

Wisconsin State Aging Plan
FFY 2023-2025
DRAFT

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Signed Verification of Intent

The Wisconsin State Aging Plan is hereby submitted by the Department of Health Services for the period of October 1, 2022, through September 30, 2025, (Federal Fiscal Years 2023-25). The Department of Health Services certifies that the administration of the State Aging Plan shall be in compliance with the required assurances and provisions of the Older Americans Act of 1965, as amended. The Wisconsin Department of Health Services has been given authority to develop and administer the Wisconsin State Aging Plan in accordance with the requirements of the Older Americans Act, be responsible for the coordination of all state activities related to the Act, and serve as the effective and visible advocate for older adults in Wisconsin.

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

Signature

Debra Standridge, Deputy Secretary
Wisconsin Department of Health Services

Narrative

Executive Summary

Every three years, the Bureau of Aging and Disability Resources (BADR) develops and submits to the federal Administration for Community Living (ACL) a State Aging Plan for Older People, hereafter referred to as the State Aging Plan or “the plan.” Mandated by federal law, the plan is required for the state to receive federal funds under the Older Americans Act of 1965, as amended. Additionally, the State Aging 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.

BADR serves as the State Unit on Aging (SUA), charged with responsibility for implementing Older Americans Act (OAA) programs in Wisconsin. BADR 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.

BADR 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 State Aging 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. And the population of older individuals has grown more diverse in many ways. It now features three generations; is enriched by growing proportions of people from a variety of racial, ethnic, religious, and cultural groups; and benefits from expanded opportunity for older adults of all genders and sexual orientations to live openly in communities across the state. Given growth and change in the older population, this Aging Plan reviews and updates the state’s method for targeting program resources to those with greatest need, as described in the [Financial Plan Summary](#).

BADR has taken a forward-looking approach to the challenges of a rapidly aging population. This State Aging Plan prioritizes adapting and improving aging programs, funding and network culture to effectively and equitably serve an increasingly diverse older population. For an overview of these efforts, see the [Equity](#) section of the plan for addressing national priority topics; further details are included for specific programs in the [Program Goals and Objectives](#).

The Program Goals and Objectives section of the plan explains what changes are proposed for each Wisconsin aging program area, including those that correspond to

Older Americans Act Title IIIB ([Supportive Services](#)), Title IIIC ([Nutrition](#)), Title IIID ([Evidence Based Health Promotion](#)), Title IIIE ([Caregiver Support](#)), and Title V ([Older Worker Program](#)). In addition, this Plan includes goals and objectives for the [Adult Protective Services](#) and [Dementia Services](#) programs that are funded under the Elder Justice Act and discretionary grants, as well as state funding.

The plan highlights ongoing work to recover and rebuild in the aftermath of the global COVID-19 pandemic, as described in the [COVID-19](#) priority topic area. Additional priority topic areas include [Expanding Home and Community Based Services](#), and [Caregiver Support](#), which is also addressed under program-specific [Goals and Objectives](#).

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 in the [Needs Assessment Activities](#) 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? As described in detail in the [Quality Improvement](#) section, these three dimensions of project measurement make up an exciting new evaluation framework that will help BADR track its progress and will help ensure that the outcomes of the projects are really making a difference for older adults and the network of aging programs in Wisconsin.

Context

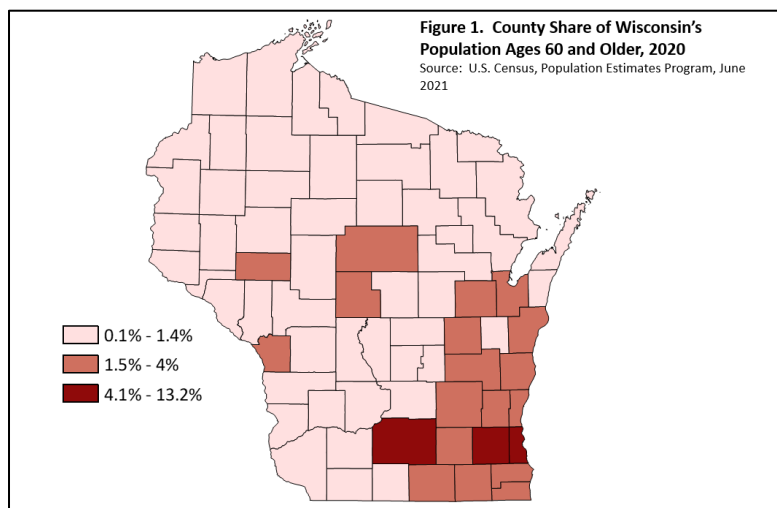
This section outlines the changing size and demographic composition of Wisconsin's older population and briefly introduces a new tool developed to ascertain service delivery equity by race and Hispanic ethnicity. The data source for majority of this section is U.S. Census' Population Estimates Program (PEP), which is an intercensal source using a 2010 population base and models succeeding annual estimates through year 2020 by age, sex, race, and Hispanic ethnicity. The 2020 estimates in this section are not the results of the 2020 Census as these were not available for those ages 60 and older during the creation of this plan.

Demographic Data

Older Population

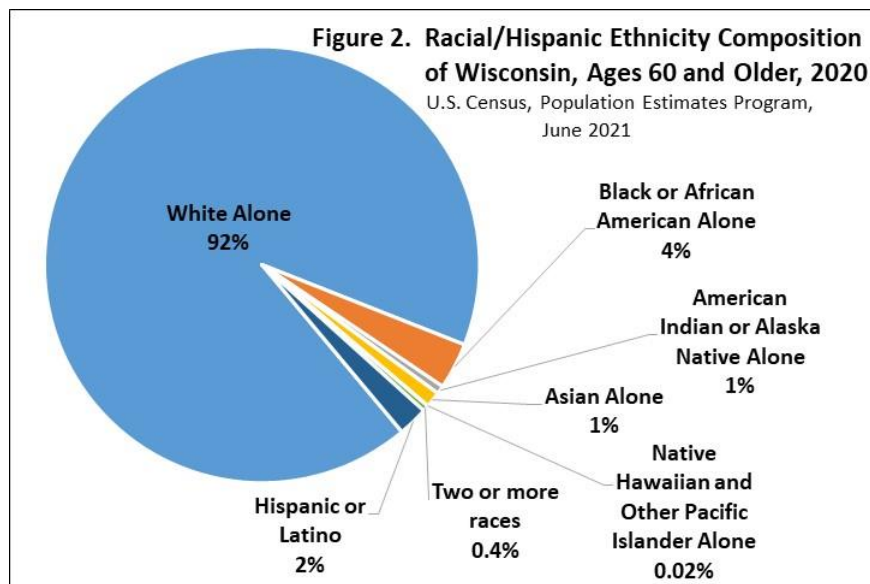
Wisconsin's population ages 60 and older totaled 1.45 million in 2020 comprising 25 percent of the state's total. Wisconsin ranked 16th nationally in this share of population and ranked second among contiguous states. The ranking is considerably higher than in 2010 (25th, at 19 percent of population). The 60-plus population increased by 356,000 since 2010, a growth rate of 32 percent. For comparison, total population grew 142,000 or 2.5 percent. The decade between 2010 and 2020 was projected to measure the fastest and largest growth of 60 and older population due to the largest portion of the baby boomer generation aging into this cohort. That projected growth rate came to fruition. While the 60-plus group will continue to grow as share of population over the coming decades, it will not grow as quickly as it did from 2010-2020.

Wisconsin comprises 72 counties. Thirty percent of the state's 60 and older live within its 46 non-metropolitan counties at a slightly higher rate than does total population (26%). The remaining seventy percent live within the state's 26 metropolitan counties. As Figure 1 shows, the 60-plus are concentrated in the southeast and south-central regions, which are the most densely populated and metropolitan parts of the state. The remainder of the state, particularly the southwest, central and northern portions can be characterized as rural, non-metropolitan and sparsely populated.



