle.

**Required Federal Priority** - Work with emergency preparedness organizations in the development of plans to respond to natural and man-made disaster events.

Disasters or emergencies can happen anywhere, at any time. Over the past two years alone, more than 130 Presidential Disaster Declarations have been declared in 45 states and territories. When a disaster strikes, older persons and persons with disabilities may experience public health and human service needs that threaten their well-being. In many cases, existing physical or mental impairments may worsen, and needed family and community-based supports may be disrupted by the emergency situation.

It is important that the Wisconsin Aging network becomes actively involved in coordinated preparedness and response planning between Federal, State, Tribal, and local governments, as well as the private, voluntary and faith-based sectors.

## State Goals - Emergency Preparedness

1. To educate local emergency management directors about the aging network and the resources they bring to emergency preparedness, staff of the SUA will meet with state emergency management personnel to develop training materials for local emergency management directors and have them available by December 31, 2010.
2. To assist the aging network in planning for and teaching older persons about emergency preparedness, the SUA will explore other resources regarding large scale and individual emergency preparedness and provide the aging network with these resources by July 31, 2010.
3. To assure continuity of operations of the SUA during a prolonged disaster, state staff will continue to participate in state level planning and exercises on an on-going basis.
4. To assure the needs of older persons are met during a time of emergency, SUA staff will be available to assist other state agencies, including but not limited to the Department of Health, Board on Aging and Long Term Care (Ombudsman) and Department of Emergency Management by identifying and deploying resources as needed. SUA staff will also serve as the state level contact for local aging agencies. This takes place during a declared emergency.

## **State Priorities**

1. Work to develop coordinated transportation to better serve older people.
2. Work with community organizations to improve services for victims of Alzheimer's disease.

**State Priority** - Work to develop coordinated transportation to better serve older people.

Since 2002 the SUA has been a leader in the discussion of ways to develop coordinated transportation systems in Wisconsin. The first United We Ride (UWR) planning grant was written by SUA staff and served as a vehicle for the Governor to bring together state agencies to discuss ways to enable transportation coordination at the local level. The Interagency Committee on Transportation Coordination (ICTC) was formed as a result of the first grant.

Since that time, WI DOT applied for and received a UWR implementation grant on behalf of the ICTC, which was used to develop a coordination plan for Wisconsin with an implementation strategy. In addition the ICTC has established a broad based advisory group made up of stakeholders from across the state. The ICTC recently submitted a three-year progress report to the governor highlighting the work of the committee and making recommendations for future activities. The DOT, on behalf of the ICTC has now submitted the third UWR grant proposing to pilot the coordination of Medicaid and Human Service Transportation programs. The state has not yet received notification about this grant award.

Demographics and budget dictate that we continue to strive towards a well coordinated, low-cost and easily accessible transportation system for all parts of the state. Older persons and people with disabilities, especially in the rural areas already face challenges as the medical service delivery system relies more and more on regional medical centers. As Wisconsin moves to a home and community based long term care system, and as the population continues to age, transportation will be the key to assuring persons remain vital and active participants within their communities.

<b>State Goals - Coordinated Transportation</b>
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1. To assure the needs of older people are well represented, staff of the SUA will remain active members of the ICTC on a continuing basis.
2. It is important for local aging offices to advocate for the transportation needs of older people. The SUA will include a transportation coordination requirement in the local planning documents which are due December 31, 2009.
3. As a means of encouraging local aging offices to participate in local and/or regional coordinated transportation efforts, the SUA will produce best practices information highlighting successful coordinated transportation efforts in Wisconsin by December 31, 2010.

## **State Priority – Alzheimer's Disease**

In 2008, it is estimated that there are as many as 5.2 million Americans currently living with Alzheimer's disease, and that number is expected to grow to as many as 16 million by 2050. Every 71 seconds, an American develops Alzheimer's disease. By mid-century, an American will develop the disease every 33 seconds.

One in six women and one in 10 men who live to be at least age 55 will develop Alzheimer's disease in their remaining lifetime.

Approximately 10 million of the 78 million U.S. baby boomers who were alive in 2007 can expect to develop Alzheimer's disease. 70 percent of people with Alzheimer's disease live at home, cared for by family and friends. In 2007, 9.8 million family members, friends and neighbors provided unpaid care for a person with Alzheimer's disease or another dementia.

The direct costs to Medicare and Medicaid for care of people with Alzheimer's disease and other dementias and the indirect costs to business for employees who are caring for people with Alzheimer's disease amount to more than \$148 billion annually.

Source: *Alzheimer's Association (2008). 2008 Alzheimer's Disease Facts and Figures.*

## State Goals - Alzheimer's Disease

The SUA recognizes the devastating effect Alzheimer's disease has on entire families. With the continued aging of Wisconsin's population, research demonstrates the number of individuals with Alzheimer's will continue to grow. At the present time there are no standards to define a "dementia capable" service which results in confusion on the part of family members faced with already difficult decisions. It is the role of the SUA to serve as an advocate for this very vulnerable population and most appropriate to identify areas where public policy and even regulation could help to relieve that confusion and assure appropriate services.

1. The SUA will convene a workgroup of public and private partners to explore the need for a statewide policy initiative on Alzheimer's disease by December 31, 2009.
2. To set the context for discussion regarding appropriate public policy dealing with services for persons with Alzheimer's, the SUA will research how other state units on aging have developed their State Alzheimer's plans and determine the appropriate direction for Wisconsin. This work will be completed by July 31, 2010.
3. Based upon the findings of the Alzheimer's workgroup, the SUA will begin to develop a statewide Alzheimer's policy framework by December 31, 2011.

# Vulnerable Elder Rights Protection

**Section 705(a)(7)** of the OAA calls for the State agency to describe the manner in which it will carry out Title VII, in consideration of assurances set forth in Title VII.

Title VII brings together the advocacy programs of the OAA and authorizes development of a system of services, programs and personnel designed to help older persons understand their rights, exercise choice through informed decision-making and benefit from the support and opportunities promised by law. Elder rights programs protect seniors from known abuses to which older adults are often susceptible and assure the basic rights and benefits of vulnerable older people. Elder rights program activities conserve and extend personal resources, help avoid threats to financial security, and empower older Americans to make informed choices that enhance their ability to remain in the community.

**Section 705 (a)(1)** The State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

**Section 705 (a)(2)** The State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

**Section 705 (a)(3)** The State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

**Section 705 (a)(4)** The State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

**Section 705 (a)(5)** The State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

**Section 705 (a)(6)** The State agency, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this

Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

### Description of Issue

Title VII, the Vulnerable Elder Rights Protection Title, was created by the 1992 amendments to the Older Americans Act. It addresses the need for strong advocacy to protect and enhance the basic rights and benefits of vulnerable older people.

Title VII has a dual focus. It brings together and strengthens existing advocacy programs for older people, and calls for their coordination and linkage within each state. In addition, Title VII calls on state agencies to take a holistic approach to elder rights advocacy by coordinating programs and fostering collaboration among programs and other advocates in each state to address issues of the highest priority for the most vulnerable elders.

### Program Descriptions

While the entire Wisconsin Aging network places priority on services to frail and vulnerable older people, the programs listed below are most directly involved in protecting the rights of vulnerable older people. The descriptions are not meant to capture all elements of the programs listed, but merely to present an overview.

