

2013-2015 Wisconsin Plan for Older People



PREFACE

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

This document was prepared by:

James Schmidlkofer, Program Planning Analyst
Department of Health Services
Division of Long Term Care
Bureau of Aging and Disability Resources
1 W. Wilson Street, Room 450
Madison, WI 53703
608-266-5364
James.Schmidlkofer@Wisconsin.Gov

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VERIFICATION OF INTENT

The Wisconsin Plan for Older People is hereby submitted by the State of Wisconsin. The Wisconsin Department of Health Services submits the plan for the period of October 1, 2012 through September 30, 2015. 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. The Wisconsin Department of Health Services has been given the authority to develop and administer the Wisconsin Plan for Older People in accordance with the requirements of the Older Americans Act, and is responsible for the coordination of all state activities related to the Act, and to serve as the effective and visible advocate for older people in Wisconsin.

In accordance with the authority provided to me by the Honorable Scott Walker, Governor of Wisconsin, I hereby submit the Wisconsin Plan for Older People to the Assistant Secretary on Aging for approval.



Dennis G. Smith, Secretary
Wisconsin Department of Health Services

ACRONYMS/TERMS USED IN THIS DOCUMENT

AAA	Area Agency on Aging
ADPAW	Aging and Disability Professionals Association of Wisconsin
ADRC	Aging and Disability Resource Center
ADSSP	Alzheimer's Disease Supportive Services Program
Aging Unit	County and Tribal Aging Unit
AoA	Administration on Aging
AODA	Alcohol and Other Drug Abuse
BOALTC	Board on Aging and Long-Term Care
BADR	Bureau of Aging and Disability Resources
CAARN	Community Academic Aging Research Network
Department	Department of Health Services
Division	Division of Long-Term Care
DPH	Division of Public Health
EBS	Elderly Benefit Specialist
EA/AAR/APS	Elder Abuse/Adults at Risk/Adult Protective Services
I&A	Information and Assistance
GWAAR	Greater Wisconsin Agency on Aging Resources
LEEPS	Language Enriched Exercise Plus Socialization
MCO	Managed Care Organization
MOU	Memorandum of Understanding
NYUCI	New York University Caregiver Intervention
WAND	Wisconsin Association of Nutrition Directors
WEM	Wisconsin Emergency Management
WIHA	Wisconsin Institute for Healthy Aging

EXECUTIVE SUMMARY

Every three years, the Bureau of Aging and Disability Resources (BADR) develops and submits to the federal Administration on Aging a “State Plan on Aging.” Mandated by federal law, the plan is required in order for the state to receive federal funds under the Older Americans Act of 1965, as amended. Additionally, the State Plan on Aging helps to structure the agency’s priorities and set an aging agenda for Wisconsin.

BADR is accountable for the implementation of programs for older Wisconsinites and Wisconsin citizens with disabilities. BADR also serves as the State Unit on Aging (SUA), and in that capacity is charged with the responsibility of implementing Older Americans Act (OAA) programs in Wisconsin. BADR is dedicated to keeping seniors and people with disabilities independent in their homes 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, 10 tribal aging units, and the newly developing network of 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. First, the number of individuals eligible for Older Americans Act services has grown and will continue expanding rapidly through the first half of this century. Second, the cost of providing services through the Aging Network has experienced 30 years of inflationary escalation, without a corresponding increase in funding. Third, the culture of aging has changed such that people are increasingly committed to remaining in the community as they age thereby making community-based service delivery increasingly important. At the same time, state and local governments are discovering the fiscal advantages of a more comprehensive community-based approach to publicly-funded aging and long term care services.

The goals for this state plan on aging are grouped into the areas which follow below.

- ✓ Goals For Home And Community-Based Service System Development
- ✓ Goals For Improving Core Older Americans Act Programs
- ✓ Goals For Evidence-Based Health Promotion And Disease Prevention
- ✓ Goals For Consumer Choice and Control
- ✓ Goals For Emergency Preparedness
- ✓ Goals For Coordination Of Titles III And VI
- ✓ Goals For Vulnerable Elder Rights Protection

CONTEXT

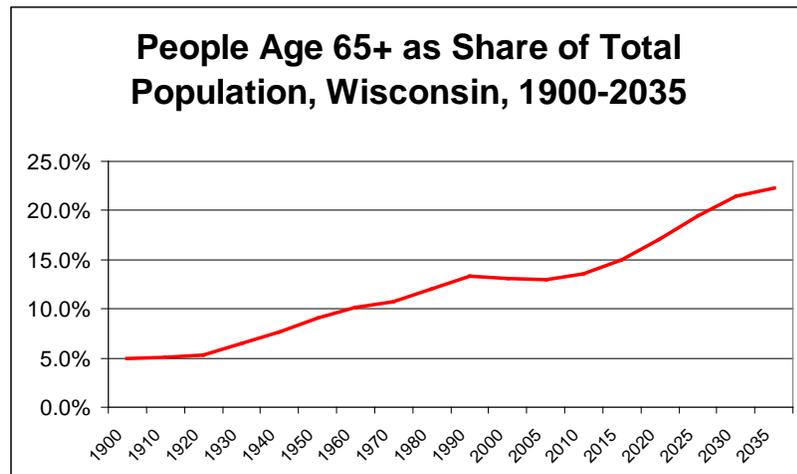
Current and Future Older Persons

Wisconsin's older population, like that of the nation as a whole, is increasingly complex and diverse. In 2013, Older Americans Act programs will begin their eighth year of serving "Baby Boomers," who started turning age 60 in 2006. This group will swell the ranks of those eligible for Social Security, Medicare, and long-term care services under Medicaid, bringing greater racial, ethnic, cultural, educational, and economic diversity to the "older population" than ever before. The rapidly increasing size of this age cohort will challenge Wisconsin's aging network in important ways, while its widening diversity means a "one size fits all" approach to aging and long-term care services is a thing of the past.