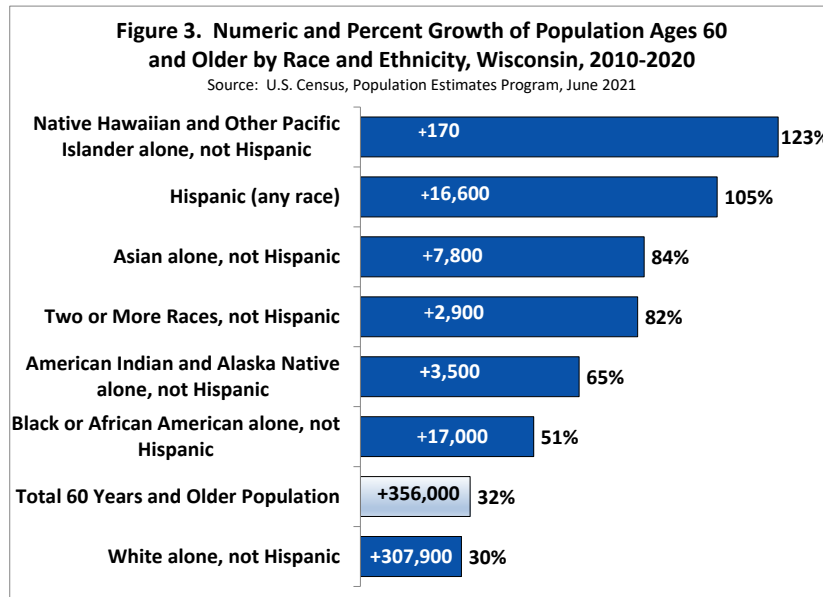
Wisconsin Racial Composition and Hispanic/Latino Ethnicity of Older Population

Communities of Color are the aggregate of those who are Black or African American, Asian, Native American, Native Hawaiian/Pacific islander, Two or More Races, and those of any race with Hispanic or Latino ethnicity. They comprise eight percent of Wisconsin’s 60-plus compared to 26 percent nationally. White, non-Hispanic population make up the other 92 percent. Wisconsin ranks 41st highest nationally, and in the middle regionally, in Communities of Color representation with Minnesota and Iowa posting lower shares. Twenty percent of Wisconsin’s total population are Communities of Color versus 40 percent nationally ranking 40th highest in 2020. The pie chart and table in Figure 2 show the specific race and Hispanic racial composition of the 60-plus in Wisconsin. The state’s Communities of Color ages 60 and older totaled 115,000 in 2020; significantly higher than 67,000 measured in 2010.

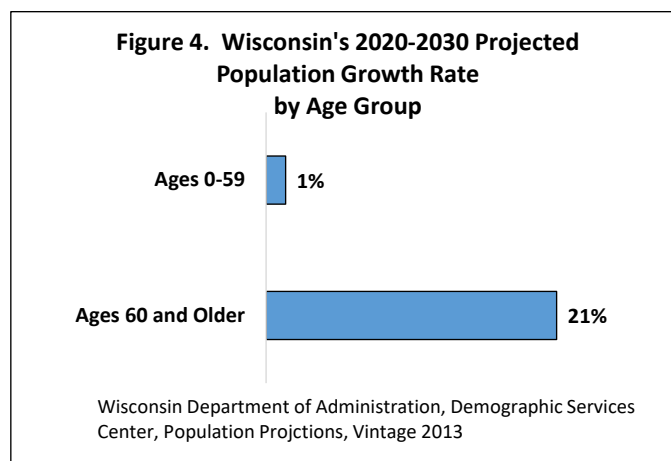


| Wisconsin Population Ages 60 and Older by Race and Hispanic Ethnicity | |
|---|------------------|
| White alone, not Hispanic | 1,338,661 |
| Black alone, not Hispanic | 50,154 |
| Hispanic, any race | 32,265 |
| Asian alone, not Hispanic | 17,132 |
| American Indian and Alaska Native alone, not Hispanic | 8,832 |
| Two or More Races alone, not Hispanic | 6,373 |
| Native Hawaiian and Other Pacific Islander alone, not Hispanic | 324 |
| Total | 1,453,741 |

Wisconsin’s relatively low composition of Communities of Color belies rapid growth. In fact, the White, non-Hispanic population ages 60 and older is the slowest growing race demographic in Wisconsin, while every other race and Hispanic ethnicity is growing more quickly. This is particularly important to underscore as we address issues of health equity and socio-economic equity amongst a racially and ethnically diversifying older population. Figure 3 shows the 10-year change by race and Hispanic ethnicity of Wisconsin’s 60-plus, sorted in descending order by percent growth.



The older population has been Wisconsin’s fastest growing age segment for several years and will continue to be for the foreseeable future (Figure 4). Though population projections do not specify population by race/ethnicity, Communities of Color will continue to grow at a faster rate than the White, non-Hispanic population.



County-Level Racial Composition and Hispanic/Latino Ethnicity of Older Population

Figure 5 is a county-level map showing Communities of Color as a share of those ages 60-plus in 2020. The Black or African American and those of Hispanic or Latino ethnicity make up the larger shares in the southern, metropolitan parts of the state and the Native American population are the larger shares in the rural and northern counties. Asian population tends to be younger, statistically speaking, especially the Hmong population, but there are larger presences of this elder group in several counties in western Wisconsin (La Crosse and Eau Claire counties), central Wisconsin (Marathon and Portage counties), and southeastern Wisconsin (Sheboygan County and the Milwaukee-Waukesha metropolitan area). Menominee County is the darkest shaded on the map at 67 percent Communities of Color, most of whom are Native American. Milwaukee County is shaded second darkest at 29 percent with a very large African American population followed by very large Hispanic population.

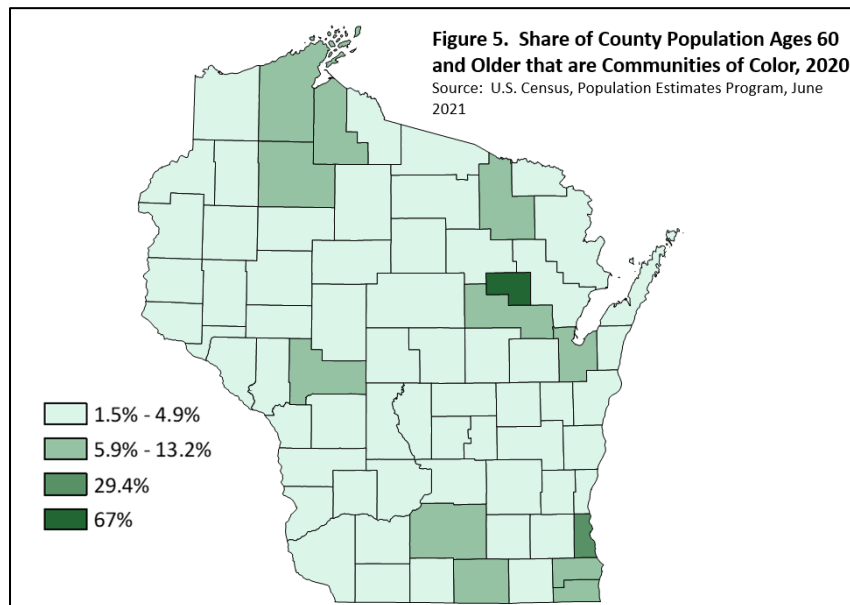
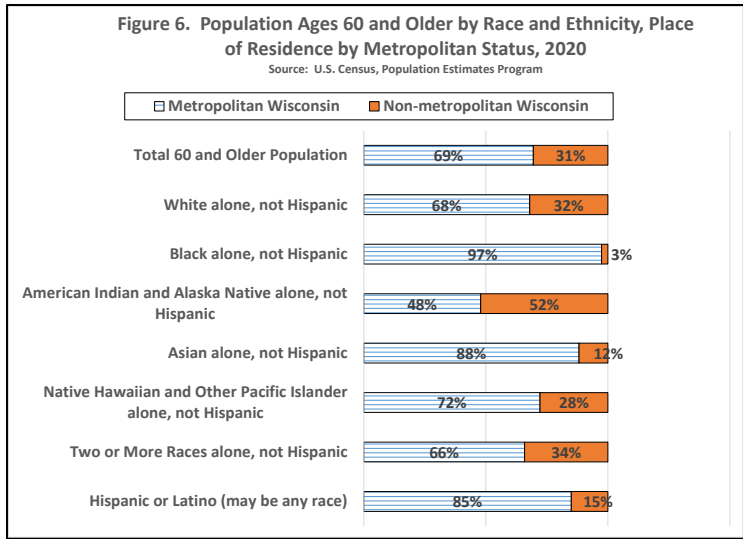
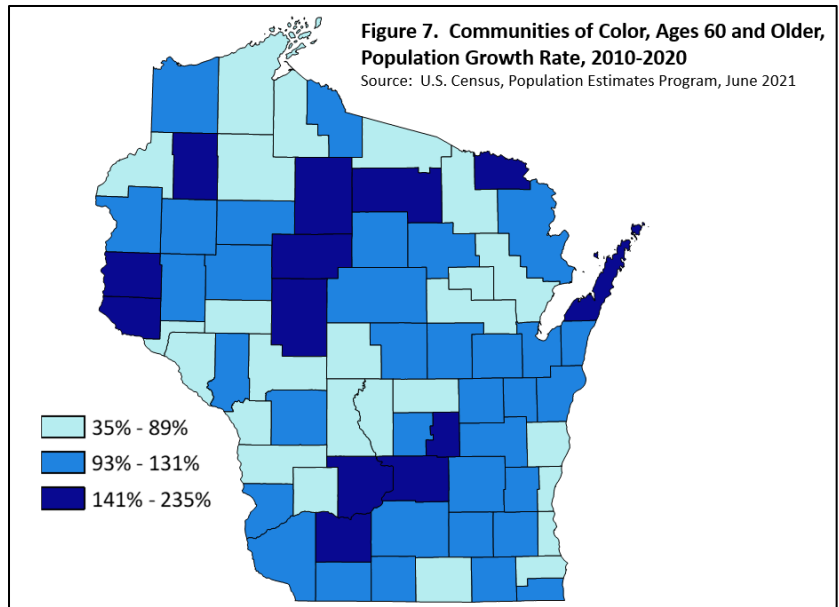