#### **The Long Term Care Ombudsman Program**

The Board's Long Term Care Ombudsman Program advocates for persons age 60 and older who are residents of long term care facilities, as well as their families, legal representatives and acquaintances, to voice concerns regarding conditions that affect the quality of their life and their care. Persons receiving services through Medicaid waiver programs in the community are also eligible to be served directly by the Ombudsman i.e. Family Care and the Community

Options Program. The program promotes policies and practices to improve the quality of life and care in nursing and board and care homes, other adult care facilities, and in-home and community-based services.

The Ombudsman Program has a toll free telephone number and provides services including:

- Investigating complaints;
- Resolving and mediating issues;
- Providing information and education on resident rights, restraints, abuse reporting, and prevention;
- Working with Community Options Program (COP), Family Care and Medicaid waiver program staff and participants;
- Educating consumers on the process of choosing from an array of long term care options;
- Empowering residents and families to assert their rights;
- Providing educational sessions for residents and families;
- Training providers' staff on a variety of pertinent topics; i.e. Residents' Rights; Elder Abuse Prevention;
- Developing and empowering resident and family councils;
- Working with enforcement agencies including Department of Justice Medicaid Fraud Control Unit, US Attorneys, Licensing and Certification Agency, and County District Attorneys.

The program also operates a volunteer component. The Volunteer Ombudsman Program is a service that was developed to supplement the advocacy services of the Long Term Care Ombudsman Program focusing on residents in skilled nursing facilities. Established in 1994 by the Board on Aging and Long Term Care, the Volunteer Ombudsman Program began as a pilot project. And now 15 years later, it has developed into an expansive program serving hundreds of nursing home residents throughout the state. Requirements of a Volunteer Ombudsman include:

- attend mandatory 7 hour training
- make unannounced weekly visits to an assigned facility
- provide their own transportation
- spend 2-3 hours at a time between 8:00 AM –8:00 PM at the facility
- give a 6 month minimum commitment
- undergo a criminal background check

Volunteer Ombudsmen in this program make unannounced visits to designated nursing homes on a weekly basis. During their weekly visits,

volunteers observe, listen to and interact with the residents. They observe general conditions of the facility, and keep a log of this data. Volunteers talk with the residents and families empowering them to self-advocate resolving issues. Volunteers listen to and assist the resident with issues that may include, but are not limited to daily cares, meal issues, comfort, activities, staff relationships, and facility conditions.

Volunteers have an exit interview with a designated staff member contact after each visit. This is a time to talk about the volunteer's observations, concerns that residents have shared, and issues that have not been resolved.

Another role of the Volunteer Ombudsman is to act as the "eyes and ears" of the Regional Ombudsman. The Volunteer Ombudsman is trained to identify significant concerns and to make referrals to the Regional Ombudsman. These issues typically require professional complaint resolutions, and would include medical care, legal issues of guardianship, power of attorney, discharge/transfer rights, and mediating disputes.

## **State Goals - The Long Term Care Ombudsman Program**

1. The Ombudsman Program will provide a special focus on support of resident councils in nursing facilities by the Regional and Volunteer Ombudsmen, throughout the plan period.
2. The Ombudsman Program will increase the visibility of the Regional Ombudsmen in assisted living facilities, thereby enhancing access to the residents of those facilities, throughout the plan period.
3. The Ombudsman Program will increase the number of consumer contacts to the Board on Aging and Long Term Care web-site by providing consumer friendly materials and Information, by December 31, 2010.

## **Medigap Helpline**

The Medigap Helpline helps answer questions about Medicare programs and related private health insurance; primarily Medicare Supplements, Long Term Care Insurance, and other health care plans available to Medicare beneficiaries.

The Medigap Helpline is provided by the State of Wisconsin Board on Aging and Long Term Care at no cost. There is no connection with any insurance company. The Medigap Helpline is a one-on-one telephone counseling service administered by the Board on Aging and Long Term Care. It is funded by state and federal funds. The toll free telephone number is accessible nationwide to Wisconsin citizens.

The primary customers include:

- Medicare beneficiaries of all ages
- Private long term care insurance shoppers
- Disabled individuals
- Pre-retirement individuals
- Retirees losing their employer group health insurance plan

The secondary customers include, but are not limited to:

- Benefit Specialists/social workers
- Medical/health care professionals
- Legislators or staffers
- Non-Medicare individuals without health insurance

The Medigap counselors provide information, education and counseling on the following topics:

- Medigap Insurance
- Medicare
- Managed Care Plans
- Long Term Care Insurance
- Medicaid/Medicare Savings Programs
- Consumer Protection Issues
- Open Enrollment Periods
- Guaranteed Issue Provisions
- Employer Group Insurance
- COBRA
- HIRSP

The Medigap Helpline works closely with the Office of the Commissioner of Insurance, reviewing proposed regulations and sharing information. It also works collaboratively with the Elderly and Disability Benefit Specialist Program through extensive mutual referrals and collaborating on insurance-related matters.

### **State Goals - The Medigap Helpline Program**

1. The Medigap Helpline Program will undertake quality improvement measures to assure that calls to the Medigap Helpline's incoming toll-free telephone line will be answered by a counselor, rather than voice mail, 75% of the time by December 31, 2011.
2. The Medigap Helpline Program will provide outreach presentations to Medicare beneficiaries, on an ongoing basis.
3. The Medigap Helpline Program will produce and distribute monthly press releases on topics of importance to consumers, monthly throughout the period of this plan.

## **Wisconsin Elderly Benefit Specialist Program**

The purpose of the Wisconsin Benefit Specialist Program is to provide broad access to benefits, entitlements, and legal rights and advocacy to large numbers of older persons throughout Wisconsin. The purpose of the program is to promote and preserve the autonomy, dignity, independence and financial security of older persons by:

- Informing and assisting large numbers of older persons in understanding their rights, benefits and entitlements;
- Limiting the scope and nature of benefit problems experienced by older individuals through prevention, early detection, and intervention;
- Assisting older individuals in securing benefits and entitlements, and in asserting and maintaining rights promised and protected by law;
- Providing access to the system of justice by offering advocacy, advice and representation to older persons as clients, and utilizing litigation, legislative and administrative reform; and
- Initiating advocacy that has consequences of broad significance in preserving and protecting the rights and benefits of older persons.

The Bureau of Aging and Disability Resources administers the Elderly Benefit Specialist Program, at the state-level. Area agencies on aging provide the contracts for regional legal services supervision and backup for the Elderly Benefit Specialist Program. In addition, the AAAs are responsible for monitoring all programs funded with Older Americans Act funds.

<b>State Goals - The Elderly Benefit Specialist Program</b>
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1. The SUA, in cooperation with local benefit specialists, and legal backups, will help elderly clients who seek the assistance for denials of Family Care benefits based on financial ineligibility, throughout this plan.
2. The SUA, in cooperation with local benefit specialists, and legal backups will increase outreach, education and assistance for elderly clients with the Low Income Subsidy and Medicare Savings Program, throughout this plan.
3. The SUA, in cooperation with local benefit specialists, and legal backups, will increase outreach, education and assistance for elderly clients with FoodShare, throughout this plan.

## **State Health Insurance Assistance Program (SHIP)**

As part of its system of Older Americans Act legal and benefit assistance services, the Bureau of Aging and Disability Resources administers the federal State Health Insurance Assistance Program (SHIP) grant. The purpose of SHIP is to provide health benefits information, counseling and assistance to Medicare eligible individuals, their families and their caregivers. SHIP funds go primarily to the Medigap Helpline and to two prescription drug help lines to assist persons with Medicare Part D and other prescription coverage options. A second use of SHIP funds is to assist special populations: Native Americans, persons who are deaf, low income inner-city Milwaukee residents, etc. The third use of SHIP funds is to provide modest supplemental support to certain exemplary local elderly benefit specialist programs.