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

Wisconsin's older population has grown tremendously at other points in history, and it has been growing faster than the population as a whole for more than 100 years. In 2000, for instance, the number of Wisconsin residents aged 65 and older was nearly six times as great as in 1900.¹ But in earlier periods, the number of young people always grew quickly, as well. In 2000, Wisconsin's younger population was almost 2½ times its size in 1900. Now, the growth of the younger population has slowed almost to a standstill, and between 2020 and 2030, the number of people under age 65 will actually decrease for the first time since official population counts began.

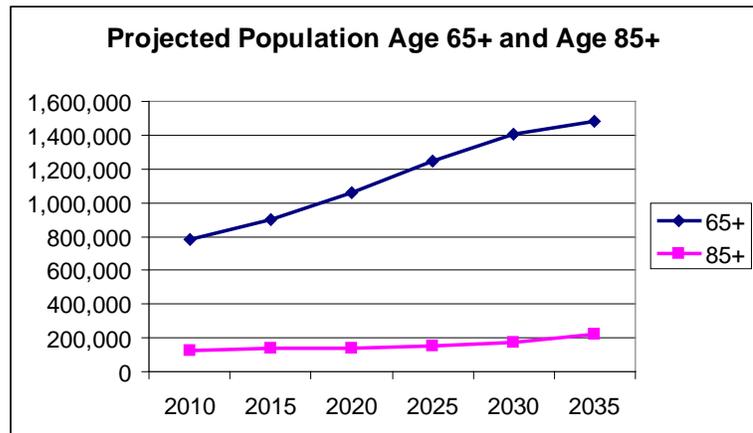
Because the number of older people is growing so much faster than the number of young people, those 65 and older are making up an ever-larger share of the total population. This trend has been in motion for more than a century, mainly due to long-term increases in life expectancy. Thanks to widespread progress in sanitation, nutrition, preventive health care, vaccinations, and public support programs that have



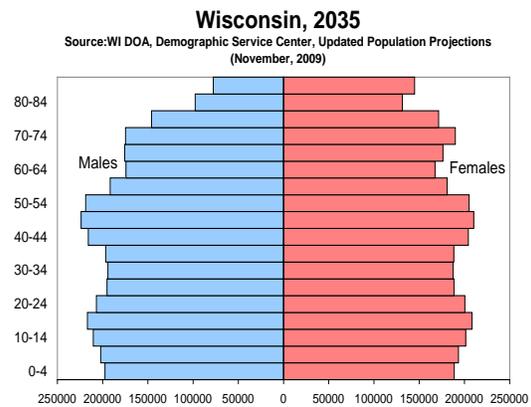
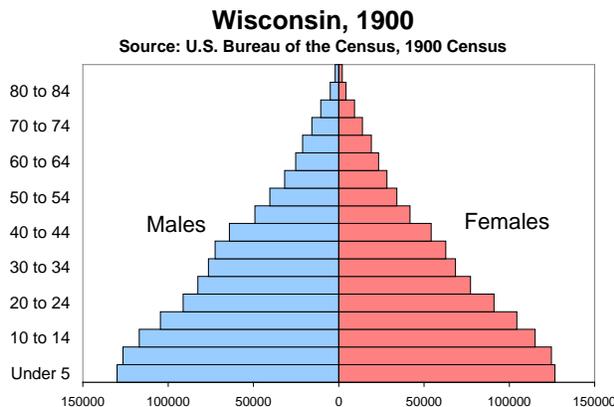
¹ Historical Census data (1900-1980) from "Wisconsin's Older Population," WI-DHSS, Division of Policy and Budget, Bureau of Planning, May, 1987. Numbers for 1990 and 2000 from U.S. Bureau of the Census, 1990 Census, Summary Tape File 1; and Census 2000, Summary File 1. Population projections through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

reduced poverty, Americans today live about thirty years longer, on average, than they did 100 years ago. In 1900, only about 40 percent of newborns were expected to live until their 65th birthday. Today, nearly 80 percent of newborns live that long. Similarly, in 1900, just seven percent of 65-year-olds would live until their 90th birthday; today, more than one in four do so. By 2050, experts predict that nearly half of 65-year-olds will live an additional 25 years.

The second reason that one in five Wisconsinites will be 65 or older 25 years from now is the fact that birth rates were so high between 1946 and 1964, and the members of this “baby boom” generation began turning 65 in 2011. “Boomers” will continue turning 65 through 2029. By that time, the number of older people will have almost doubled, and more than one in five Wisconsinites will be 65 or older. In 2031, the first Boomers will turn 85, and this “oldest old” group will show a similar growth pattern until 2049 when the last of the Boomers turn 85.

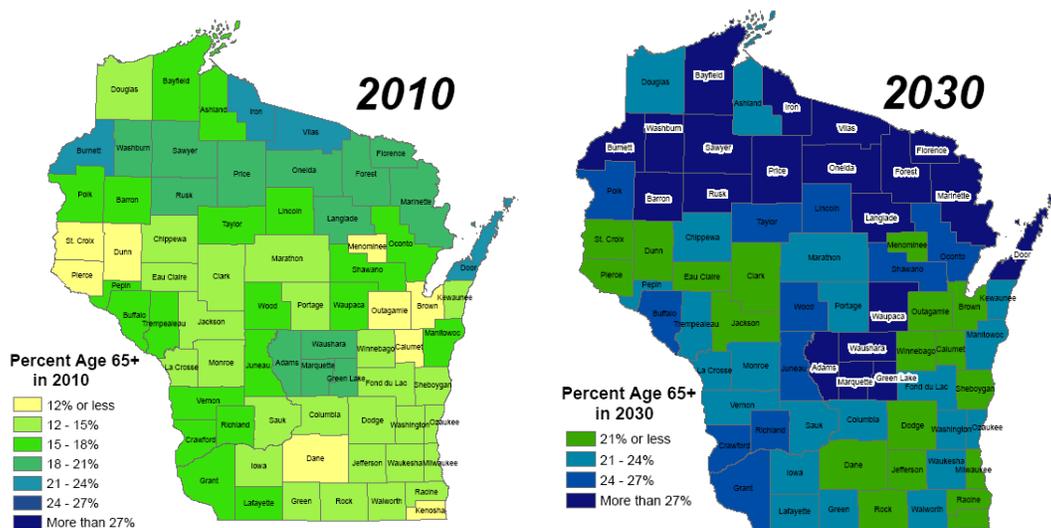


The transformation of Wisconsin’s age distribution over time shows clearly in population pyramids for different periods. Population pyramids are graphs showing how the size of each five-year age group compares to other age groups, with the youngest age group at the bottom and the oldest at the top. Historically,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