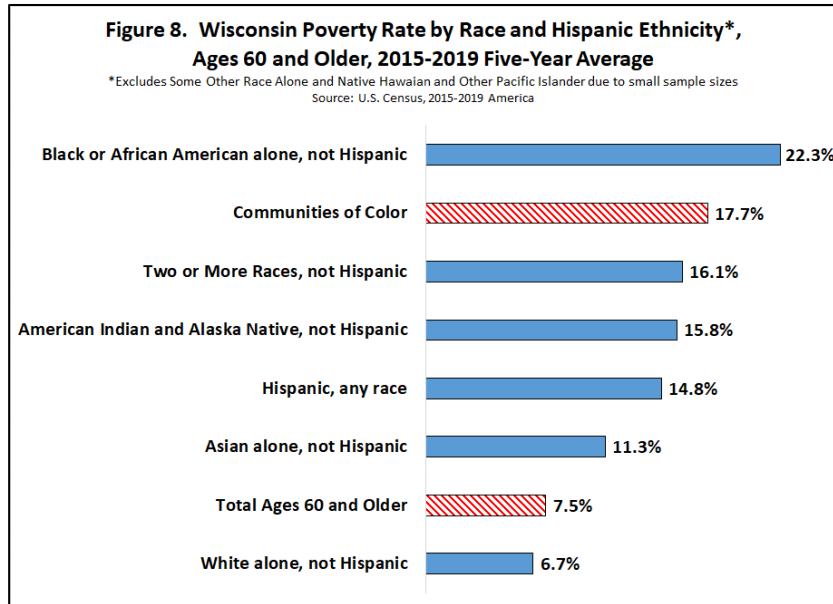
Figure 6 shows the geographic dispersion of population by specific race and ethnicity by metropolitan status. Black or African American population and those of Hispanic ethnicity almost exclusively live in metropolitan counties, while a slight majority of the Native American live in non-metropolitan parts of the state.



The 60-plus Communities of Color grew faster than White, non-Hispanic population in every Wisconsin county between 2000 and 2010 resembling statewide patterns. Statewide, they grew 2.4 times faster than White, non-Hispanic (71% growth vs. 30%). Changes of such magnitude are chiefly due to growth of small population bases showing very large proportional growth.



Race and ethnicity analysis is important because these characteristics are correlated to socio-economic status and greater social need. Figure 8 displays the share of those ages 60 and older by race and Hispanic ethnicity who live in households with income at or below the poverty threshold. Every race with the exception of White, not Hispanic posted double-digit poverty rates. Some communities of color are impoverished at two to three times the overall 60-plus rate.



BADR has developed a dashboard that compares program utilization by race and ethnicity and benchmarks it against population showing how well counties and tribes are serving eligible population. This dashboard is called Aging Program Participation by Race/Ethnicity. The dashboard gathered information from Wellsky/SAMS related to Older Americans Act programs and utilization by race and benchmarked against census demographic data. BADR provided these county/tribal population profiles to 72 county and 11 tribal aging units on program utilization and asked each aging unit to use information provided to address racial equity in their aging plans. The goal was to increase program utilization among all populations, but especially those who have been underserved.

Needs Assessment Activities

For this State Aging Plan, BADR made a significant change to its approach to engaging state residents in the assessment of aging system needs. First, BADR and the Greater WI Agency on Aging Resources (GWAAR, the AAA serving 70 counties and 11 tribes) created and delivered to county and tribal aging units and planners from the other two AAAs (serving Dane and Milwaukee Counties) a series of monthly trainings on strategies and techniques for community engagement, and supplied tools for planning these activities, carrying them out, and recording their results. Second, BADR required that community engagement efforts become a formal part of local aging plan development to inform goals, objectives and strategies; and that summary reports of the activities be submitted to GWAAR. Finally, GWAAR and BADR collected and analyzed the engagement results for each program area and program managers used them in shaping area and statewide goals. This process change was facilitated by a shift in the sequence of aging plan due dates so that local aging plans are completed and submitted several months before area plans. During this Plan period, the process and results of the new approach will be evaluated by BADR and GWAAR and lessons

learned will be documented for incorporation into procedures for the 2025-27 State Aging Plan.

Public Review

BADR has access to high quality, informed public input through bimonthly meetings with its State Aging Advisory Council (SAAC). This council is charged with reviewing, commenting on and supporting implementation of the State Aging Plan. Comprising 10-12 older adults from a variety of geographic regions, community settings, occupational backgrounds, and race and ethnic groups, the SAAC provides a direct connection to local communities, collecting and presenting local feedback over the full course of each Plan period. The typical council meeting involves discussion based on Council members' informal conversations with and surveys of older adults in their communities.

In addition, the State Aging Plan is reviewed by Area Agency on Aging leadership; is presented for comment to local aging unit directors; and is posted for public comment on the Badgeraginglist list serve and the Department of Health Services' website. All feedback received is documented and taken into consideration by BADR leadership and program managers in revising and finalizing the State Aging Plan.

Priority Topic Areas

COVID-19

The COVID-19 pandemic has transformed many aspects of Wisconsin's aging program delivery, sometimes in ways that felt simply disruptive but often in ways that opened opportunities for innovation and necessary transformation. The challenges of serving people's needs under pandemic circumstances often led to greater flexibility, accessibility, and person-centered approaches; brought local public health and aging service agencies into new collaborative partnerships; forced agencies to begin addressing longstanding workforce capacity issues; demonstrated the critical need for additional funding; and expanded the public's awareness of the aging network and ways it promotes and protects independence and quality of life. The many lessons learned from this long experiment will shape the future of aging programs in the state.

Many of the goals and objectives that make up this State Aging Plan reflect the priority of pandemic response and recover. This section highlights these, as well as other work being done within the State Unit on Aging in relation to specific aspects of pandemic response noted in ACL's *Guidance for Developing State Plans on Aging*.

Social isolation and loneliness

In 2019 BADR recognized the lack of a state-wide strategy to address the public health challenges of social isolation and loneliness. In response, BADR convened statewide meetings during 2019 and 2021 to increase awareness of the issue, resulting in the development of the Wisconsin Coalition to End Social Isolation and Loneliness (WCESIL). The WCESIL created resource web pages hosted on the Wisconsin Institute for Healthy Aging (WIHA) home page: <https://wihealthyaging.org/wisconsin-coalition-to-end-social-isolation-loneliness>.

