



# DRAFT Wisconsin State Plan on Aging FFY 2026–2028

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# Table of contents

Signed verification of intent.....	3
Narrative.....	4
Executive summary .....	4
Context.....	5
Describing Wisconsin’s older population.....	5
Needs assessment activities.....	9
State plan key topic areas.....	10
Approach to stewardship and oversight .....	10
Approach to greatest economic need and greatest social need.....	11
Approach to expanding access to home- and community-based services .....	13
Approach to caregiver support.....	14
Additional areas of plan activity .....	15
Approach to Older Americans Act regulations.....	20
Approach to the Elder Justice Act.....	20
Goals, strategies, and outcomes.....	21
Approach to performance management.....	21
Older Americans Act core programs goals.....	22
Additional regulatory compliance goals.....	27
Attachments.....	27

## Signed verification of intent

On behalf of the State of Wisconsin, the Department of Health Services submits the Wisconsin State Plan on Aging for the period of October 1, 2025, through September 30, 2028. The Wisconsin Department of Health Services has been given the authority to develop and administer the Wisconsin State Plan on Aging in accordance with the requirements of the Older Americans Act and is responsible for the coordination of all activities related to the act and serve as the effective visible advocate for older people in Wisconsin.

The Wisconsin Department of Health Services certifies the administration of the state plan shall be in compliance with the required assurances and provisions of the Older Americans Act of 1965, as amended.

In accordance with the authority provided to me by the Honorable Tony Evers, Governor of Wisconsin, I hereby submit the Wisconsin State Plan on Aging to the Assistant Secretary of Aging for approval.

Deb Standridge, Deputy Secretary

Wisconsin Department of Health Services

# Narrative

## Executive summary

Every three years, the State Unit on Aging (SUA) develops and submits to the federal Administration on Aging (AoA) a State Plan on Aging, hereafter referred to as the “state plan.” Mandated by federal law, the state plan is required for the state to receive federal funds under the Older Americans Act (OAA) of 1965, as amended. Additionally, the state plan helps to structure the agency’s priorities, set an agenda for aging services and programs, and explain the financial plan and formulas that allocate program funding.

Wisconsin’s Bureau of Aging and Disability Resources serves as the SUA, charged with responsibility of implementing OAA programs in Wisconsin. The SUA is dedicated to helping older adults and people with disabilities live independently in the community through delivery of services provided by the OAA and other sources, as appropriate.

The SUA works closely with Wisconsin’s three area agencies on aging (AAAs), 72 county aging units, 11 Tribal aging units, and aging and disability resource centers (ADRCs) to create a comprehensive system of services. Taken together, these agencies form the core of what is frequently called the Aging Network.

The environment in which the Aging Network operates has changed in several important ways, which are described and illustrated in detail in the context section of this plan. The number of individuals eligible for OAA services has grown and will continue expanding rapidly through the first half of this century. The cost of providing services has experienced 50 years of inflationary escalation, without an equivalent increase in funding. People are increasingly committed to remaining in the community as they age, thereby making community-based service delivery increasingly important. Additionally, the population of older individuals has grown more varied in many ways. Given growth and change in the older population, this plan reviews and updates the state’s method for targeting program resources to those with the greatest need, as detailed in Attachment C: Financial Plan and Intrastate Funding.

The SUA has taken a forward-looking approach to the challenges of a rapidly aging population. This plan prioritizes adapting and improving aging programs, funding and network culture to effectively serve growing and demographically complex older population. The goals, strategies, and outcomes section of the plan explains what changes are proposed for each Wisconsin aging program area, including those that correspond to OAA Title IIIB (supportive services and legal assistance), Title IIIC (nutrition), Title IIID (evidence-based disease prevention and health promotion services), and Title IIIE (National Family Caregiver Support Program). Detailed strategies and measures for each of these goals are found in Attachment F: Goals, Strategies, and Outcomes.

The plan highlights ongoing work to bring the SUA's policies and procedures into closer alignment with new clarifications detailed in the OAA final rule, Code of Federal Regulations 45(1321). A number of the goals and objectives detailed in Attachment F explain Wisconsin's strategies for regulatory compliance, rooted in a collaborative approach with impacted partners playing a significant role in informing and reviewing policy recommendations.

Within those broad, overarching priorities, each program area presents goals built from an assessment of the current aging program network starting with local community engagement to identify needs and gaps. Further information about this process can be found under needs assessment activities in the context section. Using this community input, program teams developed goals that are highly specific, can realistically be accomplished, and can be measured in three ways: How much was accomplished? How well was it done? And is anyone better off? These three dimensions of project measurement make up an evaluation framework that will help the SUA track its progress and ensure that the outcomes of the projects are really making a difference for older adults and the network of aging programs in Wisconsin.

## Context

### Describing Wisconsin's older population

Wisconsin's population age 60 and older totaled 1.55 million in 2023, comprising 26% of the state's total.<sup>1</sup> Wisconsin ranked 13th highest nationally in this share and ranked highest among contiguous states. Its national ranking is considerably higher than in 2013, when Wisconsin came in 22nd with 21% of its population age 60 and older. This group has increased by 352,000 persons since 2013, a growth rate of 29%. For comparison, Wisconsin's under-60 population grew just 3% over this period, adding 173,000. According to the U.S. Census Bureau's American Community Survey, 41% of all Wisconsin households have at least one member ages 60 or older, a seven-point increase since the 2009-2013 period.<sup>2</sup>

Wisconsin's territory is divided into 72 counties. For purposes of program planning and the targeting of aging funds to areas with greatest social and economic need, Wisconsin's State Unit on Aging classifies 44 counties as rural, with populations densities under 20 persons age 60 and older per square mile. Twenty-four percent of the state's adults ages 60 and older live within these rural, sparsely-populated counties, concentrated in the southwest, central and northern parts of the state.

The oldest subset of the state's population, made up of those age 85 and older, totaled 114,000 in 2023, a decline of more than 11,000 people since 2013. This age group reached its historic peak size of 128,700 in 2016 and has declined every year since. Population projections show that this current

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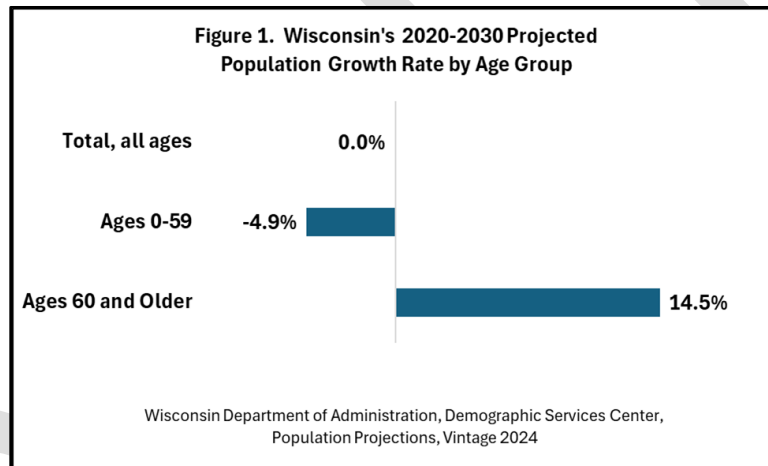
<sup>1</sup> U.S. Bureau of the Census, Population Estimates Program, 2023.