Geographic Differences in Population Aging

Population age dynamics differ strikingly from county to county within Wisconsin. For example, while older people now make up more than 25 percent of the population in Vilas and Iron Counties², those age 65+ comprise less than 11 percent of the population in three counties, with St. Croix County coming in last at 10.0 percent. As the maps below show, all of the “oldest” counties are northern, nonmetropolitan counties. Most of the counties that have already reached or exceeded the “percentage 65+” expected statewide by 2030 are in the northern third of the state. In general, the counties with the smallest concentrations of people age 65+ are metropolitan counties with large, growing younger populations due to educational, employment, or housing advantages that attract new residents. These trends are projected to intensify significantly over time, with some parts of northern Wisconsin reaching concentrations of about 40% by 2035. Door County is projected to have the highest concentration by that time, with more than 44% of its population age 65 or older.



Varying Effects of Population Aging

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

On the other hand, there are substantial challenges when the older population becomes concentrated in an area because an existing population ages in place while younger people leave. Many of Wisconsin’s northern counties have economic challenges. Their aging populations had

² U.S. Bureau of the Census, Census 2010, Summary File 1.

only moderate incomes during their working years, and many face difficult financial circumstances in retirement. Long-term erosion of employment in agriculture, forestry, mining, and other northern industries have prompted two or three generations of young people to seek educational and career opportunities elsewhere. Although people generally use (and pay for) more services as they age, the restricted resources of older people in this second group of “aging counties” area spur growth in the most basic and lowest-paid health care and personal services. These areas have a shortage of young people to provide such services already which makes it hard to meet these increased demands. Downward trends in employment and income erode the tax base that local governments need to provide basic services to elders in need. Forest, Florence, Iron, and other northern counties are on the leading edge of counties confronting these difficulties.

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

Organization: Wisconsin’s aging network and long-term care system

During the previous State Plan period, Wisconsin worked to develop the administrative and service arrangements of the Greater Wisconsin Agency on Aging Resources (GWAAR), Wisconsin’s new 70-county AAA, and to ensure that other goals of long term aging network modernization are also met, including incorporating older people in meaningful ways into the operations and policy-making of the aging network.

Another important aspect of Wisconsin’s aging network modernization involves the transition from delivering Older Americans Act services through county aging units to providing a more comprehensive set of aging and long-term care services through Aging and Disability Resource Centers (ADRCs). Closely related to aging units and often encompassing them, ADRCs are designed to be a single entry point where older people and people with disabilities and their families can get information and advice about a wide range of resources available to them in their local communities. The State Unit on Aging, within the Division of Long-Term Care, oversees the Office of Resource Center Development, charged with administration and oversight of the ADRC expansion project. As of July, 2011, there were 35 operational ADRCs serving 59 Wisconsin counties and four tribes, and ten additional counties had submitted applications or letters of intent to apply for ADRC contracts. Wisconsin’s budget calls for expansion of ADRCs to all counties by 2013.

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

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

Managed care organizations (MCOs) manage and deliver the Family Care benefit, which combines funding and services from a variety of existing programs (including Medicaid Home and Community-Based Services waivers) into one flexible long-term care benefit, tailored to each individual's needs, circumstances and preferences. As of April, 2011, residents of 58 counties had access to managed long term care. Family Care was operational in 57 of those counties, and the Partnership Program, combining managed health care and managed long-term care, was operational in 19. The remaining counties still manage legacy waivers until Family Care is fully operational.

IRIS is a Wisconsin long term care option that began July 1, 2008 for individuals in Family Care counties. A key IRIS feature is that the participant or their family member or representative being in charge of his/her long term care and fully self-directing his/her services, supports or goods and life. IRIS participants create a support and service plan for their long term care supports and services within a monthly budget amount.

Strategic Opportunities:

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

The transition from traditional county/tribal aging units to Aging and Disability Resource Centers allows a more comprehensive and holistic approach to discovering and meeting the needs of older people and people with disabilities. ADRCs pull together information about the whole spectrum of long-term care resources available in an area and help coordinate access to them. In addition, health promotion and disease prevention information and activities are provided for the entire community as a service of the ADRC. As ADRCs' outreach and marketing efforts expand local awareness about these opportunities, older people, those with disabilities, and their families and caregivers will have better, more rapid, and less stressful

access to needed information and services, and counseling on the wise use of their personal resources.

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

Challenges and Resources:

While the Department, the Governor, and the state legislature are committed to moving forward with the goals of statewide access to ADRCs and Family Care, the expansion of both programs is necessarily budget-dependent. The state's current budget deficit is a continuing challenge to these processes, and has necessitated some delays and re-scheduling of start dates. While both programs project long-term savings in comparison to prior organizational and service models, inevitable start-up costs sometimes inhibit rapid implementation.

State finances are only part of the picture. Counties are also challenged to provide the required share of resources, including the personnel and training opportunities required to successfully operate under this new paradigm. Several counties have requested delays in the deployment of ADRC or Family Care programs due to budgetary concerns.

Significantly, a small number of counties do not have the infrastructural resources to put together application materials for ADRC and/or Family Care, or to run either program independently. It must be added that these resource issues confront virtually all programs (such as adult protective services and benefit counseling), not only those in the formal long term care arena. In general, counties are encouraged to coordinate with neighboring counties and tribes in forming ADRCs and in compiling application materials. Similarly, managed care organizations are encouraged to propose offering services to multiple counties under one administrative umbrella, both to take advantage of economies of scale and to ensure that a consistent level of service is available across county lines.