In addition, BADR created a new position, the Social Isolation and Loneliness Program Coordinator, to engage a core team of stakeholders and partners using a collective impact approach to this complex problem. The Coalition's intent is to address a range of related physical and mental health consequences of social isolation and loneliness, such as anxiety, depression, substance use disorders, trauma, and suicide risk. Partners include WIHA, the Greater Wisconsin Agency on Aging Resources (GWAAR), Wisconsin Association of Senior Centers, AARP Wisconsin, Wisconsin Board for People with Developmental Disabilities, and the UW Madison – Division of Extension. The collective impact approach will allow DHS to play a crucial coordination role, innovating ways to embed new practices into Aging and Disability Network programs while ensuring community capacity and sustainability for the program, which is currently organized into four subgroups: Research and Share; Advocacy and Public Policy; Access and Detection; and Public Awareness.

Assistive Technology Access and Options

BADR currently administers the State Assistive Technology (AT) Program known as WisTech, which provides AT devices and services throughout Wisconsin to people of all ages who have disabilities and their caregivers. The program provides the following AT

services on a statewide basis at no cost: loans; demonstrations; alternative financing; device reutilization; training; information and assistance; utilizing AT to assist people with transition; and information and communication technology. Information about AT programs and services is shared with all AAAs and ADRCs and includes an outreach brochure, a public facing WisTech website, and an online inventory of devices available for loan, demonstration, and reuse. WisTech conducts trainings throughout the year and archives them on the WisTech AT Council YouTube Channel.

Vaccination Support through Health Promotion Programs

Using CARES Act administrative funding and ARPA Title IIID administrative funding, BADR has established contracts with the WI Institute for Healthy Aging (WIHA) to develop and sustain immunization supports and infectious disease prevention efforts as part of its broader infrastructural support for evidence-based health promotion (EBHP) programming. WIHA serves as the state license holder and clearing house for EBHP and has pioneered infectious disease prevention through program modifications that are amenable for remote/virtual learning, as well as through direct promotion of influenza and COVID vaccination and other prevention measures. These efforts will continue and expand throughout the State Plan period.

Contributing to Public Health Emergency Preparedness

See detailed information in Attachment B (Sec. 307(a)(28) and (29)).

Expending ARPA and other COVID-19 Supplemental Funding

As a benefit of its location within the WI Division of Public Health, BADR has committed five new, CDC-ARPA funded positions to supporting Older Americans Act program expansion, enhancement, innovation, monitoring, evaluation and reporting under the OAA-COVID and ARPA funding opportunities. In the Office on Aging, one position supports enhanced programmatic efforts, including policy and procedures modifications, while a second supports funding allocations, contracting and monitoring across the Aging Network. Three additional positions in the Office for Resource Center Development support ADRC-related COVID response and recovery. In addition, BADR has contracted for a project manager and a business analyst to ensure timely, appropriate, and effective use of the COVID response and ARPA funds related to the Elder Justice Act/Adult Protective Services, and all related projects are moving forward on schedule and will be completed within this State Aging Plan period.

Increasing access to services for those with mobility and transportation issues as well as those in rural areas

Many program areas introduced virtual program options to expand access during the pandemic, and many of these innovations (for example, in the area of EBHP programming) will be a permanent part of the program portfolio going forward. The nutrition program also introduced extensive 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 nutrition. In the area of family caregiving, BADR purchased a statewide license for the Trualta software, greatly enhancing access to caregiver skills training and support. Other examples are illustrated and highlighted in

the Goals and Objectives for this State Aging Plan. These innovations will be sustained going forward.

Equity

As with the transformations required in response to the COVID-19 pandemic, the past two years heightened longstanding urgency about addressing inequality and injustice within Wisconsin's aging programs. Even before the pandemic began, BADR had developed and presented nutrition program-specific trainings on equity, inclusion, and cultural humility, and had begun adapting them for use in other program areas. In response to protests by a significant minority of local aging units that injustices related to race, ethnicity, gender, or sexual orientation were not a problem in their geographic areas, BADR developed local profiles demonstrating population diversity in all Wisconsin counties and illustrating gaps between population dynamics and the demographics of our service participants. The profiles benchmark race and ethnicity information from WellSky/SAMS related to OAA program utilization against census demographic data, and were presented and provided to all county and tribal Aging Units and AAAs to prompt awareness and equity improvement efforts and for use in measuring progress.

As a further impetus for equity efforts at the local level, BADR required a racial justice goal in every county, tribal, and Area aging plan for the current cycle, and will support this through the Plan period by continuing an ongoing series of presentations and trainings on these issues through monthly Aging and Disability Network Forums.

Many of the goals and objectives that make up this State Aging Plan reflect the priority of addressing equity and justice issues. This section highlights these, as well as other work being done within BADR in relation to specific aspects of equity noted in ACL's *Guidance for Developing State Plans on Aging*.

Service need and effectiveness of Title IV Programs (Discretionary Grants)

BADR is currently funded through the Alzheimer's Disease Program Initiative (ADPI) Grant to bring greater equity to the state's dementia care system. This three-year grant began in 2019 to support the adaptation of Wisconsin's Dementia Care Specialist (DCS) model for the Lac Courte Oreilles tribe, and for the Hispanic community in the southeastern part of the state. The ADPI grant has also supported the implementation of SAVVY Caregiver by Dementia Care Specialists across the state and an online family caregiver training in Spanish. Successes demonstrated and lessons learned in these projects will be incorporated into ongoing DCS operations in tribal and Hispanic communities statewide.

Outreach with older individuals who are the focus of Title IV Programs (Discretionary Grants)

In developing the current five-year state dementia plan, BADR incorporated feedback from older adults through surveys and/or community conversations. These will be repeated and expanded in the creation of the next plan, which will begin during this State Aging Plan period. Additionally, BADR solicited community engagement and

extensive consultation with the two involved communities (tribal nations and the Milwaukee Latino community) during the development and implementation of projects related to the Alzheimer's Disease Program Initiative grant.

Impacting Social Determinants of Health (SODH) of older individuals

OAA programs generally provide an opportunity to directly impact SODH. 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 SODH for community members.

Ensuring meals can be adjusted for cultural or medical considerations and preferences

The state nutrition program manager and the nutrition specialists at each AAA have invested significant effort in recent years to developing consultation resources and guidance to expand choice in general. The COVID-19 pandemic has created opportunities for programs to rethink the locations and service models offered to older adults and make changes before reopening congregate dining centers. Interest in implementation of Wisconsin's My Meal, My Way restaurant model and replication of the ADRC of Central Wisconsin's Café 60 restaurant voucher model has increased among AAAs and aging units in Wisconsin. The My Meal, My Way restaurant model, which originated in Dane County, involves partnerships with locally-owned restaurants and grocery stores to provide meals in an intergenerational restaurant setting. The voucher model appears to be successful in rural communities where programs are unable to recruit dining center managers and participation in traditional congregate dining locations had already waned pre-pandemic. Partnerships with local restaurants as caterers for carryout and home-delivered meals have provided opportunities for enhanced choice and food quality in meals served to Wisconsin's most vulnerable older adults, while also supporting struggling local businesses. Twenty-five of Wisconsin's 75 local nutrition programs have at least one nutrition program goal in their 2022-2024 aging plans related to maximizing choice in nutrition program services, and 23 programs have at least one goal related to providing person-centered services.

In addition, local nutrition programs have been encouraged and supported to address nutritional diversity in their localities. Several local aging units have partnered with community organizations to develop meal options for their older Hispanic and Hmong residents, in particular. These efforts will continue and expand during the State Plan period and are addressed in Elder Nutrition Program Goal #4 (see below).

Preparing, publishing and disseminating educational materials dealing with health and economic welfare of older individuals

BADR convenes monthly Aging and Disability Network forums to create space for program innovation, address equity across all aspects of service provisions, and enhance partnerships within the network. This broad approach draws leaders from aging units, aging and disability resource centers, independent living centers, and tribes, and will continue through the State Plan period. Recurring topics include

emerging concerns such as social isolation and loneliness, trauma-informed services and trauma-informed supervision, and equity and inclusion in program development and delivery.