<sup>2</sup> U.S. Bureau of the Census, American Community Survey, 2019–2023.

decline in the 85 and older will reverse as the postwar Baby Boom cohort begins to turn 85 in 2031, after which this segment's growth will accelerate for several years into the 2040s.

Wisconsin's 60 and older population is projected to increase by 214,000 between 2020 and 2030 to total of 1.69 million for a growth rate of 14.5%, whereas total population is expected to remain virtually unchanged (see Figure 1). This group's share of total population will increase from 25% to 29% while those 85 and older will increase to 141,000 by 2030. By 2050, Wisconsin's 85 and older population is expected to be 261,00, more than double current estimates.<sup>3</sup>

The state's population *growth* will continue its gravitation toward urban counties. Between 2020 and 2030, the state's aggregate urban counties' population will increase by about 1%, while rural counties will decline by 2.8%. Those ages 60 and older will increase by 16% in the urban areas and by 11% in rural. The urban 60-plus share of total population is projected to increase from 23% to 27% over the same period, while the rural 60-plus share will increase five points to 35%.



## Economic need of the older population

The poverty rate among Wisconsinites age 60 and older is lower than that of the population as a whole, though it has increased recently. Figure 2 compares the Census ACS poverty rate of Wisconsin's 60 and older population to that of all ages from 2010 to 2023, showing the rates converging over time. The 2023 poverty rate equated to 152,000 people ages 60 and older with income below poverty.

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<sup>3</sup> Wisconsin Department of Administration, Population Projections Program, 2024.

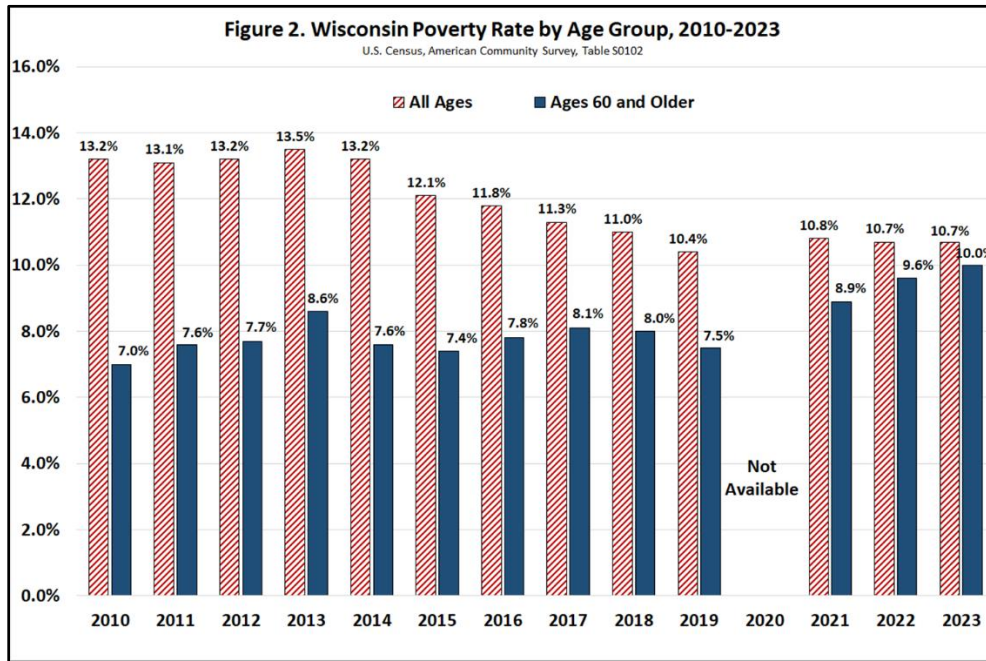
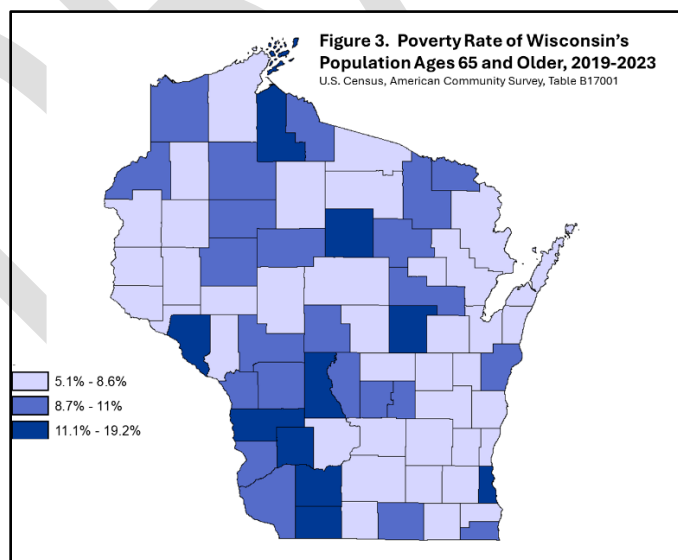


Figure 3 shows the array of county-level poverty rates across the state among those ages 65 and older over the 2019-2023 period. Statewide, the poverty rate for this group was 8.6% and the lightest shaded counties match or measure lower than statewide.

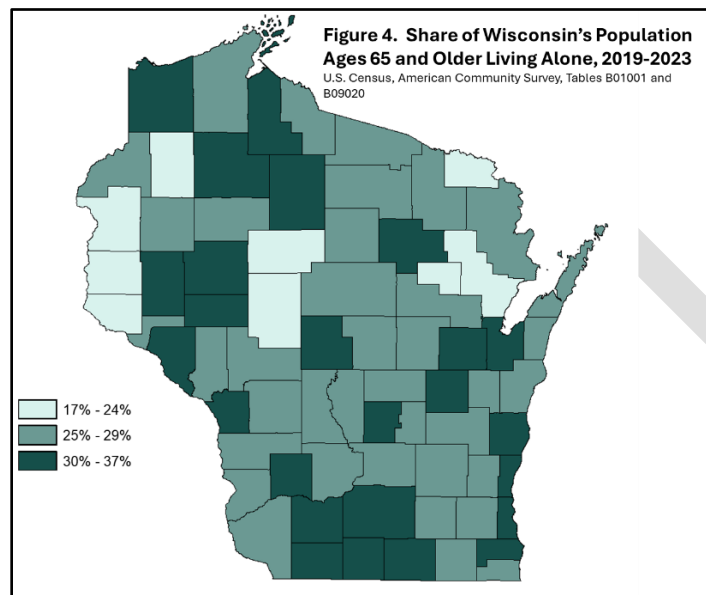
Coinciding with the rise in poverty is the utilization of SNAP (Supplemental Nutrition Assistance Program) by people age 65 and older. During 2017 and 2023, when the population ages 65 and older grew 19%, utilization among this group increased 38% or twice their rate of population growth.<sup>4</sup>



<sup>4</sup> Wisconsin Department of Health Services FoodShare Dashboard, 2024.

## Social need of the older population

Living alone can increase the risk of social isolation. The share of population ages 65 and older living alone in Wisconsin stands at 29% (2019-2023 ACS), with 36% of women living alone compared to 21% of men. Figure 4 shows the county-level differences in share living alone throughout the state ranging from 17% to 37%. Overall, a slight majority of the state's urban counties meet or exceed the state average with roughly one in three living alone.