<b>State Goals - State Health Insurance Assistance Program</b>
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1. The SUA, in cooperation with local benefit specialists, and legal backups, will increase the number of LIS and MSP applications, particularly in those areas which CMS has identified as having high numbers of potential applicants, including Hmong and Hispanic populations, by December 31, 2010.
2. The SUA, in cooperation with local benefit specialists, and legal backups will increase the coordination of outreach and educational efforts among the various SHIP partners, to better serve elderly clients, throughout the period of this plan.
3. The SUA, in cooperation with local benefit specialists, and legal backups will undertake efforts to increase the number of SHIP volunteers in Milwaukee, to better serve older people, by June 30, 2011.

## **Programs for the Prevention of Elder Abuse, Neglect, and Exploitation**

The Elder Adults-at-Risk program in Wisconsin investigates reports of abuse, neglect and financial exploitation of elderly individuals who have suffered, or are at risk of, physical, emotional or financial harm.

The Bureau of Aging and Disability Resources is responsible for assisting county elder adult-at-risk agencies by developing informational materials and providing training and consultation. The Bureau also collects data on each case of abuse, neglect and exploitation reported in Wisconsin's seventy-two counties. Trends identified through the data analysis will also inform the Bureau as to the need for training, public awareness, professional education and will help provide information to document need. The statistical information is released annually.

Each county is required to designate an elder adults-at-risk agency which publicizes contact information and responds to reports of abuse, neglect and exploitation. That response may include:

- A visit to the residence of the elder adult at risk.
- Observation of the elder adult at risk, with or without consent of his or her guardian or agent.
- An interview with the elder adult at risk.
- An interview with the guardian, or agent under an activated power of attorney for health care, or any caregiver of the elder adult at risk.
- A review of the treatment and patient health care records of the elder adult at risk.
- A review of any financial records of the elder adult at risk.
- A medical examination of the elder adult at risk under limited circumstances.

If the elder adults-at-risk agency determines that an individual has been, or is at risk of being, abused, neglected or exploited, it must make recommendations to protect the elder adult at risk's health and safety.

### **Actions taken may include any of the following:**

- Emergency protective services or placement.
- Emergency response services (funding, crisis intervention, shelter)
- Petition for temporary restraining order/restraining order
- Petition for substitute decision maker (conservatorship, petition for guardianship or review of an existing guardianship, power of attorney, etc.)
- Mental health commitment
- Protective services or protective placement
- Referral to ADRC
- Referral to legal or advocacy assistance
- Referral to mental health support services or crisis intervention

- Referral to AODA programs
- Referral to law enforcement and/or the district attorney for investigation and prosecution of the alleged abuser.
- Referral to domestic violence victim services or sexual assault/abuse victim services

**Services planned may include any of the following:**

- Chore services, energy assistance or home modifications
- Congregate or home delivered meals
- Personal care, supportive home care services or nursing services
- Respite care, day care services and support
- Alcohol and other drug abuse support services
- Mental health support services
- Counseling/support groups
- Financial management
- Vocational services, supported employment, sheltered workshop
- Training and education
- Medical services and nursing services
- Occupational/physical therapy
- Facility based care
- Transportation services
- Recreation/alternative activities
- Service coordination (short term case management, relocation services)
- Domestic violence victim services including shelter and advocacy
- Sexual assault/abuse victim services including counseling and support services

Wisconsin law requires interventions that protect health and safety to be delivered in the least restrictive manner. A competent adult at risk has the right to refuse recommended services and supports.

Social workers, health care providers and other professionals are required reporters, with limited exceptions, under Wisconsin law. The Caregiver Reporting System imposes a mandatory reporting requirement on regulated entities to report misconduct by caregivers.

<b>State Goals - Programs for the Prevention of Elder Abuse, Neglect, and Exploitation</b>
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1. The SUA will revise the Elder Abuse Interdisciplinary Team Manual to reflect law changes and long-term care reform, by June 30, 2010.

Elder Adults-at-Risk agencies in Wisconsin are required to operate an Interdisciplinary Team (I-Team) to strengthen communication and collaboration for the protection of adults at risk.

While it is commonly accepted that communication, cooperation, and collaboration between multiple agencies is valuable in the protection of adults at risk - successful, active I-Teams takes significant organization, effort, and time.

Wisconsin's existing I-Team manual provides some basic information about team operations but needs to be revised to reflect changes to the law, the inclusion of younger adults at risk, and reforms in the long-term care system. The revised document will also build on "lessons learned" and "best practices" to help Elder Adults-at-Risk agencies that are struggling to operate effective I-Teams.

2. Elder Abuse Transition to Family Care

The physical as well as organization location of county elder abuse programs is changing as Wisconsin reforms the long-term care system.

The SUA has created a workgroup of individuals with a role in Family Care, Elder Adults/Adults at Risk Agencies, Aging and disability resource centers (the state's one-stop service centers for information on long term care) and other partners to ensure coordinated services for elder adults at risk in this changing structure. This work group will help in developing training and technical assistance materials by June 30, 2011.

3. The SUA will develop training materials related to the transition to managed care long term care and the maintenance of successful interdisciplinary teams (1 and 2 above). In addition, the Bureau will develop policy documents and training materials with the long-term goal of collecting useful information into a training guide. These materials will be completed by December 31, 2011.

## **Public Involvement in Vulnerable Elder Rights Protection Activities**

The Older Americans Act requires that the state plan describe how the state uses public hearings and other means to obtain the views of older persons, area agencies on aging, Title VI grantees, and other interested parties on the planning and implementation of activities related to protecting the rights of vulnerable elders.

Wisconsin's programs for protecting the rights of vulnerable older persons use a variety of mechanisms to involve older persons, the Aging network and other interested parties, in the operation of those programs.

### **Long term Care Ombudsman Program**

Created by the Wisconsin Legislature in 1981, the Board on Aging and Long Term Care consists of seven members appointed by the Governor for staggered 5-year terms. All members of the Board shall be selected from the general public and shall be determined to be free of any conflict of interest.

The Board on Aging and Long Term Care is an active member of the Coalition of Wisconsin Aging Groups, the largest statewide consumer aging advocacy organization.

Staff from the Board on Aging and Long Term Care routinely participate in joint staffing conferences with area agencies on aging, county and tribal aging units (including Title VI grantees), and the Bureau of Aging and Disability Resources. The State Ombudsman serves as chair of the Wisconsin Council of Long Term Care Reform. The Ombudsman Program works with long term care facilities and organizations on Elder Abuse Prevention. Outreach presentations are also provided to residents and their families as well as communities.

### **Wisconsin Elderly Benefit Specialist Program**

The Bureau of Aging and Disability Resources administers the Elderly Benefit Specialist Program, at the state-level. State-level activities are described in the State Plan for Older People, which is subject to public hearing and comment from all area agencies on aging and aging units.

Area agencies on aging provide the contracts for regional legal services backup for the Elderly Benefit Specialist Program. In addition, the AAAs are responsible for monitoring all programs funded with Older Americans Act funds. All AAAs have boards of directors and advisory councils consisting of a majority of older people. Finally, AAA technical assistance and oversight activities are described in the AAA plans for older people, which are subject to public hearing and comment from all aging units in the Planning Service Area.