The Department has consistently encouraged the development of ADRCs serving a multi-county/tribal area. However, when small counties seek to join together, their combined funding may still be inadequate to create and manage a multi-county service area covering a large geographic area. Therefore the Department provides an incentive bonus to those multi-county ADRCs comprised of one or more counties with less than 0.7% of the state's population, provided the consortium meets certain benchmarks. While these strategies help to solve the problem of scant county resources, they require a high level of inter-governmental cooperation and coordination and will take time to develop.

HOME AND COMMUNITY-BASED SERVICE SYSTEM DEVELOPMENT

Framework

After years of collaborative planning, it was in 1998 that the State of Wisconsin, Department of Health and Family Services, submitted its proposal for redesigning Wisconsin's long-term care system. The plan outlined a vision for a system that begins with Aging and Disability Resource Centers and incorporates the guiding principles of choice, access, quality, and cost-effectiveness. The 1998 proposal set the stage for the ADRC vision and recognized as a critical component to the success of the long-term care redesign are the Aging and Disability Resource Centers.

Wisconsin's ADRC vision is consistent with the Administration on Aging (AoA) vision to have ADRCs in every community; serving as highly visible and trusted places where adults with disabilities of all ages can find information on the full range of long-term care options and can access a single point of entry to long-term support programs and benefits.

Goals

Goal 1- In order to make ADRCs available to all Wisconsin residents, BADR will work with counties and tribes to expand aging and disability resource centers (ADRCs) to all Wisconsin counties and tribes by December 31, 2013.

Goal 2- To assure Wisconsin's citizens are aware of ADRCs and the services they provide regarding long-term care and other community resources available to them, BADR will increase public awareness efforts through marketing through September 30, 2015.

Measured Outcomes:

- ✓ Increase overall ADRC contacts by 5% each year of the plan
- ✓ Increase institutional relocations by 10% over 5 years.

Goal 3-BADR will work to increase the impact of options counseling in order to prevent and delay entrance into institutional settings for all client groups as listed below. This goal will be on-going throughout the term of this plan.

Measured Outcomes:

- ✓ Increase the number of contacts/conversations with private-pay customers in planning future long-term care needs by 5% each year of the plan.
- ✓ Increase number of I&A and options counseling contacts where home and community based care options are discussed by 5% each year of the plan.
- ✓ Increase prevention tools, referrals, activities and programs that will improve customer's ability to remain healthy at home by 5% each year of the plan.
- ✓ Implement evidence-based methods aimed at enhancing the quality of life of persons living with Alzheimer's disease and their caregivers, at 10 ADRC by 2015.

Goal 4- BADR will partner with local ADRCs and AAAs to implement healthcare transition interventions that prevent and/or avoid readmissions to the hospital within 30 days after discharge at 10 ADRCs by September 30, 2015.

Goal 5- To assure all citizens have equal access to quality services, BADR will develop and implement a comprehensive quality improvement program for ADRCs by December 31, 2014.

IMPROVING AOA CORE PROGRAMS

Framework

The programs and services operated under Titles III-B and III-C of the Older Americans Act provide the foundation of the services operated by and through aging units. The Older Americans Act was the impetus for the development of the aging network, both nationally and in Wisconsin.

The strains on the Older Americans Act services have increased significantly. Near static funding, coupled with an ever-expanding elderly population (particularly people over the age of 85) present aging units with difficult choices. Local government's ability to supplement federal and state funding is extremely limited. This requires an intense examination of ways to program efficiently and effectively.

Goals

Goal 1 – To keep the elderly nutrition program relevant to future generations, BADR will convene a task force that will be charged with identifying methods for updating the program. The task force will finish their work by October 31, 2013.

Goal 2 – To assure uniform implementation of the task force recommendations, staff from BADR, in collaboration with staff from the Area Agencies on Aging and the Wisconsin Association of Nutrition Directors (WAND), will review the recommendations and determine where changes need to be made to state policy. This review will be completed by March 31, 2014.

Goal 3 – The Elderly Nutrition Programs across the state will require training regarding new policies and methods for providing these services. In order to assure all nutrition programs receive this training in a timely fashion, BADR will collaborate with the Area Agencies and WAND to design and hold regional and statewide training events. This activity will be completed by September 30, 2015.

EVIDENCE-BASED HEALTH PROMOTION AND DISEASE PREVENTION

Framework

Evidence-based programs are interventions based on evidence that is generated by scientific studies. The purpose of evidence-based health promotion is to take effective interventions built on research findings and apply them to improve the health and well-being of individuals, groups, or communities.

While the majority of older adults have a chronic condition, illness and disability are not inevitable parts of the aging process, and can be prevented or delayed. There is overwhelming evidence that older persons do indeed benefit from health promotion interventions.

Research indicates that older persons' engagement in physical activity can extend years of active independent life, reduce morbidity and mortality, and lower health care costs. However, less than one-third of Americans age 65 and older meet the recommended level of physical activity (moderate intensity activity for at least 5 days per week, for at least 30 minutes per day). There are a number of proven and effective evidence-based programs that increase older persons' levels of physical activity and subsequently, improve their quality of life.

Goals

Goal 1 - To assure sustainability and expansion of the existing programs, Living Well with Chronic Conditions and Stepping On fall prevention, BADR will work with Wisconsin Institute for Healthy Aging (WIHA) and other partners to seek grant funding for the Aging Network with a goal of continuing these effective programs. This goal will be on-going throughout the entire three years and will end September 30, 2015.

Goal 2 – To conform to the Administration on Aging acceptable use of Title III-D funds and to assure that these resources are being used on effective programs, BADR will develop a policy regarding the acceptable use of Title III-D funds by December 31, 2013.

Goal 3 - Staff from BADR and WIHA will continue to expand partnerships across the Department and with external stakeholder to develop a strong prevention component to the Wisconsin Aging Network. This goal will be on-going over the entire three years of the plan through September 30, 2015.

Goal 4 - Office on Aging staff will continue to represent the Department on the Community Academic Aging Research Network (CAARN) Executive Committee to advance implementation of proven practice and foster new aging research. This goal will be on-going over the entire three years of the plan through September 30, 2015.