The return of a statewide Aging and Disability Network Conference is also underway. Conference workshops and keynote speakers advocate for the inclusion and integration of older adults and people with disabilities in our communities. During the State Aging Plan period, additional educational opportunities will be offered to support all aspects of plan administration, especially goals that address greatest social and economic need.

Supporting cultural experiences, activities, and services, including in the arts

The BADR dementia team administers the Dementia Care Specialist program, which has incorporated various arts interventions into the regular programming now available in all counties and three tribes (to be expanded to all tribes during the State Plan period), including: theater, poetry, music, museum and nature engagement, and creative expression.

Serving older adults living with HIV/AIDS

During the State Plan period, BADR will expand its collaborative relationship with the WI Division of Public Health's HIV/AIDS program within the Bureau of Communicable Disease (BCD), to better develop both programs' knowledge of each other's services and to establish collaborative partnerships at the statewide level. Specific outcomes will include enhanced aging program and referral information on the BCD web pages and other resources; and enhanced HIV/AIDS program and referral information on the BADR web pages and other resources.

Supporting participant-directed/person-centered planning for older adults and their caregivers in all parts of the LTSS system

In general terms, person-centered and participant-directed approaches within Wisconsin's Aging Network provide older adults with both choice and influence over programs, services and supports. Many programs, such as the Elder Benefit Specialist Program and the Dementia Care Specialist program, are grounded in one-on-one meetings with consumers and families to determine exactly what services or supports are needed and to strategize the best way to implement them. In the nutrition program, the statewide program support team and local nutrition directors continue to expand consumer choice in meal offerings, locations and times. In the caregiver support programs, customized services using family interviews and a needs assessment tool are the norm. The evidence-based health promotion programs greatly expanded participants' options for timing, pacing and location of program participation during the pandemic, and these options will become permanent.

In addition, many of BADR's programmatic approaches to health equity are rooted in person-centered service principles. Wisconsin's older population is becoming more diverse, and program data demonstrate that traditional models of service delivery offered by some OAA programs may not meet the needs of this changing group. Increasingly, older adults require programs, services, and opportunities that offer participants ownership and influence and provide flexibility in both time and

commitment. Wisconsin's aging programs will address these realities by continuing to enhance choice and control in obtaining supports and services.

Beyond the OAA programs BADR administers, Wisconsin's managed Long Term Services and Supports (LTSS) programs, administered by the Division of Medicaid Services (DMS) within the Department of Health Services, center person-centered services and self-direction as core values, particularly through the Family Care and IRIS options outlined below. BADR partners closely with the DHS/DMS administrative units responsible for these programs, and local ADRCs serve as critical entry points for the system by providing options counseling and enrollment services. These programs are a key element in supplying person-centered participant direction in all residential settings.

Family Care is a flexible LTSS benefit program that provides services through managed care organizations that contract with DHS and coordinate services using a comprehensive network of providers. People receive services wherever they live: in their own home or supported apartment, residential care apartment complexes, community-based residential facilities, or adult family homes. People participate in determining the services they receive and developing their care plans. Managed care organizations provide support and information to ensure members are making informed decisions about their needs and the services they receive. Members may also participate in the self-directed supports component of Family Care, with increased control over their long-term care budgets and providers, or may opt to participate in the Include, Respect, I Self-Direct (IRIS) self-direction program for Wisconsin's frail elders and adults with disabilities who are Medicaid-eligible. IRIS is built on the principles of self-determination and self-direction. Participants get a budget based on assessment of long-term care needs and goals and create a support and service plan to meet their needs. Participants are responsible for managing their budgets, acting as an employer to workers they choose to hire, reporting changes in health or safety, and maintaining eligibility for Medicaid and the IRIS program.

Expanding Access to Home and Community-Based Services

Securing the opportunity for older individuals to receive managed in-home and community-based long-term care services

In Wisconsin, ADRCs in every county and Aging and Disability Resource Specialists in each tribe 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 operate in full integration with them, ensuring that older adults of all ages, abilities, and economic circumstances have access to the full range of information and services available.

Promoting the development and implementation of a state system of long-term care that is a comprehensive, coordinated system

Wisconsin's LTSS system is well-established, extensive and multi-dimensional, with traditional managed Medicaid waiver program options as well as self-directed supports. BADR supports the ongoing refinement and improvement of this program and its services through close collaboration in planning, development, and administrative

initiatives including major statewide initiatives such as the Long Term Care Advisory Council and the State Dementia Plan Executive Team and Steering Committee. Key staff from the LTSS policy team meet monthly with BADR representatives to share updates and ensure that coordination continues at the state and local level.

Ensuring that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals

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 a 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 Divisions of the state Department of Health Services with AAAs participating as stakeholders.

Working towards the integration of health, health care and social services systems, including efforts through contractual arrangements

Wisconsin's Division of Medicaid Services administers two managed long-term care programs that integrate health care and social services: PACE (Program of All-Inclusive Care for the Elderly) and the Family Care Partnership Program for adults of all ages in frail conditions or with disabilities. BADR supports these efforts as a collaborating partner and consultant.

Incorporating aging network services with HCBS funded by other entities such as Medicaid

Wisconsin's Aging Network has been working for years to develop strategies for better integrating 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 for home delivered meals, and contracts for services to facilitate the transition from hospital care to community residence and avoid re-admissions. Both of these efforts are spearheaded by GWAAR, one of the state's three AAAs, with significant engagement by BADR staff who also convene a monthly Business Acumen Discussion that centers on questions of opportunity, risk, and remedies for conflict of interest issues that arise in these arrangements.

Caregiving

Documenting best practices related to caregiver support

BADR has compiled best practices over the past 10 years, sharing and training about them for program administration and conducting the Wisconsin's caregiver needs assessment as part of ongoing training to county and tribal staff. Resulting best practice documents are readily available to counties and tribes online and will be added to the DHS/BADR Aging SharePoint site that is being built.

Close coordination between the state-funded Alzheimer's Family Caregiver Support Program, NFCSP and Wisconsin's Dementia Care Specialists (DCS) Program is key to

a smooth caregiver experience, and also supports sound fiscal oversight for the AFCSP and NFCSP. Close coordination eliminates the need for caregivers to explain their situation over and over when accessing other caregiver support services. Determining what will help families most with the limited amount of funding we can offer is key to helping caregivers remain physically and mentally healthy, enabling them to continue providing care at home instead of seeking more expensive out-of-home placement.

Strengthening and supporting the direct care workforce

BADR's Caregiver Program Manager has a seat on the Respite Care Association of Wisconsin (RCAW) Board, a non-profit organization that provides direct care worker training and manages a statewide respite provider registry.

Wisconsin's most recent state budget included a 5% increase in Medicaid funding specifically for wages paid to direct care providers serving Medicaid LTC participants. The Governor's Task Force on Caregiving identified low wages, lack of benefits, and workers' inability to advance in the profession as primary obstacles to hiring and retaining direct care staff. The budget authorized further wage increases in the second year of the biennium, including direction for DHS to establish a longer term pay methodology that reflects adequate cost of living adjustments for direct care workers, with the intent of making paid caregiving professions more appealing.

Implementing recommendations from the RAISE Family Caregiver Advisory Council

BADR's Caregiver Program Manager chairs an Employer Engagement Workgroup of Wisconsin Family and Caregiver Support Association (WFACSA). The group just completed a Wisconsin Employer and Working Caregiver Survey and is in the process of writing the final report, with a goal of using survey findings to help Wisconsin businesses better understand how family caregiving effects their bottom line, their workplaces, and the lives of their employees.

WFACSA-affiliated programs already provide many of the services/improvements identified by the RAISE Family Caregiver Advisory Council. BADR's Caregiver Program Manager works with counties, tribes and non-profit organizations that help ensure that caregivers have access to an array of flexible person- and family-centered programs, supports, goods and services that meet the diverse and dynamic needs of family caregivers and people receiving support.

For the past four years WFACSA has designed month-long caregiver awareness campaigns, which included in-person and online events each November during National Family Caregiver Month. One in-person press event was held at the State Capitol with family caregivers and advocates for older adults and people with disabilities. The Association also provides webinar learning opportunities for caregivers, promotes future planning, and provides daily community caregiver outreach through a Wisconsin's Family Caregiver Support Programs Facebook page.