The U.S. Bureau of the Census created the Household Pulse Survey to gather measures of socio-economic wellbeing at the beginning of the pandemic in 2020. Its universe is the population ages 18 and older and results are released semi-monthly for the nation and states. Several questions in the "Health Status" domain inquire about mental and emotional health and can be helpful for assessing social isolation in this population. Figure 5 highlights recent findings regarding social and emotional support and community engagement.

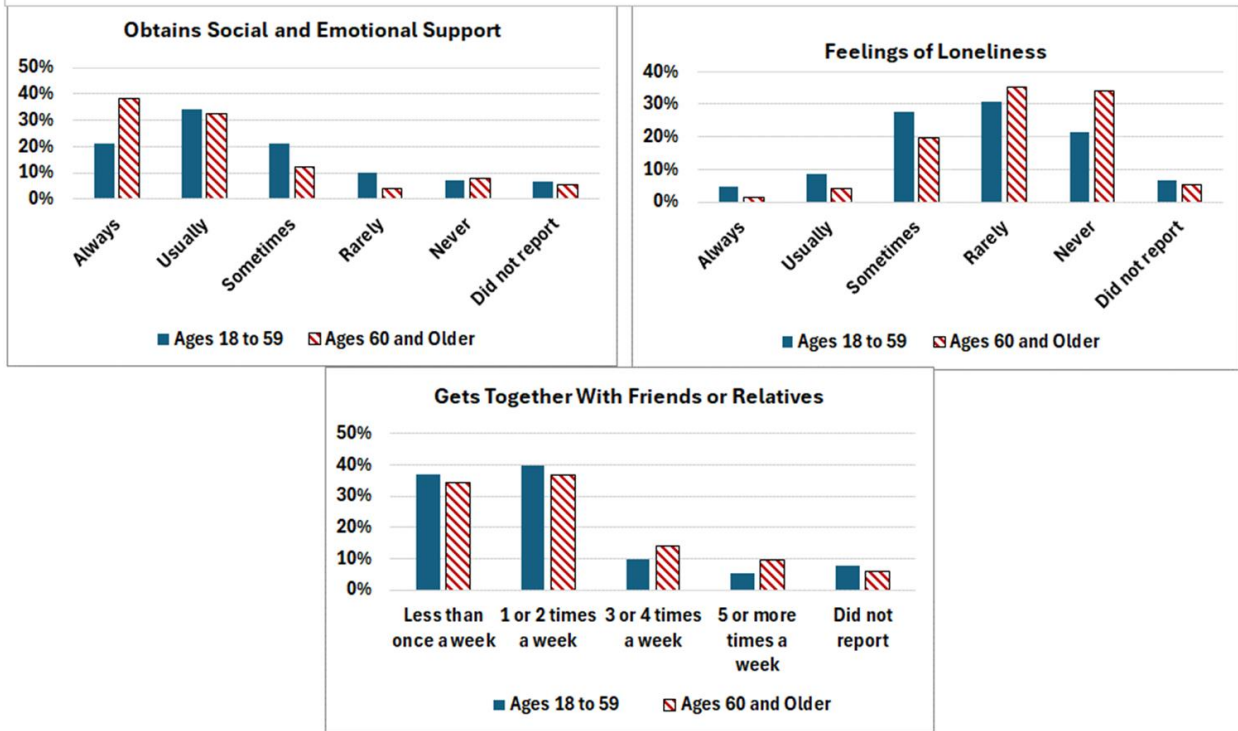
While the data for older adults compare favorably with those for younger adults, the number of people age 60 and older meeting with friends and family less than once a week was close to 550,000 or 34% of the total. Approximately 186,000 people in this age group, about one in eight, rarely or never receive social or emotional support. More than 90,000 report always or usually feeling lonely.<sup>5</sup>

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<sup>5</sup> U.S. Bureau of the Census, Household PULSE Survey, 2024.



**Figure 5. Wisconsin Responses by Age Group to U.S. Census Household Pulse Survey Questions Regarding Social and Emotional Support, Feelings of Loneliness, and Community Engagement; May 2024-September 2024; Phase 4.1, Cycles 6 and 7; and Phase 4.2, Cycles 8 and 9**



## Older Americans Act-eligible population

The Older Americans Act-eligible population is the only growing age group in Wisconsin. Not only will the 60 and older population increase, but its average age will increase as the baby boomers age, with the median increasing from 68 years in 2020 to 72 years by 2040. In 2020, the largest 5-year age segment in the 60 and older group was those ages 60-64, at 17% of the total age group. By 2050, it will be ages 85 and older at 14% of the age group. With this growth, Wisconsin can anticipate challenges in the area of increasing poverty, growing utilization of essential supportive services, and social isolation. Older Americans Act programs will continue to be a critically important foundation for aging well in Wisconsin.

## Needs assessment activities

To assess community needs for strategic aging program planning at the local level, the SUA built on the successes of the last plan cycle. First, SUA staff collaborated with the Greater Wisconsin Agency for Aging Resources (GWAAR), its largest AAA, to create and deliver to county and Tribal aging units a series of five monthly trainings on strategies and techniques for community engagement and plan development, including tools for planning engagement activities, carrying them out, and recording their results. Second, the SUA required that community engagement efforts become a formal part of local aging plan development to inform goals, objectives and strategies. Local aging units must

provide summary reports of these activities to GWAAR. Finally, GWAAR and the SUA collected and analyzed the engagement results for each program area, and program managers used them in shaping area and statewide goals.

During the planning period an additional meeting with Tribal aging unit directors was provided to assist them in strategies for engagement activities and goal development that fit the needs of Tribal communities. The SUA was privileged to have this opportunity to learn about the challenges and successes of Tribal aging units in gathering information about their communities' needs through the engagement and plan development processes.

The SUA continues to see positive results from this aspect of having aging units and then AAA develop their plans prior to state plan development. Wisconsin has committed to continuing monthly trainings and providing additional support to local aging unit staff during future aging planning cycles.

## **State plan key topic areas**

### **Approach to stewardship and oversight**

The SUA views Older Americans Act Final Rule requirements regarding stewardship and oversight as a critical opportunity to improve and enhance overall network performance by focusing attention on program outcomes. The SUA's overall approach centers clear and transparent communication, healthy interpersonal relationships, assumption of good intent on all sides, and mutual respect, recognition and appreciation. Extensive work to improve stewardship and oversight in Wisconsin's aging network led in 2024 to a statement of commitment by all parties to shared values including trust, connectedness, collective power, accountability, and integrity.

In more technical terms, Wisconsin's approach to stewardship and oversight includes elements specific to program monitoring and elements focused on financial performance. Both program and fiscal oversight involves collection of data on services provided, persons served, cost of services, reimbursement claims, etc. Data collection tools, which are the foundation of Wisconsin's fiscal and program reporting to the Administration for Community Living (ACL), include customer and program data entered into PeerPlace, expenditure claims submitted to AAAs and to the state's reimbursement system (GEARS), and periodic summary reports (notably utilizing Forms 180A and 180B) from AAAs to verify programmatic and fiscal reporting alignment.

Oversight at the SUA includes regular review of data and reports by the Department's Managerial Accountant and other staff in the Bureau of Fiscal Services. All aspects of SUA contracting and granting activities are closely monitored by the Bureau of Procurement and Contracting and the Bureau of Fiscal Services, helping to ensure that Uniform Guidance, statutory regulations and Department policies are strictly followed. These internal Departmental practices and separations of

duty support impeccable financial management and provide multiple opportunities for any errors to be identified and corrected.