CONSUMER CHOICE AND CONTROL

Framework

A major change in services for older people in the United States is a recognition of the value of consumer involvement in the programs that serve them. This change in emphasis has also affected the programs operated by the aging network under the Older Americans Act.

Historically, consumer involvement in aging services focused on participation of consumers in planning and administrative bodies that oversaw programs. More recently, consumer involvement has included greater choice in programming and providers.

BADR is in the process of completing an AoA grant involving the Veterans Administration and an area agency on aging. Under that program the area agency on aging helped veterans to self-direct their long-term supports and services that enable them to avoid institutionalization and continue to live independently at home. Veterans enrolled in the program have the opportunity to manage their own flexible budgets, to decide for themselves what mix of goods and services best meet their needs, and to hire and supervise their own workers. The area agency on aging helps with assessments, counseling and arranging fiscal management services.

BADR has begun a project involving consumer and provider stakeholders in the Elderly Nutrition Program. Among the goals of this project an examination of ways to increase consumer involvement and choice in the day-to-day operation of this, the largest program operated by the Wisconsin Aging Network.

Goals

Goal 1 – BADR will share information on the AoA funded veterans project with other VA facilities, veterans' services officers and veterans' organization, to encourage increased consumer choice options available to veterans. This will be completed by December 31, 2013.

Goal 2 – BADR will distribute the results/recommendations of the Nutrition Modernization Project, to serve as a guide to consumer involvement, to all counties and tribes by November 30, 2013.

Goal 3 – To encourage more civic engagement by older adults, BADR, working in concert with the AAAs and aging units will develop and provide program specific technical assistance materials on consumer choice and involvement for use by the aging network June 30, 2014.

Goal 4 – By December 31, 2014, BADR, working in concert with the AAAs and aging units, will develop self-assessment materials for citizen boards at the regional and county/tribal level that are devoted to measuring the level of consumer choice and involvement.

EMERGENCY PREPAREDNESS

Framework

Older people are particularly vulnerable to disasters and emergency situations. With the ever-increasing aging population, and particularly older old individuals, it is crucial to understand the factors that can place older people at risk and to plan on how to meet their needs in all areas of emergency management. The Wisconsin Aging Network works with an emergency management/preparedness officials at the state and local levels to develop resources and tools for seniors, first responders, health professionals and emergency managers. The Division of Public Health (DPH), within the Department of Health Services is also charged with preparing the Department preparedness plan and BADR is represented on the DPH preparedness committee to assure the needs of older individuals are addressed.

BADR's efforts are focused to achieve three general aims:

- ✓ to minimize harm and negative health impacts to seniors before, during and after disasters;
- ✓ to bring a seniors' perspective to the emergency management field; and
- ✓ to help older adults and their families be prepared.

Goals

Goal 1 – To assure the needs of older people are represented within the Department Emergency Preparedness plans, a staff member of BADR will participate on internal department workgroups and committees. This goal will be on-going throughout the length of the plan, and through September 30, 2015.

Goal 2 – To assure older people are represented and also given an opportunity to participate, staff from BADR will work with the Division of Public Health to develop training for local Functional Assessment Teams (FAST) who will be able to assist during a local event or disaster, if a reception center or an emergency community shelter may be needed. This goal will be completed by July 1, 2013.

Goal 3 – Strong partnership with Wisconsin Emergency Management (WEM) is necessary to ensure the special needs of older people are taken into consideration during times of emergency. Staff from BADR will work with the WEM staff to develop opportunities for the two to work together to strengthen state and local partnerships by December 31, 2013.

Goal 4 – Personal preparedness is essential for the health and safety of all citizens in Wisconsin. BADR will assist the Area Agencies on Aging in developing and/or distributing personal preparedness materials to be used in educating Wisconsin's older citizens by September 30, 2014.

AoA DISCRETIONARY ALZHEIMER'S GRANT

Alzheimer's Disease

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

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

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

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

BADR recognizes the devastating effect Alzheimer's disease has on entire families. With the continued aging of Wisconsin's population, research demonstrates the number of individuals with Alzheimer's disease will continue to grow. A systemic response in preparation for the increasing need for dementia care is necessary to prepare the state for the future.

In 2009 BADR won an Alzheimer's Disease Supportive Services Program ADSSP grant from AoA to demonstrate a model including cognitive screening in ADRCs. In 2010 BADR also won two ADSSP evidence-based grant awards to demonstrate the New York University Caregiver Intervention (NYUCI) and the Language Enriched Exercise Plus Socialization (LEEPS) intervention for people in the early stages of Alzheimer's disease. The results of the work performed under these grants will be translated into statewide practice in an effort to make the aging network dementia-capable.

Goals

Goal 1-The Committee for a Wisconsin Response to Dementia was convened in 2010. This group will develop Wisconsin's Alzheimer's state plan leading to a more dementia-capable service system. The final recommendations and products from the work of this group are anticipated to be completed by December 31, 2013.

Goal 2- To assure the early diagnosis and treatment of memory loss, each ADRC in the state will have information and assistance (I&A) specialists, benefit specialists and adult protective services workers trained in understanding and recognizing potential cognitive impairment in older adults. The information and assistance specialists will also receive training in how to

perform a simple cognitive screen, based upon the experience from the 2009 innovation grant. These activities will be completed by December 31, 2013.

Goal 3- The prevalence Alzheimer's disease is projected to grow in Wisconsin, therefore to meet the needs of both individuals with the disease and their family caregivers, each ADRC will have a dedicated dementia care specialist on staff by December 14, 2012.

The duties of this position include:

- ✓ Provide the NYU Caregiver Intervention (NYCUI).
- ✓ Train volunteer staff that perform the LEEPS intervention based upon the experience from the 2010 evidence-based program grants.
- ✓ Work with the individuals identified in the screening process as having a possible cognitive impairment, to help connect them to the best information and support them in obtaining a diagnosis from their physician.
- ✓ Perform outreach and education of the medical community.