BADR and WFACSA will expand efforts to support financial and workplace security for family caregivers during the next plan period, with collaboration by an WFACSA

Employer Engagement Workgroup which has been interacting with employers to learn what businesses are doing to support working caregivers.

Coordinating Title III caregiving efforts with the Lifespan Respite Program

The Lifespan Respite Program is housed in the Division of Medicaid Services, a partnering Division within the Department of Health Services. Under this partnership, the BADR Caregiver Program Manager is a member of the Respite Care Association of Wisconsin Board and has ongoing opportunities to provide input and consult about how to coordinate NFCSP with the Lifespan Respite Program.

One example of this coordination is that RCAF has begun providing respite grants to families that do not qualify for AFCSP or NFCSP. They have also developed a program serving dementia caregivers and families through a grant from the Bader Foundation. These programs supplement NFCSP and AFCSP by assisting families that do not meet eligibility for our state programs. In addition, BADR provides recommendations to RCAF about its respite provider training programs and online provider registry.

Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families

WFACSA has a workgroup developing additional strategies to outreach and meet the needs of GRC and Kinship families. BADR has direct input to the workgroup's recommendations as a member of the WFACSA Steering Committee.

Quality Management

BADR, along with the whole Division of Public Health in Wisconsin, has adopted and is in the process of implementing a new performance management and quality improvement approach called Results-Based Accountability (RBA). RBA is a simple framework that integrates population-level indicators with program-level performance measures, involves a method of working backwards from ends-to-means when identifying solutions, and uses data-driven, transparent decision-making.

Among the most important advantages of using this new framework in our Aging Plan to achieve quality improvement is its elaboration of specific expectations for *value added* through these projects. The efforts in this framework need to be measured for

- How much is done, often thought of as “process measures”
- How well it is done, using measures of quality
- Whether anyone is better off because it was done, referring to participant or population outcomes.

In other words, this approach goes well beyond previous quality improvement strategies which often limited their evaluation components to process measures: Was the project completed? RBA helps ensure that projects are evaluated for their success in making real improvements. These RBA concepts form the basis of the goal and strategy development worksheets and templates. The goal worksheets and resulting work plans attached as Appendix D reflect this approach. Templates and methods were shared with AAAs, counties, and tribes for use in Area and Local Aging Plan goal setting as well.

To document, track and analyze progress in the RBA framework, BADR and the DPH are using a performance management application called Clear Impact. During this State Plan cycle, BADR will develop Clear Impact Scorecards for at least two programs to monitor key performance and quality metrics. The measurable goal outcomes will be monitored throughout the State Plan period, based on the RBA method of ends-to-means thinking for continuous improvement or course correcting. BADR’s evaluation specialist will continue to coach and consult with program managers to increase regular performance measure monitoring for quality management, both within and outside the Clear Impact software.

As an important element in BADR’s quality improvement efforts in 2021, and to address health equity concerns in our program areas, BADR developed an Aging Program Data Dashboard and shared it with Aging Network partners. The dashboard helps identify gaps in service reach by displaying program participation data by race/ethnicity in comparison with the racial/ethnic distribution in the local population. The data can be filtered by program and county or tribal nation and used for strategic planning and continuous improvement efforts. Over a dozen counties included local Aging Plan goals to increase program participation for racial and ethnic minority populations and will use the measures on this dashboard to track progress towards those goals. During the three-year plan period the dashboard will be expanded to include poverty status, living

alone status, and rural status to align with proposed targeting factors in the updated Intrastate Funding Formula, allowing tracking of equitable service delivery to those priority populations. Data will be updated annually. When problem areas are identified, the relevant team will conduct a root cause analysis, identify key partners, and brainstorm potential solutions.

Goals, Objectives, Strategies, and Outcomes

Older Americans Act Core Programs

Coordinating Title III programs with Title VI Native American programs

This requirement is addressed the response to requirements of OAA Section 307 (a) (21) in Attachment B, Assurances.

Ensuring that nutrition programs address malnutrition

This requirement is addressed in Elder Nutrition Program Goal #5 (see below).

Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation

This requirement is addressed in Adult Protective Services Goals #10 and 11 (see below).

Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation involving listed essential partners

BADR's Adult Protective Services (APS) team has extensive relationships with both state and local representatives of all essential partners listed. In addition, our state elder abuse law (WI Statutes 46.90) requires that these partners work together through local interdisciplinary teams.

Age and dementia friendly efforts

BADR continues to promote dementia friendly efforts through Dementia Care Specialist positions within Aging and Disability Resource Centers and tribal partner agencies. Dementia friendly efforts include but are not limited to: dementia friendly business training, memory cafes, local dementia coalition building, and public awareness events.

Screening for fall related TBI

For support of this objective, BADR partners with the Wisconsin Institute for Healthy Aging (WIHA), the state's license holder and clearing house for evidence-based health promotion. As the frequent recipient of ACL Fall Prevention grant funds, WIHA is the designated state lead for the Fall Prevention Initiative, a statewide coalition of key partners working on all aspects of fall prevention and the remediation of resulting injuries, including Traumatic Brain Injuries. In addition, WIHA directly serves and supports fall prevention efforts in AAAs and county and tribal Aging Units by holding the license for key fall prevention programs (notably Stepping On and its Spanish-language companion program, Pisando Fuerte); by providing extensive expertise and consultation about fall prevention and fall-related injuries; and by conducting trainings, fidelity monitoring, data collection, and federal reporting.

Strengthening and/or expanding Title III & VII services

This requirement is addressed in Adult Protective Services Goals #10 and 11 (see below).

In addition to the formal goals, BADR and the Board on Aging and Long Term Care (BOALTC), which operates the state long term care ombudsman program, plan to collaborate in a training exchange for APS staff from local agencies and regional Ombudsmen, covering topics such as the rights of residents who experience abuse; the roles and responsibilities of each agency; and local opportunities for partnership and mutual support. Additionally, BADR will resume quarterly leadership meetings with the BOALTC management team, which were suspended during the pandemic. These build mutual awareness and understanding, strengthen strategic planning for collaborative efforts, and establish strong infrastructure for mobilizing both agencies to respond to critical incidents.

Improving coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs

This requirement is addressed in Title V/SCSEP Goal #9 (see below).

Integrating core programs with ACL's non-formula based grant programs.

During this Plan period BADR will complete a three-year Alzheimer's Disease Programs Initiative (ADPI) grant awarded in 2019, supporting the adaptation of the Dementia Care Specialist (DCS) model for the Lac Courte Oreilles tribe and the Hispanic community in the southeastern part of the state. The ADPI grant has also supported the implementation of SAVVY Caregiver by DCS across the state.

Older Americans Act

The goals in this State Plan period describe BADR's strategic direction for statewide program administration to ensure services are reaching older adults in greatest social and economic need. Program goals emphasize key priorities for the State of Wisconsin as determined by demographic data, program utilization reports, and results of needs assessment activities depicted in county and tribal aging plan goals and summary reports. We integrated Results Based Accountability (RBA) concepts with SMART criteria to develop goal and strategy identification worksheets and templates and used the templates as guides while setting our goals and measurable outcomes.

Goal templates and resulting work plans are attached as Appendix D.

Title III-B Supportive Services

Legal Assistance and Elder Benefit Specialist Program

The Elder Benefit Specialist (EBS) program provides broad access to benefits, entitlements, and legal rights for older adults through a continuum of county and tribal-based EBS services and area-wide legal-advocacy services. Regional legal service providers train and support benefit specialists and provide direct representation to older adults in select cases. The program promotes and preserves the autonomy, dignity, independence, and financial security of older adults.

In this State Plan period, the EBS program will look to expand capacity and improve the quality of legal services provided to older adults by addressing compensation shortfalls

and inequities, and improve overall job satisfaction in the workforce through these goals:

1. Address compensation shortfalls and inequities to strengthen the Elder Benefit Specialist program workforce by:
 - a. Increasing average pay for elder benefit specialists.
 - b. Increasing funding for program attorneys' administrative costs.
2. Engage the Elder Benefit Specialist program workforce to determine the capacity and needs of elder benefit specialists to improve job satisfaction by:
 - a. Measuring workforce satisfaction.
 - b. Responding to staff input on program improvement.
 - c. Measuring the retention rate of elder benefit specialists.
 - d. Highlighting appreciation for elder benefit specialists.