In addition to data collection, Wisconsin's SUAs and AAAs meet regularly to share program and fiscal updates, advice and technical support. SUA leaders meet monthly with each AAA leadership team, and quarterly with all three AAA leadership teams together. SUA program managers meet regularly with AAA Older Americans Act consultants in their program areas, and with other program specialists. SUA fiscal staff meet regularly with AAA fiscal leads; these meetings often include managers as well. All of these meetings utilize standard agendas and note-taking templates, and all are documented and periodically reviewed by Wisconsin's Legislative Audit Bureau, which provides additional monitoring on behalf of statewide risk management.

While Wisconsin's stewardship and oversight foundation is solid, improvements are planned for 2026-28, particularly in regard to further clarifying and documenting a more standard set of oversight practices and extending their use more widely to additional program areas, including those involving state funds only. This will include templates and scheduling standards for partner consultations, documentation standards for partner meetings, more consistent reporting practices for state-funded programs, and expectations for program performance summary reports across program areas.

In addition, the SUA plans to provide training and technical support to further implement this framework and tools for AAA oversight of provider agencies. Anticipated outcomes include more consistent practices, greater assurance of transparency and fairness at all levels, and incorporation of key policies and procedural materials in the Aging Network Operations Manual by the end of the state plan period.

One important element of stewardship and oversight declined sharply during the COVID-19 pandemic years: in-person site visits. The SUA reintroduced these in the form of visits to nutrition sites and AAA leadership in 2024, and plans to more fully implement in-person encounters in 2025, including financial reviews and desk audits and program site reviews in the area of caregiver support. Fiscal and program leads will pilot site visit tools during this plan period with a goal of settling on consistent approaches in each area by the end of the three years.

## Approach to greatest economic need and greatest social need

### Targeting for greatest need

Targeting encompasses a wide range of strategies, including crafting innovative programs and service delivery models to ensure that those in greatest need can utilize and benefit from the Older Americans Act. These may include customized transportation to help people living in the most remote rural areas access services they couldn't otherwise reach; caregiver support services tailored to families living with the particular challenges of dementia; and "choice-based" congregate dining

programs that facilitate participation by people whose dietary needs or cultural backgrounds don't fit traditional one-size-fits-all meals.

The State Financial Plan is a key mechanism for distributing resources in a way that supports Wisconsin's overall targeting strategy by basing the allocation of Title III and affiliated funds on the geographic concentration of communities in greatest economic and social need. The funding allocation formulas were created in accordance with Older Americans Act targeting principles, using the best available population data from the U.S. Bureau of the Census to distribute funds taking into account the geographical distribution of older individuals and of those in target groups with greatest economic and social need (Section 305 (a) (2)). This methodology is explained and detailed in Attachment C, Financial Plan and Intrastate Funding Formula, Part 2.

### **Impacting social determinants of health of older individuals**

All OAA programs provide an opportunity to positively impact health, and most serve to address social determinants of health (SDOH) through the targeting of services to those in greatest economic and social need. Targeting helps ensure access to programs and services by those whose economic and social circumstances may create barriers. The services themselves assist in addressing economic and social challenges, such as remote rural residence or limited financial resources, that may directly impact health outcomes. Services such as transportation access; health promotion classes and activities; nutrition access, education and guidance; caregiver training and support; training to achieve income-generating employment; legal and protective services; benefits counseling; and even basic information and assistance to guide decision-making have direct and indirect impacts on SDOH for community members.

The SUA will continue its ongoing efforts to support AAAs and aging units in the development of goals and strategies that lead to improved targeting, reach and access to support positive health outcomes across all OAA programs. In addition the SUA will actively sustain and develop partnerships with both internal and external public health and social service entities to advance strategies that address SDOH during this plan cycle.

### **Increasing access to services**

Wisconsin's approach to increasing access to services for those with mobility and transportation issues, including those living in remote rural areas, extends important innovations developed during the COVID-19 pandemic. These include using virtual participation options to expand access to needed programs for physical activity and social connection. As an example, many of the evidence-based health promotion programs offered by AAAs, local aging units, and the Wisconsin Institute for Healthy Aging were modified to facilitate virtual participation, and these efforts continue where appropriate and allowable.

During this state plan period Wisconsin will continue to utilize grant funds awarded by ACL in 2024 to offer statewide caregiver support and training in family caregiving through the software program Trualta, which provides caregivers with relevant educational content, practical tutorials, and a dependable online community where caregivers can connect with each other.

The nutrition program will continue to offer extensive pandemic-era innovations in service delivery, including “grab and go” meals and expanded participation by local restaurants in providing on-site, carry-out, and delivery options for older adults with limited mobility. For a detailed example, see nutrition program Goal #2 in Attachment F.

Although the state does not employ a mobility specialist, the Greater Wisconsin Agency on Aging Resources has assigned a staff person to be the lead for questions related to transportation and mobility supports, funding and legislative advocacy. The Office on Aging works closely with this content expert to address transportation issues and to keep apprised of both funding and regulations affecting transportation services for older adults.

## **Serving older adults living with HIV/AIDS**

Wisconsin’s approach to supporting older adults living with HIV/AIDS centers the Division of Public Health’s HIV/AIDS program, which provides comprehensive prevention, testing, counseling, referral, drug assistance and insurance assistance. During the state plan period, the SUA will continue efforts to enhance both programs’ knowledge of each other’s services, foster statewide and local collaborative partnerships, and enhance referral capacity at the local level.

## **Approach to expanding access to home- and community-based services**

Wisconsin’s Long-Term Services and Supports (LTSS) system is well-established, extensive and multi-dimensional, with traditional managed Medicaid waiver program options as well as a comprehensive program of self-directed supports and two programs that integrate health and long-term care services. The SUA supports the ongoing refinement and improvement of this program and its services by closely collaborating in planning, development, and administrative initiatives including co-convening the state’s Long Term Care Advisory Council and its Steering Committee. Key staff from the LTSS policy team meet monthly with SUA representatives to share updates and ensure that coordination continues at the state and local level.

Aging and Disability Resource Centers (ADRCs) in every Wisconsin county serve as an entry point to the state’s Medicaid-funded, managed long-term care system, providing options counseling and enrollment services. The ADRCs closely coordinate with OAA programs, and in more than two-thirds of counties are integrated with aging units ensuring that adults of all ages, abilities, and economic circumstances have access to the full range of information and services available.

AAAs participate in these efforts through membership in the state's Long Term Care Advisory Council and through local collaboration with the managed care organizations operating in their areas. Wisconsin's AAAs have longstanding involvement with care transitions efforts and with relocation initiatives to support individuals who wish to return to community dwellings after a period of institutional residential care. However, most of these efforts are managed and coordinated through the Division of Medicaid Services with AAAs participating as stakeholders.

Wisconsin's Aging Network continually works to better integrate its services with HCBS programming offered through the state's Medicaid waiver programs. During this state plan period, these efforts will continue with two primary avenues of experiment and evaluation: contracts with LTSS Managed Care Organizations (MCOs) for home delivered meals, and the development and implementation of a standardized caregiver needs assessment tool.