Goal 4- To assure continued quality of the Alzheimer's interventions, BADR will complete a systemic evaluation of the effectiveness of these activities and any necessary changes will be made to the service delivery model to improve the overall dementia service capability of community services. This goal will be completed by September 30, 2015

COORDINATION OF TITLES III AND VI

Framework

Although the needs of tribal elders are similar to the needs of the general older adult population in Wisconsin, there are challenges in accessing services and in assuring the services are culturally sensitive. The geographical isolation, socio-economic situation of native elders, and limited availability of programs and services in their communities creates unique challenges in addressing their needs. Indian reservations are located in rural areas and are often many miles from cities. This geographic isolation impacts the ability to access programs and services that are available in urban areas. Many tribal elders wish to remain at home and in their communities in order to continue to participate in their cultural and religious ceremonies and traditions. They are unwilling or unable to relocate to areas with better access to long-term care services. This necessitates coordination between tribal aging programs (Title VI) and county aging programs (Title III) to provide these necessary services. County and tribal aging units are identified in state statutes; as a result BADR continues to allocate Title III dollars for tribal aging units.

While the modernization of Wisconsin's Aging Network made dramatic changes to the boundaries and structure of Wisconsin's area agencies on aging, it was also the catalyst for the creation of a new entity formed to better respond to the needs of Wisconsin's tribal elders. Located in Lac du Flambeau, the Tribal Technical Assistance Center opened its doors on January 1, 2009, and operates within the Great Lakes Inter-Tribal Council (GLITC). The center was created to provide culturally appropriate and tribe-specific planning, training, and technical assistance to tribal aging units.

Goals

Goal 1 – In consultation with tribal aging directors, Office on Aging staff will review planning and reporting requirements to assure they meet the special needs of tribes while also adhering to state and federal regulations. This goal will be achieved by December 31, 2013.

Goal 2 – In consultation with the tribal aging directors and the Tribal Technical Assistance Center, BADR will identify areas where technical assistance can be provided for either Title III or Title VI – in order to insure maximum coordination between the programs and minimize overlap. This goal will be achieved by December 31, 2014 and will be regularly reviewed during the remainder of the plan.

Goal 3 – In order to assure the best coordination possible, BADR staff will work with the Tribal Technical Assistance staff to identify issues and barriers encountered by the tribes in either Title III or Title VI and work with the tribes, and others in the Aging Network to remove those barriers. This goal will be achieved by September 30, 2015.

Goal 4 – To achieve the best possible aging programs for tribal elders, BADR, in cooperation with the Tribal Technical Assistance Center and the Greater Wisconsin Agency on Aging Resources (GWAAR), will identify and develop tribal specific training materials for tribal aging programs by September 15, 2014.

VULNERABLE ELDER RIGHTS PROTECTION

Framework

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

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

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

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

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

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

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

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

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

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

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this

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

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

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

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

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

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

(iii) upon court order.

PROGRAM DESCRIPTIONS

The entire Wisconsin Aging Network places priority on services to frail and vulnerable older people. Additionally, the programs listed below are most directly involved in protecting the rights of vulnerable older people.

The Long Term Care Ombudsman Program

The Board on Aging and Long Term Care (BOALTC) Ombudsman Program advocates for people age 60 and older who are residents of licensed long term care facilities, as well as for their families, legal representatives and acquaintances. The Ombudsman Program encourages people to voice their concerns regarding conditions that affect their quality of their life and their care. People who receive services through Medicaid Home and Community-Based Services waiver programs in the community are also eligible to be served directly by the Ombudsman Program, specifically people enrolled in Family Care, Partnership and the Community Options Program. The Ombudsman Program promotes policies and practices to improve the quality of life and care for all older adult consumers of Wisconsin's long term care programs.

The Ombudsman Program provides both a confidential toll-free telephone number and an online compliant mechanism, and provides services including:

- ✓ Confidential complaint investigation;
- ✓ Complaint mediation and resolution;
- ✓ Information and education on topics such as rights and protections, accessing long term care services and benefits, restraints, preventing and reporting abuse and neglect;
- ✓ Work with Community Options Program (COP), Family Care and Medicaid waiver program staff and participants, and Aging and Disability Resource Centers;
- ✓ Empowerment of residents, tenants, members and families to assert their rights;

- Educational sessions for residents and family councils, as well as the general public;
- Education to providers on a variety of pertinent topics; i.e. Residents' Rights, Legal Issues, and Elder Abuse Prevention;
- Development of resident/tenant and family councils; and
- Work with enforcement agencies including Department of Justice Medicaid Fraud Control Unit, U.S. Attorneys, Licensing and Certification Agencies, and County District Attorneys.

The agency also operates a Volunteer Ombudsman Program. This component of the agency's advocacy is a service that was developed to supplement the advocacy functions of the Long Term Care Ombudsman Program focusing on residents in skilled nursing facilities. Established in 1994, the Volunteer Ombudsman Program began as a pilot project. Now, 18 years later, it has developed into an expansive program that serves hundreds of nursing home residents throughout the state, and that continues to expand to new areas.

During their weekly visits, Volunteer Ombudsmen observe, listen to and interact with the residents. They observe general conditions of the facility, and keep a log of this data. Volunteers talk with residents and family members empowering them to be self-advocates. Volunteers listen to and assist the resident with issues that may include, but are not limited to daily cares, meal issues, comfort, activities, staff relationships, and facility conditions.

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

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

Goal

Goal 1 -The Ombudsman and Volunteer Ombudsman Programs will provide a special focus on support to residents of facilities designated as Special Focus Facilities and those with ongoing issues of noncompliance as evidenced by resident and family complaints, throughout the plan period.

Goal 2 -The Ombudsman Program will increase the visibility of the Regional Ombudsmen in assisted living facilities, thereby enhancing access to the residents/tenants of those facilities, throughout the plan period.

Goal 3 - The Ombudsman and Volunteer Programs will increase the number of consumer contacts to the Board on Aging and Long Term Care web-site by providing consumer friendly materials and information, by September 30, 2015.