The Coalition of Wisconsin Aging Groups is a vigorous advocate for enhanced funding. Aging units typically employ the benefit specialists, the front-line workers in the Elderly Benefit Specialist Program. As the state moves towards a statewide model of Aging and disability resource centers (ADRCs), Elderly Benefit Specialists may be employed by ADRCs. A policy-making body or an advisory committee consisting of a majority of older persons oversees each aging unit. Aging unit plans for oversight of the program are required to undergo one or more public hearings when significant changes are proposed.

### Prevention of Elder Abuse, Neglect, and Exploitation Programs

These programs are administered at the state level by the Bureau of Aging and Disability Resources. State-level activities are described in the State Plan for Older People, which is subject to public hearing and comments from the Aging network and the general public.

Typical practice with new programs or changes within the operations of existing programs involves the establishment of state task forces and committees. These task-oriented and time-limited bodies always involve representatives of the Aging network.

County-level elder adults-at-risk programs are operated through agencies that are under the direction of elected boards as well as citizen human services and aging committees. Each county is required to operate an Interdisciplinary Team (I-Team) to strengthen communication and collaboration between entities involved in protecting elder adults/adults at risk. Members include public and private representatives of many professions including legal, health care, law enforcement, domestic violence and sexual assault, social services, advocates, financial, community and cultural organizations and the faith community.

Long-term care reform in Wisconsin has changed the environment for elder abuse programs so a work group was created to address this issue. The group included individuals from managed care organizations, advocates, state waiver and Family Care staff, county elder adults/adults-at-risk and adult protective services staff and ADRC staff. This work group helped develop process guidelines, best practices, memorandum of understanding templates, etc. Also, materials and technical assistance are continually provided to interest groups and professional associations who are required reporters or who work with individuals at risk.

### Helping Older People Have Access to and Assistance in Securing and Maintaining Benefits and Rights

The Older Americans Act requires that the state plan describe how the state will consult with area agencies and will identify and prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits

and rights. The Wisconsin Elderly Benefit Specialist Program is the primary program in Wisconsin for addressing this issue.

The services of the benefit specialist are either provided directly, or contracted to another agency by county and tribal aging units. The area agencies on aging either provide directly or contract for training and attorney support. The State Bureau of Aging and Disability Resources in the Wisconsin Department of Health Services coordinates the program statewide.

A benefit specialist is a person trained to help older persons who are having a problem with their private or government benefits. County and tribal benefit specialists are often called "red tape cutters" because they are experts at helping older persons with the extensive and complicated paperwork that is often required in benefit programs. They help older people figure out what benefits they are entitled to and tell them what they must do to receive them. Benefit specialists are continually trained and monitored by attorneys knowledgeable in elder law. The attorneys are also available to assist older persons in need of legal representation on benefit matters.

Statewide priorities for benefit specialist activities are determined by the Bureau of Aging and Disability Resources in consultation with area agencies on aging, aging units, legal services backups, and aging advocacy organizations. Training on priority issues is supplied under the direction of the Bureau of Aging and Disability Resources. Benefit specialists have received training, and are expected to assist elders on the issues listed below:

- Medicare
- Medicare Supplemental Insurance
- Supplemental Security Income (SSI)
- Medicaid
- Consumer Problems
- SeniorCare
- Homestead Tax Credit
- Housing Problems
- Home and Community Care Services
- Foodshare (Food Stamps)
- Veteran's Administration Benefits
- Other legal and benefit problems

Aging units, under the direction of citizen boards, may establish local priorities in addition to those used statewide.

## Targeting

The Older Americans Act as amended in 2006 stipulates that all State Plans must address specific assurances related to targeting of Older Americans Act funds, and activities of the aging network.

**Section 307(a)(2)(C)** specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

The Wisconsin Bureau of Aging and Disability Resources has specified the following minimum percentages of Title III-B funds which must be expended within each planning and service area (PSA) for the duration of this plan.

<b>Service Category</b>	<b>Minimum Required Percent of Title IIIB Funds Which Must be Spent on this Service</b>
<b>Services Associated With Access</b> to Services (transportation, outreach, information and assistance and case management services).	A minimum of <u>six</u> percent per PSA must be spent for this category of services
<b>In-Home Services</b> (homemaker and home health aide, visiting and telephone reassurance, chore maintenance, and supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction).	A minimum of <u>seven</u> percent per PSA must be spent for this category of services
<b>Legal and Benefit Assistance</b> (legal services and benefit counseling)	A minimum of <u>five</u> percent per PSA must be spent for this category of services

**Section 305(a)(2)(E)** provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan.

The methods listed below will be used to accomplish this assurance.

### **Financial Formulas Criteria**

1. Continue inclusion of a base in the formula for awarding Title III-B funds to counties as an approach that targets funds to rural areas.
2. Continue inclusion of a minimum funding level in the Title III-C1 formula as an approach to guarantee a minimum capacity to sparsely populated rural areas.
3. Continue the inclusion of a rural factor in the Title III-C1 formula.
4. Continue the inclusion of a rural factor in the Title III-D formula.
5. Included a minimum funding level in the Title III-E formula as an approach to guarantee a minimum capacity to sparsely populated rural areas.
6. Continue to award administrative funds to area agencies by a formula that has, as one factor, the number of aging units served, thereby assuring adequate technical assistance and monitoring capacity for smaller rural counties and tribes.
7. Continue to use a minimum level of state funding for the Benefit Specialist Program to assure an adequate minimum level of service for rural counties.
8. Continue to use a minimum level of state funding for the Alzheimer's Family and Caregiver Support Program to provide a minimum capacity for rural areas.
9. Continue the use of a formula to distribute Title III-C1 funds which includes a minority factor.
10. Continue the use of a formula to distribute Title III-B funds which includes a minority factor.
11. Continue the use of a formula to distribute Title III-C2 funds which includes a minority factor.
12. Continue the use of a formula to distribute Title III-D funds which includes a minority factor.

13. Continue the use of a formula to distribute Title III-E funds which includes a minority factor.

14. Provide state funds for tribal benefit specialist services.

### **Policies on Program Planning, Oversight and Coordination**

1. Increase training on rural service approaches.
2. Provide individual and group training on information and assistance, with particular focus on the capacity of small aging units.
3. Provide training on the use of demographic training, particularly in rural areas.
4. Continue development of an improved reporting system for benefit counseling services to eliminate redundant HIPPA reporting.
5. Continue to develop an improved reporting system for Older Americans Act services to enable tracking of rural area service activities.
6. Continue to require that area agencies monitor and provide technical assistance to aging units and service providers who do not serve minority elders at a level equal to target goals.
7. Continue to encourage area agencies on aging to improve technical assistance to rural aging units.
8. Include special workshops on service to minority elders in training sessions sponsored by the Bureau of Aging and Disability Resources.
9. Encourage county aging units to work with tribal aging units to assist Native American elders in gaining access to county services.
10. Encourage county aging units to target minority communities with culturally appropriate and physically convenient programs.
11. Increase coordination with programs serving refugees and migrants.
12. Encourage the use of minority vendors in the elderly nutrition program.
13. Provide training on services to elders with Limited English Proficiency (LEP).

**Section 307(a)(3)** (B) with respect to services for older individuals residing in rural areas—

- (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000;
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

For calendar year 2009, rural areas in Wisconsin received the following funding from Older Americans Act Titles III-B, C1 and C2 (each including a state supplement), D, and E. Funding for this plan period (2010-2012) will be proportionately adjusted based on federal allocations.