The efforts related to home-delivered meals is spearheaded by GWAAR, one of the state's three AAAs. One of the many challenges of contracting with MCOs is defining the costs associated with each meal provided. The SUA has a well-defined Meal Cost Tool that is required of all aging units. GWAAR, with support from the SUA, is working with aging units to provide training and support related to the use of the tool to assure a fair cost is required of MCOs for each home delivered meal. A reliable implementation of the tool including all costs associated with producing a meal is essential for cost-effective contracting with MCOs.

The SUA Title IIIIE manager will coordinate with staff from the DHS Division of Medicaid Services, Respite Care Association of Wisconsin, and contracted Managed Care Organizations (MCOs) to design and implement an enhanced caregiver needs assessment tool that will promote respite services for family caregivers of people enrolled in WI Medicaid LTC waiver programs.

### Approach to caregiver support

The SUA takes a strongly collaborative approach to building a statewide caregiver support infrastructure with broad collective impact. The collaborative network includes AAAs and numerous other key partners. During this state plan period, the SUA will continue to work with AAAs to expand the successful statewide training and learning management system built during the previous plan period to support county and Tribal caregiver line staff and managers. The training platform teaches about caregiver support programs, state and federal expectations, and is designed to build skills and confidence among local agency staff. This approach has relieved some of the training burden from local agency managers, improving access to technical assistance through the AAAs and State Office on Aging. Enhancement plans include coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families to provide additional training on serving grandfamilies.

The SUA has expanded its role in statewide caregiver support leadership considerably in recent years, assuming administration of the state's Lifespan Respite Program. This has enabled the SUA and local

aging units and ADRCs to better serve family caregivers by filling gaps in programming for caregivers who do not meet the eligibility requirements of Title III E or the Wisconsin Alzheimer's Family Caregiver Support Program.

Administering the Lifespan Respite program enabled the SUA to secure a federal grant titled "States Implementing the National Strategy to Support Family Caregivers Grant," because state Lifespan Respite funds could be used to meet the federal match requirement. In addition to managing state and federal caregiver support programs, the Caregiver Program Manager also coordinates implementation of the National Strategy grant's 17 objectives, which will be intertwined with existing work to support family caregivers in Wisconsin.

The Caregiver Program Manager also provides leadership through participation in the Wisconsin Family and Caregiver Support Alliance. The two organizations collaborated on a goal in the previous state plan to increase the number of employers that adopt caregiver friendly policies, designing and distributing an HR Care Kit which provides information about the benefits of creating a caregiver friendly workplace, suggests model policies that employers can adopt, and provides guidance for implementation. It also includes ready-to-use resources and provides employers with community connections they can share with employees who have family caregiving responsibilities. This collaboration will continue, expanding efforts to engage employers as part the National Strategy grant noted above.

The SUA also collaborates closely with the Respite Care Association of Wisconsin (RCAW), a non-profit organization that provides direct care worker training free of charge and manages a statewide respite provider registry, with the SUA Caregiver Program Manager serving on its Board.

## Additional areas of plan activity

### **Coordinating Title III programs with Title VI programs**

The needs of older members of Tribal communities are similar to the needs of Wisconsin's older adult population in general. However, Tribal Elders face additional challenges obtaining services that are geographically and economically accessible as well as culturally appropriate. The ongoing challenges faced by many Tribal Elders include remote rural residence, geographic isolation; income near or below poverty; and complex health circumstances related to lifelong disparities in access to and quality of medical care. Many Tribal Elders wish to remain at home in their communities to continue participation in social networks, local organizations, and cultural and religious ceremonies and traditions. Some are unwilling or unable to relocate to areas with greater access to medical or long-term care services. Coordination between Tribal aging programs (OAA Title VI) and county aging programs funded through OAA Title III is important for addressing local challenges with the strongest resource base possible.

The Tribal Technical Assistance Center, located in Lac du Flambeau, operates within the Great Lakes Inter-Tribal Council (GLITC). The center provides culturally appropriate and Tribe-specific planning, training, and technical assistance to Tribal aging units. The SUA has worked cooperatively with staff from the Tribal Technical Assistance Center and Tribal aging units to identify areas where technical assistance for either Title III or Title VI programming can help ensure maximum coordination between the programs and minimize duplication.

The SUA, the AAAs and GLITC will continue to collaborate in providing guidance and supporting coordination between Title III and Title VI programs and activities. Efforts will include recognizing the significant impact and burden placed upon Tribal communities due to low incomes and health disparities, and providing accommodations and flexibilities when necessary and allowable to facilitate effective use of OAA funding. The SUA has a long-standing commitment to working with each of the 11 Tribal Nations to coordinate T-III and T-VI services and supports, offering flexibility in the design and delivery of OAA services whenever possible. As a concrete example, the SUA supports flexible menu development within the Elder Nutrition Program to address the nutritional needs and food preferences of Tribal Elders.

In addition, many Tribal nations continue expanding their health promotion activities in consultation with AAA health promotion coordinators and the Wisconsin Institute for Healthy Aging (WIHA). Part of this effort involves evaluation of evidence-based health promotion programs to determine their cultural appropriateness and make necessary and allowable modifications. With this collaboration, many Tribal aging units have successfully delivered highest-level evidence-based health promotion programs and activities. Some Tribal nations collaborate with neighboring county aging units or ADRCs in these efforts. During this planning period the SUA will encourage all Tribal nations to document and report at least one highest-level evidence-based health promotion program each year, and to use Title VI funds to provide evidence-informed and innovative health promotion programs to further address local needs.

For further details, please see Attachment B - Information Requirements: Activities to Increase Access and Coordination for Native American Older Adults.

### **Supporting age friendly efforts**

The State Unit on Aging has contracted with the National Center to Reframe Aging (NCRA) to provide education, awareness, communication strategies and tools that will help the state's aging and disability network effectively reveal a complete and accurate story of aging. Changing the language used to talk about aging has been proven to change attitudes about aging (see research by the Frameworks Institute in particular), which opens a path to policies and programs that support every age and stage of life.



During the first year of this state plan period, trainings will be offered to educate key public health and aging network leaders and partners about concepts that reframe aging and methods for applying the communications strategies as effective framers. The SUA has formed a Reframing Aging Advisory Committee of advocates, leaders, practitioners, educators, and funders to offer guidance, disseminate information and build momentum for a statewide movement.

In subsequent state plan years, the SUA with input from this Committee will explore how best to magnify the reframing efforts through the Age Friendly State movement and a potential Multisector Aging Plan. Efforts will align with the work of the State Long Term Care Advisory Committee and several age friendly communities throughout Wisconsin (including Appleton, Greendale, La Crosse, Madison, Milwaukee County, Oshkosh, Reedsburg, Sheboygan, Shorewood, Stevens Point, Wausau, Wauwatosa, West Allis, and West Bend). Significant work has been achieved by these communities in addressing the AARP's eight domains of livability through the built and social environment (housing, outdoor spaces and buildings, transportation, civic participation and employment, communication and information, respect and social inclusion, social participation, health services and community supports). Additional effort in the later years of the state plan period will support strengthening and disseminating these efforts throughout the state.

### **Expanding efforts to reduce social isolation and loneliness**

The State Unit on Aging established and supports the Wisconsin Coalition for Social Connection (WCSC), bringing local organizations and individuals together to build communities that center real connection, impactful relationships and a sense of meaning and purpose. Founded in 2020, the Coalition meets monthly to provide strategic input and direction for initiatives. It also makes local, state and national presentations, communicates with a network of 651 members and national partners, and provides oversight to committees. The latter include an Awareness Committee, providing resources, education and events; an Engagement Committee that builds opportunities locally; and a Policy Committee that monitors legislative activity related to social connection and mobilizes education and advocacy by the network as needed.