The Medigap Helpline Program

The Medigap Helpline helps beneficiaries with questions about health insurance: including Medicare, Medicare supplements, Medicare Advantage Plans, Long Term Care Insurance, and other health care options available to Medicare beneficiaries.

The Medigap Helpline is a one-on-one telephone counseling service. There is one Lead Medigap Counselor and three fulltime, Medigap Counselors, one full time intake advocate, and one part time Management Information Systems person. The counselors are required to be licensed insurance agents in the State of Wisconsin.

Recently BOALTC expanded its service to assist seniors in navigating Medicare Part D using Federal grant funds administered through the DHS. BOALTC is able to consolidate its services and support additional counselors to help seniors make sense of this complex part of Medicare. The Medigap Part D and Prescription Drug Helpline can be reached at: **1-855-67PARTD (1-855-677-2783)**.

The toll free telephone number, **1-800-242-1060**, is a nationwide number and is listed on the back of the CMS publication Medicare & You (Wisconsin version). This program is accessible to Wisconsin citizens and their family members, even if the family member resides outside of the State of Wisconsin. Printed materials of the program, Medicare and insurance options are available upon request. The Medigap Helpline also makes use of the Language Line to be accessible for those beneficiaries whose primary language is not English.

Primary customers

- ✓ Medicare beneficiaries of all ages
- ✓ Disabled Individuals
- ✓ Low income individuals
- ✓ Pre-retirement individuals
- ✓ Retirees losing their employer group coverage
- ✓ End Stage Renal Disease beneficiaries
- ✓ Private long term care insurance shoppers

Other customers? (including but not limited to):

- ✓ Elderly/disability benefit specialists
- ✓ Social workers/case managers
- ✓ Legislators or staffers
- ✓ Non-Medicare individuals without health insurance
- ✓ Medical/healthcare providers

Information Provided

- ✓ Medicare
- ✓ Medicare Supplements (Medigap)
 - Traditional vs Network policies
 - Guarantee Issue Provisions
 - Pre-Existing conditions
 - Relocation/snowbirds
 - Premium issues
 - Medicare Advantage Plans
 - Service area coverage
 - Relocation/snowbirds
 - Out of Pocket Maximum/copay costs
 - Enrollment Periods: Initial, Annual, Special
 - Trial periods
 - Prescription Part D inclusion
 - Medicaid Programs
 - Badgercare
 - Medicare Savings Programs
 - Medical Assistance Purchase Program (MAPP)
 - Employer Group Health Insurance
 - Active Employer coverage
 - Retiree Group Coverage
 - Cobra/Wisconsin Continuation
 - Health Insurance Risk Sharing Plan (HIRSP)
 - Federal HIRSP
 - Wisconsin HIRSP
 - Prescription Coverage
 - Medicare Prescription Part D
 - Wisconsin Seniorcare
 - Low Income Subsidy (extra help)
 - Other Creditable coverage
 - Pharmaceutical Programs
 - Long Term Care Insurance
 - Nursing Home
 - Home Health Care
 - Assisted Living
 - Qualified Partnership Policies

Goals

Goal 1 - The Medigap Helpline Program will undertake quality improvement measures to assure that calls to the Medigap Helpline's incoming toll-free telephone line will be answered promptly with fewer callers being sent to voice mail. This activity will be completed by September 30, 2015.

Goal 2 – To assure beneficiaries have the most up-to-date information regarding their benefits, the Medigap Helpline Program will provide outreach presentations to Medicare beneficiaries, through September 30, 2015.

Goal 3 - The Medigap Helpline Program's will produce and distribute monthly press releases as another method of reaching the large Medicare population with topics of importance to them, through September 30, 2015.

Wisconsin Elderly Benefit Specialist Program

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

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

The Bureau administers the Elderly Benefit Specialist Program at the state-level. AAAs provide the contracts for regional legal services consultation, direct services and backup for the Elderly Benefit Specialist Program. In addition, the AAAs are responsible for monitoring all programs funded with Older Americans Act funds.

Goals

Goal 1 - BADR, in cooperation with local benefit specialists, and attorneys, will help elderly clients who seek assistance for denials of Family Care benefits based on financial ineligibility, through September 30, 2015

Goal 2 – To ensure older people are receiving the most current information available, BADR, in cooperation with local benefit specialists and attorneys will increase outreach, education and assistance for elderly clients relating to new Medicare provisions outlined in the Affordable Care Act this activity will continue through September 30, 2015.

Goal 3 – To increase the number of eligible older clients accessing FoodShare benefits, BADR, in cooperation with local benefit specialists, and attorneys, will increase outreach, education and assistance for elderly clients through September 30, 2015.

Goal 4 -BADR, in cooperation with the Office of Resource Center Development, will conduct a study to measure the quality of benefit specialists' services. The study will include 1000 in-person and telephone surveys of benefit specialists' clients to learn the factors that contribute to customer satisfaction. The results of the study will be used to implement best practices statewide. The study will be completed by December 31, 2014.

State Health Insurance Assistance Program (SHIP)

As part of its system of Older Americans Act legal and benefit assistance services, BADR administers the federal State Health Insurance Assistance Program (SHIP) grant.

The purpose of SHIP is to provide health benefits information, counseling and assistance to Medicare eligible individuals, their families and their caregivers. SHIP funds go primarily to the Medigap Helpline and to two prescription drug help lines to assist persons with Medicare Part D and other prescription coverage options.

Toll free helplines are funded to assist older persons and persons with disabilities who have questions regarding Medicare Supplemental or Advantage Plans. The Helplines are operated by the Wisconsin Board on Aging and Long Term Care (BOALTC), (for older people) and by Disability Rights Wisconsin (for younger persons with a disability). The program is available at no cost to the caller. The Medigap helpline is funded by a grant from SHIP and the Wisconsin Office of the Commissioner of Insurance (OCI).

SHIP funds are used to assist Medicare and dually eligible beneficiaries at the local level, through individualized counseling, including service to special populations: such as Native Americans, persons who are deaf, and low income inner-city Milwaukee residents.

When the state receives SHIP Performance funding, the funds are used to provide modest supplemental support to local elderly benefit specialist programs.