Volunteer Coordination

The use of Title III-B Supportive Services funds is essential to meeting the needs of older adults, but this is especially true since the COVID-19 pandemic. Following a review of local aging plans, county and tribal aging units identified the need to address a significant volunteer shortage brought on by the pandemic. The Aging Network has a long history of engagement with volunteers. It is the mission of the OAA to allow people from the community to participate in the design and operation of services and supports.

In this State Plan period, the SUA will raise awareness of the need for volunteers to sustain and maintain a workforce to meet the expanding needs of older adults and people with disabilities by developing strategies and tools to create a volunteer strategy across the Aging Network through this goal:

3. Develop strategies and tools to raise awareness of the need for volunteers across the Aging Network by:
 - a. Hiring and training a statewide volunteer program coordinator to support the EBS program, the SHIP, and the Aging and Disability Network.
 - b. Developing a Volunteer Taskforce led by DHS and partner agencies to define strategies to address volunteer needs.
 - c. Developing guidance for using existing volunteer portals to guide volunteers to agencies.

Title III-C Nutrition Services

The Elder Nutrition Program is the largest program operated by the national and state aging networks. Local programs serve as hubs for older adults to access nutritious meals and other vital services that strengthen social connections and promote health and well-being. Two distinct nutrition programs carry out these services: the congregate dining program provides meals in a community environment; and the home-delivered meal program provides meals to homebound individuals. Other services, such as nutrition screening, assessment, education, and counseling are also available to help older adults meet their health and nutrition needs.

In this State Plan period, the Elder Nutrition Program will work to advance equity and better serve populations targeted based on greatest social need by increasing Hispanic/Latinx and Asian older adult program participation; and will assess the prevalence of malnutrition and food insecurity among participants to better assist those at high nutritional risk through these goals:

4. Increase program participation by Hispanic/Latinx and Asian older adults by:
 - a. Obtaining feedback in coordination with community partners to determine the best strategy to implement to meet the needs of the Hispanic/Latinx and Asian older adult population.
 - b. Creating program materials focused on the Hispanic/Latinx and Asian populations, including translated program materials.
 - c. Promoting a pilot strategy to provide culturally appropriate services (e.g. new dining center, culturally appropriate nutrition education/counseling, etc.)
5. Understand the prevalence of malnutrition and food insecurity among participants within the congregate and home-delivered meal programs and enhance screening processes to better assist participants at high nutritional risk.
 - a. Expand use of malnutrition and food security screening tools statewide.
 - b. Evaluate MST and food security screen data.

Title III-D Evidence-Based Disease Prevention and Health Promotion Services

Evidence-based health promotion (EBHP) and disease prevention are interventions whose outcomes have been validated by scientific studies. The purpose of EBHP is to take effective interventions built on research findings and apply them to improve the health and wellbeing of individuals, groups, and communities. EBHP programs assist older adults and family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older adults.

In this State Plan period, the SUA will improve the coordination and collaborative structure of the EBHP program network by determining the SUA's reinvigorated role in building a more solid infrastructure through this goal:

6. Determine reinvigorated role for SUA in EBHP program network based on systematic environmental scan and needs assessment by:
 - a. Analyzing current network gaps and unmet needs with broad stakeholder input.
 - b. Creating a proposal for BADR's role, including potentially position-related responsibilities.
 - c. Implementing the proposal using funding and position opportunities related to COVID recovery (ARPA), with sustainability proposed in Wisconsin's 2025-26 Biennial Budget.

Title III-E 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 one does not have to be low income or have dementia to participate. The

responsibilities of informal caregiving significantly impact physical, financial, and emotional wellbeing. Wisconsin employers are vital partners in addressing these challenges and designing policies that support working caregivers. Building a caregiving infrastructure includes support for both unpaid and paid caregivers, which is why the SUA is also involved in strengthening the direct care workforce.

In this State Plan period, the NFCSP will enhance services and supports for caregivers by implementing a training platform to support the program's workforce, and increasing the number of employers that implement caregiver-friendly workplace policies to support working caregivers through these goals:

7. Develop and implement a training platform to support a competent and confident workforce by:
 - a. Convening discussions with AAAs, program directors and family caregiver support program staff to identify training needs that are going unmet.
 - b. Developing core competency training modules for new workers and distributing to the Aging Network with expectations clearly outlined.
8. Increase employers' understanding of how supporting family caregivers can attract, retain, and improve productivity and morale among working caregivers, and increase the number of employers that implement caregiver-friendly workplace policies as a result by:
 - a. Engaging in activities that promote the *RAISE and Grandparents Raising Grandchildren Initial Reports to Congress* Goal 4: "Family Caregivers' lifetime financial and employment security is protected and enhanced." This goal is expected to be included in the first edition of a National Family Caregiving Strategy that will be released in August 2022.
 - b. Developing outreach and educational materials specific to different types of working caregivers, including grandparents and older relatives raising children and culturally appropriate materials for tribes, Latinx, African-American and LGBTQ caregivers.

Title V Senior Community Service Employment Program

The Wisconsin Senior Community Services Employment Program (SCSEP) is committed to improving the employment of older adults through valuable community service and work experience training with local nonprofit and government agencies. BADR provides for the delivery of services to older adults that support their desire to live independently and be self-sufficient. The program promotes useful part-time opportunities in community service activities for unemployed, low-income adults who are age 55 or older, have a total family income of less than 125% of the federal poverty level, and have poor employment prospects. The SCSEP objective is to increase the number of people who can benefit from unsubsidized employment in the public and private sectors.

In this State Plan period, the SCSEP will make progress towards improving coordination with other OAA programs by raising awareness of the SCSEP with our OAA partners and increasing the amount of referrals that lead to enrollments through this goal:

9. Increase the awareness of the SCSEP with our OAA partners, to increase referrals that lead to enrollments by:
 - a. Assessing SCSEP awareness with other OAA programs.
 - b. Building awareness of SCSEP at the local level.
 - c. Developing a system for documenting referrals.

Title VII Elder Abuse, Neglect, and Exploitation Prevention Programs

In Wisconsin, the elder-adults-at-risk program for people age 60 and over is administered by county governments, which are statutorily responsible for investigating reports of alleged abuse, financial exploitation, neglect, or self-neglect (collectively “abuse”) of adults at risk who have experienced, are experiencing, or are at risk of experiencing abuse. The SUA provides policy interpretation, program planning and development, training, and technical support to the network of elder-adults-at-risk agencies.

In this State Plan period, the elder-adults-at-risk program will better equip agencies to handle increased complexity and number of cases by implementing a new statewide data system and hybrid training program through these goals:

10. Procure and implement a new state-wide data system by:
 - a. Completing a business analysis process.
 - b. Procuring a new APS data system.
 - c. Launching and implementing the data system.
11. Develop and implement a hybrid training program for APS workers and supervisors by:
 - a. Developing a training plan.
 - b. Implementing the training plan.
 - c. Evaluating the training plan.

State Priorities

Dementia Services

The Dementia Care Specialist Program supports people with dementia and their caregivers to ensure the highest quality of life possible while living at home. Three pillars support the program’s mission: foster a dementia-capable ADRC; facilitate dementia-friendly communities; and support people with dementia and family caregivers. The State Dementia Plan represents a road map to help Wisconsin improve the quality of life for people with dementia and their caregivers. Plan priorities guide DHS and its partners in furthering the statewide conversation about dementia, and in expanding local and statewide approaches to creating dementia-friendly communities, workplaces, and living environments throughout the state.

In this State Plan period, the Dementia Care Specialist Program will continue to make progress toward achieving the highest quality of life for all Wisconsin residents with dementia by implementing a workforce training program, and creating a new State Dementia Plan through these goals:

12. Develop and implement a training program to promote a confident and competent DCS workforce by:
 - a. Developing a training plan.
 - b. Implementing the training plan.
 - c. Evaluating the training plan.
13. Create a new State Dementia Plan to set the vision for coordinating dementia-related efforts across sectors and across the state by:
 - a. Providing support for community-based summits around the state.
 - b. Planning and leading a statewide summit with delegates from the community-based summits.
 - c. Launching a new State Dementia Plan.