<b>Older Americans Act Title</b>	<b>Amount of Funding to Rural Areas</b>
Title III-B	\$ 2,661,395
Title III-C1	6,488,986
Title III-C2	1,655,113
Title III-D	202,419
Title III-E	1,117,561
<b>Total Title III Funding</b>	<b>\$12,125,474</b>

**Section 307(a)(10)** The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

The methods listed below have been, and will continue to be used, to accomplish this assurance.

### **Financial Formulas Criteria**

1. Continued inclusion of a base in the Title III-B formula for awarding Title III-B funds to counties as an approach that targets funds to rural areas.
2. Continued inclusion of a minimum funding level in the Title III-C1 formula as an approach to guarantee a minimum capacity to sparsely populated rural areas.
3. Continued the inclusion of a rural factor in the Title III-C1 formula.
4. Continued the inclusion of a rural factor in the Title III-D formula.
5. Included a minimum funding level in the Title III-E formula as an approach to guarantee a minimum capacity to sparsely populated rural areas.
6. Continued to use a minimum level of state funding for the Benefit Specialist Program to assure an adequate minimum level of service for rural counties.
7. Continued to use a minimum level of state funding for the Alzheimer's Family and Caregiver Support Program to provide a minimum capacity for rural areas.

### **Policies on Program Planning, Oversight and Coordination**

1. Increased AAA technical assistance focused on aging units in rural areas.
2. Provided individual and group training on information and assistance, with particular focus on the capacity of small aging units.
3. Increased the availability of demographic data for use in planning in rural areas.
4. Continued development of an improved reporting system for benefit counseling services to enable tracking of program data in rural areas.
5. Continued to develop an improved reporting system for Older Americans Act services to enable tracking of rural area service activities.

6. Encouraged multi-county planning and service delivery models as a means of realizing economies of scale.

These methods will be continued and expanded during the period of this plan.

**Section 307(a)(21)** The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

The Bureau of Aging and Disability Resources will conduct the following activities during the duration of the State Aging Plan to increase access by Native American elders to all aging programs and benefits:

**Financial Formulas Criteria**

1. Continue a minimum allocation of Title III-B funds for each tribe.
2. Continue to allocate tribes an amount of Title III-B funds at least equal to the previous year's allocation.
3. Continue to allocate tribes an amount of Title III-C1 funds at least equal to the previous year's allocation.
4. Continue to allocate tribes an amount of Title III-C2 funds at least equal to the previous year's allocation.
5. Continue to allocate tribes an amount of Title III-D funds at least equal to the previous year's allocation.
6. Assisted tribes in applying for Title VI and Title VI caregiver funds.

**Policies on Program Planning, Oversight and Coordination**

1. Encourage and foster the development of a tribal technical assistance center to be housed in the Great Lakes Inter-Tribal Council.
2. Continue to require and support tribal aging units.
3. Require that area agencies establish targeting goals for the provision of services to minority elders, including Native American elders, for all Title III funded services.
4. Require that area agencies monitor and provide technical assistance to aging units on service to Native American elders.

5. Include special workshops on service to Native American elders on training sessions sponsored by the Bureau of Aging and Disability Resources.
6. Encourage county aging units to work with tribal aging units to assist Native American elders in gaining access to county services, such as the Family Care Program and Benefit Specialist Program.
7. Regularly participate in activities of appropriate Native American aging organizations.
8. Continue to support the Senior Companion Program operated by the Great Lakes Inter-tribal council.

## Financial Plan

### Introduction

The Bureau of Aging and Disability Resources will use the intrastate allocation formulas described below to distribute Older Americans Act/State funds according to Older Americans Act requirements as listed in Section 305 (a) (2):

*“(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account—*

- (i) the geographical distribution of older individuals in the State; and*
- (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals;”*

### Consultation with Area agencies on aging

In 2002 the Bureau of Aging and Disability Resources convened a funding formula work group consisting of area agencies on aging and aging unit personnel to examine the intrastate funding formulas being used in Wisconsin. It was the consensus of the work group that the existing formulas be retained and used with the most current data available.

### Use of the Best Available Data

The Bureau of Aging and Disability Resources will use data from the Census 2000, and updates/estimates, for all population-based formula factors.

### Targeting Assumptions Underlying the Selection of Factors

The following assumptions underlie the selection of factors used in the intrastate allocation formulas:

**Low-Income** - Older people with incomes at or below the poverty level have difficulty meeting the usual costs of daily life and the high, unpredictable costs of health care and are more dependent on public services and benefits.

**Advanced Age** - People who are over the age of 75 are increasingly likely to experience functional disabilities and require a variety of health and support services. Poverty rates, social isolation, and other problems of older women living alone are also much greater in this age group. The very old are concentrated in urban areas and remote rural areas.

**Minority Status** - Minority older people have disproportionately experienced social and economic discrimination, which limits their opportunities and threatens their ability to remain independent. The incidence of poverty is more prevalent among minority elders.

**Rural Status** - Older people who live in rural areas are often isolated from family, friends, community activities, and formal support services. Rural areas often lack in the range of services which older people may need.

These factors will financially favor counties or tribes with a high incidence of those who have low-incomes, are very old, live in rural areas or are of minority status.

### Overview

The Bureau of Aging and Disability Resources receives five separate allotments under Title III of the Older Americans Act each year from the Federal Administration on Aging:

1. Title III B for supportive services;
2. Title III C-1 for congregate nutrition services;
3. Title III C-2 for home-delivered meals;
4. Title III D for disease prevention and health promotion services.
5. Title III E for family caregiver support services.

The federal award of Title III funds shall be distributed among state, area and local aging units in the manner and sequence that follow.

### **State Plan Administration**

From all available federal Title III allotments, no more than five percent shall be made available to the Bureau of Aging and Disability Resources for administration of the State Plan.

### **Long Term Care Ombudsman**

A specified amount of Title III-B funds shall be awarded to the Board on Aging and Long Term Care for the support of a statewide long-term care ombudsman program which meets the requirements of the Older Americans Act. The Title III-B funding level for SFY 2009 is \$65,000. Subsequent funding levels will be determined through the State budget process.

### **Area Agency Awards for County and Tribal Aging Programs**

The remainder of Title III funds will be distributed among the three area agencies on aging and, through area agencies, to county and tribal aging units for advocacy, planning, program development, and supportive, nutrition, disease prevention and health promotion, and family caregiver support services

## **Allocation Formulas for Title III B, III C-1, III C-2, III D and III E**

Funds awarded to area agencies on aging include funds for area agency administration and funds for tribal and county aging units. These funds are distributed according to the uniform statewide funding formulas that follow below.

### Area Plan Administration

From the sum available for area plan administration, each area agency shall be allocated an amount in the following manner.

1. Each area agency shall be allocated a base amount of \$75,000.
2. The remaining funds available for area plan administration shall be distributed among the area agencies according to the following factors and weights:

Fifty percent of the funds shall be distributed based on the number of county or tribal aging units served by the area agency (multi-county AAAS only).

Forty percent of the funds shall be distributed based on the proportion of the state's total low-income (at or below 100 percent of the poverty level) elderly aged 60 and over in each area served by the area agency.

Ten percent of the funds shall be distributed based on the proportion of the state's total minority elderly aged 60 and over in each area served by the area agency. [Minority shall include Hispanic, Black not of Hispanic origin, Asian/Pacific Islander and American Indian.]

A numerical representation of this formula follows.