During this state plan period the WCSC will provide technical support to sustain local coalition activities initiated with approximately \$2 million in small grants funded by the American Rescue Plan Act Home and Community Based Services program in Wisconsin. It is currently estimated that 80% of the grantee coalitions will continue their efforts past the grant period. Local and regional coalitions will continue to focus on social connection and livable communities initiatives, advancing these through relationship building and targeted initiatives. Grantees have also joined the WCSC to share their outcomes and provide support to others pursuing similar work in their local areas. An evaluation by the SUA during this state plan period intends to document the patterns and conditions necessary for social connection or livable communities efforts to flourish, in order to further support expansion of these models to additional communities throughout Wisconsin.

## **Supporting dementia friendly communities**

In support of dementia friendly community initiatives, the SUA collaborates in the implementation of Wisconsin's [2024–2028 Wisconsin State Plan for Dementia](#). This plan's goals align with national level initiatives including the National Plan to Address Alzheimer's Disease, the Healthy Brain Initiative Road Map, and the National Strategy to Support Family Caregivers. Goals include public education and community support, professional development and workforce needs, coordinated care, data and research, and policy and advocacy. Leadership from agencies across the state have been identified in each of the goal areas to provide guidance in building the work teams around the identified strategies. The work of the plan includes both short- and long-term projects as well as continuation of existing efforts in support of the goals of the state plan. A community advisory board will also be convened to provide guidance and feedback to the ongoing work of the plan.

## **Disseminating information about Wisconsin's assistive technology entity and access options**

This approach is explained in detail in Attachment B, Information Requirements.

## **Improving coordination between the Senior Community Service Employment Program and other Older Americans Act programs**

During 2025, administration of the Senior Community Services Employment Program in Wisconsin will transition from the SUA to a new entity to be determined through a competitive grant program administered by AmeriCorps. The SUA will no longer manage the SCSEP grant and related contracts to provider agencies. During this state plan period, the SUA will work closely with the new administrative agency to transfer institutional knowledge, connect administrators to key partners in the aging and disability network, and generally facilitate a smooth transition that sustains services to program participants. These include providing participants with information and referrals to aging and disability network resources and opportunities for which they may be eligible.

## **Integrating core programs with the Administration for Community Living's non-formula-based grant programs**

The SUA currently administers the ACL's Lifespan Respite Grant Program, described above; and has applied for one additional non-formula-based grant through ACL, titled "Enhancing State No Wrong Door (NWD) Systems for Efficient Access to Long-Term Services and Supports."

Under the Lifespan Respite Grant, the SUA's Caregiver Program Manager will continue to work with the Respite Care Association of Wisconsin (RCAW) to coordinate NFCSP with the Lifespan Respite Program. The Caregiver Program Coordinator provides additional support RCAW by participating as a non-voting member on their board of directors. Program collaboration helps ensure that families that do not qualify for NFCSP or AFCSP may be able to access respite services through RCAW. In addition,

the SUA provides recommendations to RCAW about its respite provider training programs and online provider registry which benefits all caregivers in Wisconsin.

The SUA's NWD application proposes to enhance systems interface and coordination between the ADRC network, the 11 Tribal nations, local emergency medical services agencies, county-based Adult Protective Services (APS) and county-based crisis intervention programs. Through focused outreach and coordination, this project aims to improve access to home and community based long-term care and streamline access to aging and disability services for at-risk and underserved populations.

## **Supporting participant-directed and person-centered planning for older adults and their caregivers**

Participant-directed options within Wisconsin's aging network provide both choice and influence over programs, services and supports. Wisconsin's rapidly-growing older population is also becoming more varied, and program data demonstrates that traditional models of service delivery may not meet the needs of this changing group. For example, many people eligible for OAA programs continue to work, volunteer, provide care for family members, and actively participate in their communities. They require programs, services, and opportunities that provide flexibility in both time and commitment. Wisconsin's core aging programs will enhance choice and control in obtaining supports and services in the following ways.

Wisconsin's Title IIIC nutrition programs will provide new guidance to AAA and aging units to facilitate Title IIIC2 Congregate Dining funding flexibilities identified in the OAA Final Rule. There is a high level of interest in offering this person-centered option for grab-n-go and carry out meal during the next plan cycle. In addition, Wisconsin will continue to promote the restaurant model as part of the Title IIIC1 Congregate Dining program. This highly successful approach provides welcome sources of consumer choice in many areas of the state. Customers express significant satisfaction with going to a restaurant versus traditional congregate meal sites. On the supply side, the Milwaukee AAA reports that it has more restaurants asking to be providers than it can utilize.

Wisconsin's Title IIID health promotion programs build older adults' skills for active self-management of their well-being, targeting individual needs for confidence, health literacy, and practical strategies for active engagement in their health. Individuals can choose from an array of more than 40 evidence-based health promotion programs, many aimed directly at increasing these skills to promote self-efficacy and support a more active role in advocating for health and well-being.

Wisconsin's Title IIIE caregiver support programs continue to identify individual caregiver needs using an assessment tool that helps providers develop a person-centered approach to designing services. During this state plan period a caregiver needs assessment will be implemented for individuals participating in Wisconsin's managed long-term care programs, modeled after Title IIIE NFCSP

Caregiver needs assessment. The intent is to reveal those caregiver needs that are highest priority for both LTC programs participants and their caregivers.

More generally, Wisconsin's long-term services and supports system is founded on a person-centered approach to identifying customer needs and providing customized information, assistance, and referrals. Engagement with managed care within this system starts with options counseling by professionals at the local ADRC, and includes intensive assessment of self-management interest and capacity. For those with MA waiver eligibility who want the highest level of person-centered and self-directed services, Wisconsin provides two program options with support from the Family Care self-directed supports program and the IRIS program (Include, Respect, I Self-Direct).

## **Incorporating emergency preparedness planning**

This approach is explained in detail in Attachment B, Information Requirements.

## **Approach to Older Americans Act regulations**

Several formal goals forecast efforts during this state plan period to ensure policies and practices are in alignment with the OAA and come into compliance with the OAA Final Rule of 2025 (CFR 45 1321). The SUA is already in compliance with a majority of these regulations and will be able to align with many others by making minor adjustments to policies or practices. Some of these are noted within program area goals. However, four areas will require longer term work projects with significant engagement and input from impacted partners. These include Title IIIB legal assistance; stewardship and oversight; contracts and commercial relationships; and the designation and de-designation of AAAs.

The regulatory compliance goal statements presented in this state plan constitute brief workplan summaries. More comprehensive information will be provided to ACL about each project as part of a compliance report to be presented by September 30, 2025. This report will include detailed corrective action plans for each of these items as instructed by ACL.

## **Approach to the Elder Justice Act**

The SUA provides statewide leadership and coordination for Wisconsin's Adult Protective Services (APS) system. By Wisconsin statute, APS is a county administered social services program, with policy interpretation, program planning, technical support and limited training provided by two permanent staff positions in the SUA. Each county establishes its own APS program with guidance from Wisconsin Statute, including most notably Chapter 46.90, which details requirements for response to abuse, neglect, self-neglect, and financial exploitation experienced by people 60 and older; and Chapter 55, which provides similar protections and response protocols for those ages 18 – 59 who have a significant disability.