Appendix A: Financial Plan

SUMMARY:

UPDATED FINANCIAL PLAN AND INTRA-STATE FUNDING FORMULA

This overview of the State Financial Plan explains and documents the Wisconsin State Unit on Aging's intent to transition Older Americans Act program funding to a new set of intrastate allocation formulas in 2022, for the distribution of Older Americans Act/State funds beginning in 2023. Both the previous formulas and the proposed formulas were created in accordance with 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.”*

The impetus for a change in Wisconsin's allocation formulas stems from long-term changes in the population, as well as changes in the nationwide collection of data by the U.S. Bureau of the Census, which resulted in decreased accuracy and increased volatility of county-level information about the poverty status of persons age 65 and older. As described in detail below, BADR carried out an extensive analysis of the consequences of this change, presented findings widely at Aging Network PSA meetings, convened a workgroup including all AAAs and volunteers from county and tribal aging units, discussed plans with AAA leadership and governing committees, and created a revised approach to the distribution of funds. The new allocation formulas reduce the impact of the volatile poverty data, introduce a more consistent weighting of the targeting data points across all program formulas, and result in more stable and reliable distribution of funds over time.

After preliminary review by the Administration for Community Living and consequent revisions, the proposed formulas were presented and their financial consequences explained in detail to the statewide Aging Advisory Council, to AAA and Aging Unit directors at Aging PSA meetings, and in focused discussions with Area Agency on Aging leadership.

The approved allocation formulas will be implemented in the fall of 2022 when projected 2023 allocations are prepared and distributed.

BACKGROUND:

Because of changes in the way the U.S. Census Bureau collects data, now using the American Community Survey (ACS), the annual data from counties with fewer than 20,000 inhabitants are no longer reliably representative of the whole population. Only by combining five years of surveys could the ACS estimates meet the Census Bureau's minimum reliability standards. Even

with five years of survey data the estimates for many data points, particularly in rural counties, had to be published with wide margins of error.

These broad margins of error create significant challenges for describing communities and for planning, but the obstacles they present for distributing funds has proven catastrophic for Wisconsin's historical allocation formulas. The margins for smaller counties now carry the caveat of "plus or minus" nearly half the value of the estimate. When used in funding formulas, this creates tremendous uncertainty about whether the resulting amounts are appropriate to serve a county's population.

Second, the published estimates of some characteristics (most notably those related to income and poverty) vary tremendously from year to year, rising and falling within their margins of error without apparent pattern and in clear contrast with other, presumably related population characteristics. Because the margins of error around these estimates are so large, it is impossible to know whether the fluctuations in these estimates reflect real change in the population, or simply differences in sampling or measurement error across the combined annual datasets.

Finally, Wisconsin's long-established allocation methodology rested very heavily on the data factor that now shows the greatest variability in the ACS: the percent of the 60+ population with low income. In fact the formulas used to allocate Title III C1 (congregate nutrition) funds and Title III D (health promotion) funds were weighted 90% on this now-unreliable factor. The formulas for other parts of Title III weighted the low-income factor at 45%. No other state weights a poverty or low-income measure this heavily; nationally, weights range from 5% to 50% and average about 28%.

After extensive analysis of these problems, and based on consultations with other Wisconsin agency demographers, the State Data Center, and analysts at the Census Bureau, BADR decided that the ACS estimates of poverty, in particular, are not adequately reliable to utilize so heavily in the allocation of funding. Indeed, Census Bureau analysts pointed out that the ACS estimates are not intended to represent accurate population counts for purposes of funding, and in fact should be used only for descriptive and planning purposes. In addition, those consulted agreed that the formulas themselves should be examined and possibly revised with a more balanced approach to factor weighting.

Therefore, a statewide Allocation Workgroup made up of stakeholders was recruited and charged with accomplishing three things:

- Find a method of targeting program funds that reduces or eliminates the use of ACS low-income measures as a formula factor.
- Restructure the weighting of Title III formula factors to reduce dependence on any single population-based factor, and also to accomplish greater consistency across programs and greater parity with other states' approaches.
- Create a strategy to minimize abrupt changes in county funding levels due to formula changes.

PROPOSAL:

The group’s analysis resulted in a proposal to use the following population factors, for the reasons described:

Age 60+ with Income Below Poverty - 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.

Age 60 and Older - People who are age 60 and older are eligible for services under the Older Americans Act because, with advancing age, they are increasingly likely to experience functional disabilities and require a variety of health and support services.

Non-White Race or Hispanic/Latino Ethnicity – Older adults from communities of color have disproportionately experienced social, economic, educational and health disparities that limit their opportunities and threaten their ability to remain independent. The incidence of poverty is more prevalent among older adults from these groups, as are the incidence of numerous chronic health problems and disabling conditions.

Rural Status - Older adults who live in rural areas are often isolated from family, friends, community activities, and formal support services. Program and service offerings in rural areas are often limited by lengthy travel distances and an absence of alternative transportation, minimal county funds, and workforce and volunteer shortages.

Age 60 and Living Alone – Individuals living alone are more likely to require structured social interaction (either through congregate meal participation or through personal contact with home-delivered meal volunteers), and are at elevated nutritional risk with advancing age as the incidence of mobility limitations and functional disability rises.

Percent of County Households with a Member Age 60+ - Households in this group are more likely to require caregiving and caregiver support, regardless of whether the older adult lives alone or with others.

The proposed weights for each of these factors in each program formula are as follows:

| Table 1. Proposed Factors, Intrastate Funding Formula Amendment | | | | | |
|--|------------------------------------|-----------------------------------|---------------------------------------|---------------------------------|-----------------------------------|
| | Supportive Services Title III-B | Congregate Meals Title III C-1 | Home-Delivered Meals Title III C-2 | Health Promotion Title III-D | Caregiver Support Title III- E |
| Rural County Allocation | 10% | 10% | 10% | 10% | 10% |
| 60+ Population | 45% | 45% | 35% | 45% | 45% |
| 60+ Minority | 15% | 15% | 15% | 15% | 15% |
| 60+ Below 100% Poverty | 20% | 20% | 20% | 20% | 20% |
| Aged County Allocation | 0% | 0% | 0% | 0% | 10% |
| 60+ Living Alone | 10% | 10% | 20% | 10% | |
| | 100% | 100% | 100% | 100% | 100% |

To protect county aging units from experiencing large changes in funding as the new formulas are implemented, the financial plan establishes funding minimums for each part of Title III and applies “hold harmless” provisions in every formula. These will ensure that no county’s allocation in any portion of Title III decreases by more than five percent of its 2022 allocation in 2023. In addition, the approach applies a “maximum gain” provision to ensure that no county’s allocation increases by more than 10 percent in 2023. These provisions will restrain annual losses and gains for two additional years: 2024 and 2025. After 2025, all remaining decreases will be smaller than five percent and all counties will have been transitioned to their formula-driven allocation amounts. These protective elements are summarized in **Table 2**.

| Table 2. Elements to Minimize Impact, Intrastate Funding Formula | | | | | |
|---|-------------|---------------|---------------|-------------|--------------|
| | TITLE III B | TITLE III C-1 | TITLE III C-2 | TITLE III D | TITLE III- E |
| Minimum Allocation | \$20,000 | \$50,000 | \$10,000 | \$2,000 | \$10,000 |
| Hold Harmless | 95% | 95% | 95% | 95% | 95% |
| Maximum Hold | 110% | 110% | 110% | 110% | 110% |

Future periodic adjustments will occur as demographic change alters the share of the state’s population with relevant characteristics residing in each county. All population data will be updated annually in alignment with Census Bureau data releases, using annual population estimates by age and race/ethnicity from the U.S. Bureau of the Census Population Estimates, and social and economic characteristics data from the American Community Survey Five-Year files and the Administration on Aging’s AGID (Aging, Independence, and Disability) tabulation for age 60 and older. Formulas will incorporate data from the most recent period available when funding projections are produced in late summer each year.

A more extensive and detailed documentation of the data considerations and proposed methodological changes is available upon request.