<i>Area Plan Administration Formula Factors</i>	
StateAAA\$	The State's AAA administrative allocation
StateBase\$	The total amount used for AAA base allocations (\$225,000)
NonBase\$	The State's AAA administrative allocation less the amount (\$225,000) used for AAA bases
AAA\$	The AAA's Title III administrative allocation
Base	\$75,000 per AAA.
PSA60Pov*	The PSA's percentage of the total state population aged 60 and older living in households with incomes below the poverty line
PSAUnits	The number of aging units in the PSA
PSA60Min	The PSA's percentage of the total state's minority population aged 60 and older

<i>Area Plan Administration Formula</i>	
For all AAAs.	$\text{AAA\$} = \text{Base} + (\text{PSA60Pov} * (.40 * \text{NonBase\$})) + (\text{PSAUnits} * (.50 * \text{NonBase\$})) + (\text{PSA60Min}) * (.10 * \text{NonBase\$})$

### PSA-Tribal Aging Unit Funds

The 11 federally recognized Indian Tribes in Wisconsin shall be allocated from available Title III funds an amount at least equal to the amount received in the previous calendar year. This allocation includes funds from Title IIIB, Title IIIC1, Title IIIC2, and Title IIID.

This allocation shall be distributed among tribes based on the number of all tribal members aged 60 and over in each tribe relative to the total tribal population aged 60 and over in all 11 tribes as reported by the tribes. There is a minimum allocation for each tribe of \$8,000 of Title IIIB funds.

When there are annual increases or decreases in aging funds awarded to the State, there may be similar statewide increases or decreases in the amount to be distributed.

In the event of either an across-the-board or Title-specific federal reduction, the Bureau of Aging and Disability Resources shall have the discretion to protect the funding level of certain programs by making a proportionately greater cut in other programs.

<i>PSA-Tribal Aging Unit Formula Factors</i>	
StateTribal\$	The state's tribal allocation
PSATribal\$	The total tribal allocations in each PSA
Tribal\$	The tribe's allocation
Tribe60	The tribe's percentage of the total tribal population aged 60 and older
PSAΣ	The sum of the allocations for the tribes in the PSA

<i>PSA-Tribal Title IIIB Formula</i>	
For a Tribe	$Tribal\$ = (\text{The greater of } \$8,000) \text{ or } (Tribe60 * Tribal\$)$
For a PSA	$PSATribal\$ = PSA\Sigma(Tribal\$)$

<i>PSA-Tribal Title IIIC1, C2 and D</i>	
For a Tribe	$Tribal\$ = Tribe60 * Tribal\$$
For a PSA	$PSATribal\$ = PSA\Sigma(Tribal\$)$

### PSA-County Aging Unit Funds

The remaining Title III funds available for county aging units shall be distributed to each PSA in the manner that follows.

Title III B (Supportive Services), Title III C2 (Home-Delivered Meals), and Title III E (Family Caregiver Support Services) will be distributed using the factors and weights that follow.

*Forty-five percent of the funds will be distributed on a county's proportion of the state's population aged 60 and over;*

Forty percent of the funds will be distributed on a county's proportion of the state's population aged 60 and over with income below 125% of the poverty level;\*

Ten percent of the funds will be distributed on a county's proportion of the state's population aged 75 and over; and

Five percent of the funds will be distributed on a county's proportion of the state's minority population aged 60 and over.

There will continue to be a base of \$8,000 in the Title III-B allocation.

There will continue to be a minimum of \$6,009 in the Title III C2 allocation.

There will continue to be a minimum of \$5,000 in the Title III E allocation.

A numerical representation of this formula follows.

<i>PSA-County Aging Unit Formula Factors for Title IIIB, C2 and E</i>	
StateB\$	The state's Title IIIB allocation
StateC2\$	The state's Title IIIC2 allocation
StateE\$	The state's Title IIIE allocation
CO60	The county's percentage of the state's population aged 60 and older
CO60POV*	The county's percentage of the state's population aged 60 and older living in households below the poverty line
CO75	The county's percentage of the state's population aged 75 and older
CO60MIN	The county's percentage of the state's population aged 60 and older who are minorities
BASEB\$	The Title IIIB base of \$8,000
MINC2\$	The Title IIIC2 minimum of \$6,009
MINE\$	The Title IIIE minimum of \$5,000
PSAΣ	The sum of the allocations for the counties in the PSA

<i>PSA-County Aging Unit Title IIIB, C2, E Formulas</i>	
Title IIIB	$PSA_{\Sigma} = (8,000 + ((CO60 * .45) + (CO60POV * .40) + (CO75 * .10) + (CO60MIN * .05)) * StateB\$)$
Title IIIC2	$PSA_{\Sigma} = (\text{The greater of MINC2\$}) \text{ or } ((CO60 * .45) + (CO60POV * .40) + (CO75 * .10) + (CO60MIN * .05)) * StateC2\$$
Title IIIE	$PSA_{\Sigma} = (\text{The greater of MINE\$}) \text{ or } ((CO60 * .45) + (CO60POV * .40) + (CO75 * .10) + (CO60MIN * .05)) * StateE\$$

	$((CO60*.45)+(CO60POV*.40)+(CO75*.10)+(CO60MIN*.05))* StateE\$$
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Title III C1 (Congregate Nutrition) and Title III D (Disease Prevention and Health Promotion Services) will be distributed using the factors and weights that follow.

Ninety percent of the funds will be distributed on a county's proportion of the state's population aged 60 and over with incomes below 125 % of the poverty level;\*

Five percent of the funds will be distributed on the county's proportion of the state's minority population aged 60 and over, and

Five percent of the funds will be distributed on a rural factor.

The rural factor allots a certain dollar amount to counties which are determined to be rural because they either are not part of a federally-designated Metropolitan Statistical Area or are part of an MSA, but have fewer than twenty people 60 years of age or older per square mile.

A numerical representation of this formula follows.

<i>PSA-County Aging Unit Factors for Titles IIIC1 and D</i>	
StateC1\$	The state's Title IIIC1 allocation
StateD\$	The state's Title IIID allocation
CO60POV*	The county's percentage of the state's population aged 60 and older living in households below the poverty line
CO60MIN	The county's percentage of the state's population aged 60 and older who are minorities
RURAL	The rural factor allots a certain dollar amount to counties that are determined to be rural because they <b>either</b> are not part of a federally-designated Metropolitan Statistical Area <b>or</b> have fewer than 20 people aged 60 and older per square mile.  1 if a county is rural. 0 if a county is not rural.
PSAΣ	The sum of the allocations for the counties in the PSA

<i>PSA-County Aging Unit Titles IIIC1 and D Formulas</i>
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<i>Title IIIC1</i>	$PSA_{\Sigma} = ((RURAL * .05) + (CO60POV * .90) + (CO60MIN * .05)) * (StateC1\$)$
<i>Title IIID</i>	$PSA_{\Sigma} = ((RURAL * .05) + (CO60POV * .90) + (CO60MIN * .05)) * (StateC1\$)$

Changes in Federal Funding

When there are annual increases or decreases in federal funds awarded to the State under Title III, there may be similar statewide increases or decreases in the amount to be distributed to aging units for each of these funding sources. When there is an across-the-board federal increase or decrease in Title III, there shall be an across-the-board increase or decrease in the county allocations under Title III. In the event of either an across-the-board or Title specific federal reduction, the Bureau of Aging and Disability Resources shall have the discretion to protect the funding level of certain programs by making proportionately greater cuts in other programs.

Estimated 2010 Allocations of Title III and State Funds

The estimated allocations, which are a required element in the financial plan, assume a funding level equal to 2009.