County response includes detecting, assessing, investigating and intervening with services in response to allegations of elder abuse, neglect, and financial exploitation. APS programs are required under statute to serve adults with disabilities and older adults who are community dwelling or living in residential care facilities. County APS agencies also provide APS response to the eleven federally recognized Tribal nations in Wisconsin; at present, Tribal nations are not required or funded to provide these services under statute. The Wisconsin Governor's proposed budget for the 2026-27 biennium includes support for expanding the system's efforts to effectively serve those in Tribal communities, aligning with the priorities of the National Resource Centers on Native American Elders; and to explore options for directly supporting APS capacity in Tribal nations.

The SUA collaborates extensively with the State Long Term Care Ombudsman Program, operated by the independent Board on Aging and Long Term Care (BOALTC), to coordinate effective incident response and intervention in residential care settings; develop training including the biennial Adult Protective Services conference; and build mutual awareness, understanding, and strategic collaboration.

In order to efficiently utilize scarce resources and maximize collective impact, counties are required by state policy to support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation, engaging essential partners across the community including adult protective services, long-term care ombudsman programs, social service providers, health care professionals, financial institutions, and criminal and civil justice system partners. Coordinating these "interdisciplinary teams" or "I-Teams" is essential work for county APS staff, and SUA staff assist by developing updated program standards, guidance, and resources to support viable County I-Teams. DHS staff attend County I-team meetings when possible to provide program updates, promote statewide resources, and engage in local technical assistance with partners. These meetings typically include education of members, coordination, and consultation about complex cases.

## **Goals, strategies, and outcomes**

### **Approach to performance management**

The SUA's approach to performance management is part of the Division of Public Health's overall effort to sustain a culture of quality. The Division's performance excellence system includes performance management and quality improvement through increased accountability, effectiveness, efficiency, and performance. This integrated approach is operationalized using Results-Based Accountability (RBA), a framework that focuses on results or outcomes; uses data-driven, transparent decision-making; and measures performance by how much we did, how well we did it, and whether anyone is better off.

The RBA framework formed the basis of the SUA's goal and strategy development. The SUA, in partnership with aging network leaders, developed worksheets and templates to guide goal setting

and efforts in quality improvement. The tools emphasize setting values-based goals, high-level strategies that will contribute to achieving the goal, and measurable outcomes for evaluation of improvements. These tools were shared with AAAs, counties, and Tribal aging units for use in area and local aging plan goal setting as well. This collaborative and strategic approach to developing aging plan goals is an opportunity to learn more about outcomes-oriented planning and evaluation and strengthen shared practices.

The state plan goals describe the SUA's strategic direction for statewide program administration. The SUA will work to ensure policies and practices are in alignment with the OAA and come into compliance with the new OAA regulations. The SUA will also elevate the values that the OAA is founded on by targeting services to older adults in greatest social and economic need and advancing person-centered services to maximize consumer control and choice. Program goals represent key priorities for the state of Wisconsin as determined by demographic data, program utilization reports, and results of needs assessment activities that informed AAA, county, and Tribal aging plan goals and summary reports.

During the three years of this state plan cycle, the SUA will lead improvement efforts, but will require engagement, support, and participation across the aging network. Program managers will document, track, and analyze progress of moving beyond activity-based reporting to include monitoring of measurable outcomes to ensure that projects are evaluated for their success in making real improvements. The state plan goals will be revised and updated as needed to account for a changing environment, new opportunities, and emerging threats.

Having a comprehensive system for performance management and quality improvement provides the SUA an opportunity to take a collaborative and strategic approach to developing goals and strategies for the state plan that support efforts to strengthen Wisconsin's aging network and statewide program administration and achieve a culture of quality.

## Older Americans Act core programs goals

### **Title IIIB supportive services**

The funding for services provided through Title IIIB is flexible, allowing agencies to develop programming to reflect community needs and provide tailored supports for older adults. There are more than 25 authorized services that local agencies can fund through Title IIIB, including transportation, short-term case management, legal assistance, personal care and adult day services, and services to help consumers access programs including home- and community-based long-term care.

States must determine the minimums to be spent in three of the authorized service. The SUA State Financial Plan mandates that in each PSA served by an AAA, 7% be spent on “Access to Service;” 6% on “Home/Chore Services;” and 5% on legal assistance.

Although the OAA specifies that the minimum percentages can be the sum of all related expenditures within a PSA, variation in expenditures across Wisconsin’s local aging units creates disparities in service delivery across the state with some counties offering more services and others less. This particularly impacts Access to Service and In Home/Chore Services. During this state plan period, the SUA will work to increase adherence to these minimums at the local level, in order to decrease geographic service disparities.

## Goal

To enhance consistent service delivery of Title III-B Supportive Service for older adults statewide, the SUA will partner with AAAs and aging units to address service gaps and expand program and service offerings and access.

## Title IIIB legal assistance

The Older Americans Act (OAA) legal assistance program provides legal advice and representation to older adults with the greatest social and economic need. Legal assistance providers offer counsel on the OAA legal assistance priority areas: income, health care, long-term care, nutrition, housing, utilities, abuse and neglect, defense of guardianship and protective services, and age discrimination. Wisconsin legal assistance providers coordinate with other legal resources to build a comprehensive, statewide legal aid network.

The SUA’s legal assistance program leadership centers on the state Legal Assistance Developer (LAD) dedicated to the following LAD responsibilities:

- Provision of technical assistance, training, and other supportive functions to AAAs and legal assistance providers.
- Coordination of all legal assistance and representation for the OAA legal assistance priority areas, including legal assistance providers funded under the Act contracted by area agencies on aging, any Bar Association Elder Law section, and other elder rights or entities active in the state.
- Utilization of trainings, case consultations, and technical assistance provided by National Center for Law and Elder Rights, pursuant to 42 USC 3032i(c).

The placement of this position in the SUA ensures the effectiveness and credibility of work. The LAD also coordinates with the State Long Term Care Ombudsman Program through quarterly meetings and ongoing communications. This position is responsible for program compliance and quality improvement, and in this state plan period will coordinate a goal to address a compliance issue.

The SUA has historically provided significant supplementation to Title IIIB legal assistance programming by operating an elder benefit specialist (EBS) program. In the previous state plan, the SUA focused on evaluating and strengthening the workforce of the EBS program. The SUA successfully completed its goals to track retention of EBS staff, conduct a workforce satisfaction survey, highlight success stories on the state website, and begin regular focus groups to hear feedback from network staff. However, the state’s organizational structure for supporting this program with legal supervision and with backup for those needing direct representation relied on the services of a AAA, and in effect limited direct consumer access to attorney representation.

In this state plan period, the SUA’s goal is to successfully decouple the elder benefit specialist program from the legal assistance program funded through OAA Title IIIB, as required in the Older Americans Act final rule issued in 2024 (specifically § 1324.303). The elder benefit specialist program will remain a key local resource for consumers, referring older adults in need of legal assistance to OAA legal assistance providers when appropriate. This goal will increase state resources to provide direct attorney services for older adults who need them.

## Goal

In the FFY 2026–2028 state plan, Wisconsin will restructure its legal assistance program to ensure older adults can get needed services in all legal priority areas.

## Title IIIC nutrition services

Elder nutrition programs in Wisconsin make up the largest program operated by Wisconsin’s aging and disability network, serving eligible individuals in every county and Tribal nation. Local programs serve as hubs for older adults to access meals, nutrition services like education and counseling, and other important services that strengthen social connections and promote health and well-being.