## TITLE III CY 2010 PRELIMINARY ALLOCATIONS

COUNTY	III-B SUPPORTIVE SERVICES	III-C-1 CONGREGATE NUTRITION	III-C-2 HOME DELIVERED MEALS	III-D PREVENTIVE HEALTH	III-E NATIONAL FAMILY CAREGIVER SUPPORT	TOTAL TITLE III
<b>Adams</b>	\$35,719	\$86,634	\$22,882	\$2,809	\$14,611	\$162,655
<b>Ashland</b>	\$26,436	\$74,703	\$15,218	\$2,041	\$9,717	\$128,115
<b>Barron</b>	\$59,471	\$167,274	\$42,490	\$5,065	\$27,131	\$301,431
<b>Bayfield</b>	\$28,627	\$78,548	\$17,028	\$2,456	\$10,872	\$137,531
<b>Brown</b>	\$162,922	\$373,460	\$127,889	\$11,819	\$81,659	\$757,749
<b>Buffalo</b>	\$23,039	\$55,269	\$12,415	\$1,688	\$7,927	\$100,338
<b>Burnett</b>	\$29,699	\$73,664	\$17,912	\$2,139	\$11,437	\$134,851
<b>Calumet</b>	\$32,385	\$59,735	\$20,131	\$1,763	\$12,854	\$126,868
<b>Chippewa</b>	\$58,634	\$148,556	\$41,799	\$4,307	\$26,690	\$279,986
<b>Clark</b>	\$45,669	\$137,526	\$31,098	\$4,155	\$19,856	\$238,304
<b>Columbia</b>	\$53,034	\$121,121	\$37,175	\$3,756	\$23,738	\$238,824
<b>Crawford</b>	\$26,247	\$65,566	\$15,062	\$1,971	\$9,617	\$118,463
<b>Dodge</b>	\$75,779	\$167,087	\$55,952	\$5,182	\$35,726	\$339,726
<b>Door</b>	\$40,366	\$88,205	\$26,720	\$2,668	\$17,061	\$175,020
<b>Douglas</b>	\$46,322	\$120,510	\$31,636	\$3,473	\$20,200	\$222,141
<b>Dunn</b>	\$36,912	\$90,862	\$23,868	\$2,690	\$15,241	\$169,573
<b>Eau Claire</b>	\$76,705	\$184,195	\$56,718	\$5,255	\$36,216	\$359,089
<b>Florence</b>	\$14,389	\$30,000	\$6,009	\$911	\$5,000	\$56,309
<b>Fond Du Lac</b>	\$92,830	\$226,765	\$70,027	\$7,031	\$44,714	\$441,367

## TITLE III CY 2010 PRELIMINARY ALLOCATIONS

COUNTY	III-B SUPPORTIVE SERVICES	III-C-1 CONGREGATE NUTRITION	III-C-2 HOME DELIVERED MEALS	III-D PREVENTIVE HEALTH	III-E NATIONAL FAMILY CAREGIVER SUPPORT	TOTAL TITLE III
<b>Forest</b>	\$21,540	\$55,015	\$11,178	\$1,582	\$7,137	\$96,452
<b>Grant</b>	\$59,317	\$165,437	\$42,362	\$5,004	\$27,048	\$299,168
<b>Green</b>	\$37,323	\$86,883	\$24,207	\$2,550	\$15,456	\$166,419
<b>Green Lake</b>	\$30,354	\$84,158	\$18,454	\$2,278	\$11,783	\$147,027
<b>Iowa</b>	\$30,514	\$76,602	\$18,586	\$2,624	\$11,868	\$140,194
<b>Iron</b>	\$19,038	\$44,652	\$9,112	\$1,413	\$5,818	\$80,033
<b>Jackson</b>	\$28,667	\$71,684	\$17,061	\$2,314	\$10,894	\$130,620
<b>Jefferson</b>	\$60,920	\$131,533	\$43,686	\$3,790	\$27,895	\$267,824
<b>Juneau</b>	\$39,313	\$101,370	\$25,849	\$3,283	\$16,506	\$186,321
<b>Kenosha</b>	\$114,803	\$253,743	\$88,168	\$8,071	\$56,297	\$521,082
<b>Kewaunee</b>	\$28,492	\$73,835	\$16,916	\$2,159	\$10,800	\$132,202
<b>LaCrosse</b>	\$90,253	\$212,964	\$67,901	\$6,494	\$43,356	\$420,968
<b>Lafayette</b>	\$25,059	\$62,554	\$14,083	\$1,935	\$8,991	\$112,622
<b>Langlade</b>	\$35,557	\$94,109	\$22,748	\$2,960	\$14,524	\$169,898
<b>Lincoln</b>	\$41,423	\$116,534	\$27,591	\$3,402	\$17,617	\$206,567
<b>Manitowoc</b>	\$87,063	\$230,215	\$65,266	\$6,848	\$41,674	\$431,066
<b>Marathon</b>	\$112,931	\$292,315	\$86,622	\$8,752	\$55,309	\$555,929
<b>Marinette</b>	\$59,775	\$178,497	\$42,741	\$4,902	\$27,290	\$313,205

## TITLE III CY 2010 PRELIMINARY ALLOCATIONS

COUNTY	III-B SUPPORTIVE SERVICES	III-C-1 CONGREGATE NUTRITION	III-C-2 HOME DELIVERED MEALS	III-D PREVENTIVE HEALTH	III-E NATIONAL FAMILY CAREGIVER SUPPORT	TOTAL TITLE III
<b>Marquette</b>	\$27,900	\$66,562	\$16,429	\$2,206	\$10,490	\$123,587
<b>Monroe</b>	\$45,356	\$125,542	\$30,839	\$3,507	\$19,691	\$224,935
<b>Oconto</b>	\$44,462	\$113,201	\$30,100	\$3,451	\$19,219	\$210,433
<b>Oneida</b>	\$49,093	\$140,569	\$33,923	\$3,422	\$21,660	\$248,667
<b>Outagamie</b>	\$111,916	\$235,608	\$85,783	\$7,145	\$54,774	\$495,226
<b>Ozaukee</b>	\$63,314	\$90,778	\$45,662	\$2,776	\$29,155	\$231,685
<b>Pepin</b>	\$15,987	\$75,529	\$6,593	\$1,054	\$5,000	\$104,163
<b>Pierce</b>	\$31,442	\$63,253	\$19,353	\$2,136	\$12,357	\$128,541
<b>Polk</b>	\$52,352	\$139,366	\$36,613	\$4,216	\$23,378	\$255,925
<b>Portage</b>	\$54,565	\$125,881	\$38,440	\$3,960	\$24,544	\$247,390
<b>Price</b>	\$28,659	\$80,034	\$17,054	\$2,325	\$10,889	\$138,961
<b>Racine</b>	\$158,668	\$347,799	\$124,379	\$11,353	\$79,419	\$721,618
<b>Richland</b>	\$27,603	\$71,133	\$16,183	\$2,052	\$10,332	\$127,303
<b>Rock</b>	\$123,949	\$277,398	\$95,718	\$8,282	\$61,117	\$566,464
<b>Rusk</b>	\$27,802	\$71,892	\$16,346	\$2,225	\$10,438	\$128,703
<b>Saint Croix</b>	\$48,957	\$99,556	\$33,808	\$2,976	\$21,587	\$206,884
<b>Sauk</b>	\$60,724	\$153,613	\$43,525	\$4,830	\$27,790	\$290,482
<b>Sawyer</b>	\$32,157	\$92,241	\$19,942	\$2,722	\$12,734	\$159,796