Community dining centers are present in hundreds of Wisconsin communities. Eligible individuals enjoy freshly made meals with others in their community. Home-delivered meals are delivered in-person to eligible individuals who are unable to regularly leave their homes. Volunteering and social contact are cornerstones of the program.

In the previous state plan period, the SUA worked to better target services to populations with greatest social need with a focus on Hispanic/Latinx and Asian older adult program participation. As a result, Hispanic/Latinx participation increased 8% and Asian elder participation increased 30%. Local programs obtained feedback in coordination with community partners to determine how best to meet the needs of the Hispanic/Latinx and Asian elder communities in Wisconsin. Examples of efforts that have significantly increased participation by Asian elders include Brown County’s partnership with the Hmong Center to provide a pop-up dining experience with a Southeast Asian focused meal and Outagamie County’s establishment of weekly dining center in the Long Cheng Marketplace in Appleton. Wisconsin’s registration form templates were translated into Spanish and Hmong, and a



program brochure is currently in development that will be translated into Spanish and Hmong and include culturally appropriate images. Wisconsin will continue these efforts with other materials in the upcoming state plan period.

The SUA also assessed the prevalence of malnutrition and food insecurity among participants by expanding use of the Malnutrition Screening Tool (MST) and Hunger Vital Signs two-question food security screening tool statewide. After the first year of implementation, approximately 45% of Wisconsin's 65,000+ individuals receiving meals had been screened for malnutrition and food security. Wisconsin intends to continue screening efforts in upcoming state plan period and support local programs' efforts to connect individuals at risk for malnutrition or experiencing food insecurity to resources to meet their needs in accordance with Section 330 of the OAA.

In this state plan period, the SUA will focus its efforts on addressing the need for nutrition services to help prevent and manage diet-related medical conditions. Meal participant surveys conducted statewide in 2023 revealed that approximately 25% of nutrition program participants indicated that there are foods that the nutrition program could offer to better support their health or cultural preferences. Of those 25%, the majority (80%) thought the nutrition program could better support their health needs, and the overwhelming majority mentioned a need for more "diabetic-friendly" menus.

Meals on Wheels America defines medically tailored meals as fully prepared meals produced or sourced under the consultation of a registered dietitian nutritionist (RDN) or state-credentialed nutrition professional to support an older adult's medical condition. Currently, very few nutrition programs offer medically tailored meals. All of Wisconsin's nutrition programs have access to a program nutritionist, which positions them well to address the needs of individuals with diabetes by providing meals and nutrition education that have been reviewed by a nutritionist and access to nutrition counseling services offered by a RDN.

Expanding nutrition services to better meet the needs of eligible individuals with diabetes helps Wisconsin target services and address social need for individuals with chronic conditions (45 CFR § 1321.3) and provide person-centered services that are responsive to older adults' interests and physical health needs (45 CFR § 1321.77). It also aligns with Section 339 of the OAA, which requires nutrition projects to provide meals that "(iii) to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants, including meals adjusted for cultural considerations and preferences and medically tailored meals." By better connecting participants with other nutrition and health promotion services related to diabetes management, Wisconsin offers options to attend congregate meal sites and other health and wellness activities, as feasible, based on a person-centered approach and local service availability in accordance with 45 CFR § 1321.87(a)(2)(ii).

## Goals

1. Expand nutrition services to better serve the needs of eligible individuals with diabetes by expanding nutrition education options focused on diabetes prevention and management.
2. Expand nutrition services to better serve the needs of eligible individuals with diabetes by increasing the number of nutrition programs offering congregate and home-delivered meals that are tailored to support the health of individuals with diabetes.
3. Expand nutrition services to better serve the needs of eligible individuals with diabetes by improving coordination between nutrition and health promotion services.

## **Title IIID evidence-based disease prevention and health promotion services**

Wisconsin offers a more than 40 health promotion programs to build older adults' health literacy, health care advocacy and self-management. All empower participants to take a more active role in their own health and well-being. Program offerings range widely and include Strong Bodies- Strength and Training Exercise Program, Mind Over Matter-Healthy Bowels Healthy Bladder, Chronic Disease Self-Management Programs (CDSMP), the Diabetes Self-Management Program (DSMP), and Stepping On-Falls Prevention. Each program builds self-efficacy, confidence, and skills to help older adults remain healthy, active, and independent in their communities.

During 2024, 5,246 adults participated in highest-level evidenced based health promotion programs representing more than 80,000 hours of training. Enrollment is expected to increase in 2025-2028. Despite steady and growing interest, financial data point to underspending of Title IIID Health Promotion Program funds in some aging units. During this plan period, the SUA will facilitate and support enhanced engagement and communication between AAAs and aging units to identify service gaps and barriers to implementation and enrollment. The objectives include increased access, enrollment and course completion, and associated improved health outcomes for participants.

## Goal

The SUA will work with AAAs, aging units and the Wisconsin Institute for Healthy Aging to identify key causes of underutilization of Title IIID funds, as well as barriers to program implementation and participation. The anticipated outcomes include an increase of 25% in the expenditure of Title IIID funding, and a 15% increase in participation in counties that historically underspend.

## **Title IIIE National Family Caregiver Support Program**

The National Family Caregiver Support Program (NFCSP) provides services and supports that help family members and informal caregivers care for older adults at home. The program prioritizes

services to low-income families and older adults with dementia but promotes and serves services to all caregivers of older adults. This is in alignment with the OAA mission and understanding that family caregiving can significantly impact family caregivers' physical, financial, and emotional wellbeing regardless of one's income level.

Additional contextual information about the framework of caregiver support programming in which NFCSP operates in Wisconsin is found in the "Approach to Caregiver Support" narrative, above.

## Goals

1. The SUA will improve oversight and adherence to Older Americans Act Final Rule provisions for Title IIIIE by conducting at least one on-site AAA review and one virtual review each year.
2. The SUA will support local agencies to use a state-approved caregiver needs assessment to identify participants with the greatest economic and social needs. Assessment findings will be used to deliver person-centered services based on individual needs assessment results.
3. The SUA will implement a new family caregiver needs assessment tool for managed care waiver participants to ensure that family members and friends who provide care to individuals enrolled in Medicaid Long Term Care programs can receive appropriate and adequate respite.

## Additional regulatory compliance goals

1. In order to more effectively monitor program expenditures and operations across OAA and related program areas, the SUA will create a toolkit of program oversight tools, train SUA program managers in their use, and support full implementation across all funded program areas by September 30, 2026.
2. The SUA will establish policies for AAAs to receive prior approval for contracts and commercial relationships (CCRs) permitted under section 212 of the Act. And develop assurances that revenue generating CCRs be accounted for separately and will not interfere with the accomplishment of Title III funded programs by September 30, 2026.
3. The SUA will establish policies and procedures to ensure that the process of designating AAAs, as well as the voluntary or involuntary de-designation of a AAA, will be transparent, will hold the state agency accountable for its decisions, and will afford due process to affected parties by September 30, 2026.

## Attachments

- A. State Plan Assurances and Required Activities
- B. Information Requirements

- C. Financial Plan and Intrastate Funding
- D. Identification of Geographic Boundaries of each PSA
- E. Public Comment
- F. Goals, Strategies, and Outcomes

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