## TITLE III CY 2010 PRELIMINARY ALLOCATIONS

COUNTY	III-B SUPPORTIVE SERVICES	III-C-1 CONGREGATE NUTRITION	III-C-2 HOME DELIVERED MEALS	III-D PREVENTIVE HEALTH	III-E NATIONAL FAMILY CAREGIVER SUPPORT	TOTAL TITLE III
<b>Shawano</b>	\$53,687	\$148,469	\$37,716	\$4,298	\$24,082	\$268,252
<b>Sheboygan</b>	\$95,680	\$186,506	\$72,382	\$6,144	\$46,217	\$406,929
<b>Taylor</b>	\$31,051	\$89,541	\$19,030	\$2,737	\$12,150	\$154,509
<b>Trempealeau</b>	\$40,473	\$110,832	\$26,807	\$3,563	\$17,117	\$198,792
<b>Vernon</b>	\$42,309	\$122,654	\$28,322	\$3,730	\$18,085	\$215,100
<b>Vilas</b>	\$37,835	\$97,016	\$24,630	\$2,587	\$15,727	\$177,795
<b>Walworth</b>	\$80,973	\$178,692	\$60,241	\$5,391	\$38,464	\$363,761
<b>Washburn</b>	\$28,736	\$68,372	\$17,116	\$2,163	\$10,929	\$127,316
<b>Washington</b>	\$86,091	\$141,342	\$64,465	\$4,748	\$41,162	\$337,808
<b>Waukesha</b>	\$240,675	\$357,016	\$192,078	\$11,415	\$122,644	\$923,828
<b>Waupaca</b>	\$61,317	\$152,590	\$44,013	\$4,696	\$28,103	\$290,719
<b>Waushara</b>	\$40,227	\$106,938	\$26,603	\$3,447	\$16,987	\$194,202
<b>Winnebago</b>	\$124,207	\$280,197	\$95,930	\$8,628	\$61,252	\$570,214
<b>Wood</b>	\$83,177	\$220,490	\$62,059	\$6,655	\$39,630	\$412,011
<b>GWAAR TOTAL</b>	\$3,938,871	\$9,312,390	\$2,796,642	\$282,380	\$1,787,653	\$18,117,936
<b>Dane</b>	\$242,394	\$433,150	\$193,495	\$13,888	\$123,550	\$1,006,477
<b>Milwaukee</b>	\$915,472	\$2,489,769	\$749,132	\$82,443	\$478,333	\$4,715,149

## TITLE III CY 2010 PRELIMINARY ALLOCATIONS

COUNTY	III-B SUPPORTIVE SERVICES	III-C-1 CONGREGATE NUTRITION	III-C-2 HOME DELIVERED MEALS	III-D PREVENTIVE HEALTH	III-E NATIONAL FAMILY CAREGIVER SUPPORT	TOTAL TITLE III
<b>COUNTY TOTAL</b>	\$5,096,737	\$12,235,309	\$3,739,269	\$378,711	\$2,389,536	\$23,839,562

TRIBE	III-B SUPPORTIVE SERVICES	III-C-1 CONGREGATE NUTRITION	III-C-2 HOME DELIVERED MEALS	III-D PREVENTIVE HEALTH	III-E NATIONAL FAMILY CAREGIVER SUPPORT	TOTAL TITLE III
<b>Ho-Chunk</b>	\$21,663	\$15,639	\$17,466	\$985		\$55,753
<b>Menominee</b>	\$26,358	\$20,199	\$22,561	\$1,272	\$5,000	\$75,390
<b>Oneida</b>	\$43,872	\$33,622	\$37,553	\$2,116		\$117,163
<b>Stockbridge-Munsee</b>	\$17,005	\$13,032	\$14,555	\$821		\$45,413
<b>Bad River Chippewa</b>	\$8,700	\$5,816	\$6,113	\$345		\$20,974
<b>Lac Courte Oreilles</b>	\$17,903	\$13,488	\$15,065	\$849		\$47,305
<b>Lac du Flambeau</b>	\$17,771	\$13,618	\$15,210	\$858		\$47,457
<b>Potawatomi</b>	\$8,527	\$3,649	\$4,077	\$230		\$16,483
<b>Red Cliff</b>	\$14,502	\$10,817	\$12,081	\$681		\$38,081
<b>Saint Croix Chippewa</b>	\$9,183	\$7,037	\$7,860	\$443		\$24,523
<b>Sokaogan-Chippewa</b>	\$8,555	\$3,323	\$3,712	\$209		\$15,799

## TITLE III CY 2010 PRELIMINARY ALLOCATIONS

COUNTY	III-B SUPPORTIVE SERVICES	III-C-1 CONGREGATE NUTRITION	III-C-2 HOME DELIVERED MEALS	III-D PREVENTIVE HEALTH	III-E NATIONAL FAMILY CAREGIVER SUPPORT	TOTAL TITLE III
<b>TRIBAL TOTAL</b>	\$194,039	\$140,240	\$156,253	\$8,809	\$5,000	\$504,341
<b>STATE TOTAL</b>	\$5,290,776	\$12,375,549	\$3,895,522	\$387,520	\$2,394,536	\$24,343,903

## Public Comments on the Draft Plan

The draft State Plan was made available to the public on June 26, 2009. At that time, a copy of the draft was distributed to all area agencies on aging and aging units, as well as a wide variety of interested aging organizations. The draft was distributed via the Badgeraginglist Listserve.

The draft State Plan was also posted on the BADR web site at <http://dhs.wisconsin.gov/aging/Publications/Draft%20State%20Plan%2006-26-09signed.pdf>. The final plan will replace the draft plan on the website.

A public hearing on the draft State Plan was held on July 24, 2009 in conjunction with the Convention of the Coalition of Wisconsin Aging Groups, in Green Bay, Wisconsin. Twenty-four individuals attended the 1 hour public hearing where the plan was presented and comments were received.

Comments on portions of the plan were positive or were seeking clarification e.g. Under Empower Older People to Make Informed Decisions – What is the state’s intent – to have older people contact the local ADRC or the state. Answer: The local ADRC should be the first point of contact.

One individual representing the Senior Center Association asked that Senior Centers be included as partners because of all of the work they are currently doing in the area of wellness and prevention.

In addition to the public hearing, a number of written comments on the draft plan were received from Alzheimer’s advocates. Those comments supported the proposed Alzheimer’s initiatives and indicated a willingness to work with BADR on those initiatives.

As a result of the public hearing, senior centers were listed as a collaborative partner within the aging network (page 15).

**Assurances**  
**Listing of State Plan Assurances and Required Activities**  
**Older Americans Act, As Amended in 2006**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

**Sec. 305(a) - (c), ORGANIZATION**

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

## **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;

### **Sec. 307, STATE PLANS**

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long term Care Ombudsman, a State Long term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan 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 State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--
- (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
- (i) if all parties to such complaint consent in writing to the release of such information;
  - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
  - (iii) upon court order.

## **REQUIRED ACTIVITIES**

### **Sec. 307(a) STATE PLANS**

- (1)(A)The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with

greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

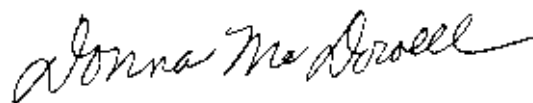
(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.



06/26/09

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Signature and Title of Authorized Official

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Date