Goals

Goal 1 - To improve service to minority elders, BADR, in cooperation with local benefit specialists, and attorneys, will increase the number of LIS and MSP applications, particularly in those areas which CMS has identified as having high numbers of potential applicants, including Hmong and Hispanic populations, by September 30, 2015.

Goal 2 - To improve program efficiency, BADR, in cooperation with local benefit specialists, and attorneys will increase the coordination of outreach and educational efforts among the various SHIP partners to avoid duplication and assure maximum reach throughout September 30, 2015

Goal 3 - BADR, in cooperation with BOALTC and attorneys will undertake efforts to increase the number of SHIP volunteers in Milwaukee, to better serve older people, by September 30, 2015.

Goal 4 - BADR, in cooperation with local benefit specialists, and attorneys will expand or establish statewide volunteer programs to increase the number of SHIP counselors available to provide services to an ever increasing number of Medicare beneficiaries, through September 30, 2015.

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

The elder adults-at-risk program in Wisconsin is administered locally and is responsible for investigating reports of abuse, neglect, and financial exploitation of elderly individuals who have suffered, or are at risk of, physical, emotional, or financial harm.

The Bureau is responsible for assisting county elder adult-at-risk agencies by developing and interpreting policy, creating informational materials and providing training and consultation. The Bureau also collects data on each case of abuse, neglect, and exploitation reported in Wisconsin's 72 counties. Trends identified through the data analysis inform the Bureau as to the need for training, public awareness, and professional education and helps provide information to document that need. A statistical summary of these reports is released annually.

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

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

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

Actions taken to protect the elder adult at risk's health and safety may include any of the following:

- ✓ Emergency protective services or placement
- ✓ Emergency response services (funding, crisis intervention, shelter)
- ✓ Petition for temporary restraining order/restraining order
- ✓ Petition for substitute decision-maker (conservatorship, petition for guardianship or review of an existing guardianship, power of attorney, etc.)
- ✓ Petition for mental health commitment
- ✓ Protective services or protective placement
- ✓ Referral to ADRC
- ✓ Referral to legal or advocacy assistance
- ✓ Referral to mental health support services or crisis intervention
- ✓ Referral to substance abuse programs
- ✓ Referral to law enforcement and/or the district attorney for investigation and prosecution of the alleged abuser

- ✓ Referral to Department or other regulatory body if the residence, facility, or program for the elder adult at risk is regulated
- ✓ Referral to Department of Safety and Professional Services if abuse involves a credentialed individual
- ✓ Referral to domestic violence victim services or sexual assault/abuse victim services

Services planned for the elder adult-at-risk may include any of the following:

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

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

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

Goals

Goal 1 – To assure all local partners understand how to manage incidents that arise with persons with Alzheimer’s, BADR will develop policy documents, training and technical assistance materials, in accordance with the Wisconsin Supreme Court ruling in Fond du Lac County v. Helen E.F. These documents and materials will be developed by September 30, 2013.

Goal 2 – BADR will convene a workgroup of stakeholders to revise the EA/AAR/APS-MCO Memorandum of Understanding, to improve coordination among agencies. The MOU will be revised by June 30, 2014.

Goal 3 – Through a workgroup, BADR will develop guidelines for payment of corporate guardian fees to improve statewide consistency. The workgroup’s activities will be completed by September 30, 2015.

PUBLIC INVOLVEMENT IN VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES

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

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

Long Term Care Ombudsman Program

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

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

Wisconsin Elder Benefit Specialist Program

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

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

Prevention of Elder Abuse, Neglect, and Exploitation Programs

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

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

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

The Older Americans Act requires that this State Plan for Older People describe how the state will consult with area agencies and will identify and prioritize statewide activities aimed at ensuring that older people have access to and assistance in securing and maintaining benefits and rights. The Wisconsin Elder Benefit Specialist Program is the primary program in Wisconsin for addressing this issue.

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

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

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

- ✓ Medicare
- ✓ Medicare Supplemental Insurance

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

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

TARGETING

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

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

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

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

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

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

Financial Formulas Criteria

1. Continue inclusion of a base in the formula for awarding Title III-B funds to counties as an approach that targets funds to rural areas.
2. Continue inclusion of a minimum funding level in the Title III-C1 formula as an approach to guarantee a minimum capacity to sparsely populated rural areas.

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

Policies on Program Planning, Oversight and Coordination

1. Increase training on provision of services in rural areas.
2. Provide individual and group training on information and assistance, with particular focus on the capacity of small aging units.
3. Provide training on the use of demographic training, particularly in rural areas.
4. Continue development of an improved reporting system for benefit counseling services.
5. Continue to develop an improved reporting system for Older Americans Act services to enable tracking of rural area service activities.

6. Continue to require that area agencies monitor and provide technical assistance to aging units and service providers who do not serve minority elders at a level equal to target goals.
7. Continue to encourage area agencies on aging to improve technical assistance to rural aging units.
8. Include special workshops on service to minority elders in training sessions sponsored by the Bureau of Aging and Disability Resources and AAAs.
9. Monitor and encourage county aging units to work with tribal aging units to assist Native American elders in gaining access to county services.
10. Monitor and encourage county aging units to target minority communities with culturally appropriate and physically convenient programs.
11. Increase coordination with programs serving refugees and migrants.
12. Monitor and encourage the use of minority vendors in the elderly nutrition program.

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

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

For calendar year 2012, rural areas in Wisconsin received the following funding from Older Americans Act Titles III-B, C1 and C2 (each including a state supplement), D, and E. Funding for this plan period (2013-2015) will be proportionately adjusted based on federal allocations.

Older Americans Act Title	Amount of Funding to Rural Areas
Title III-B	\$ 2,509,052
Title III-C1	6,400,869
Title III-C2	1,646,363
Title III-D	192,720
Title III-E	1,070,885
Total Title III Funding	\$11,819,889

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

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

Financial Formulas Criteria*

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

Policies on Program Planning, Oversight and Coordination

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

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

Section 307(a)(21) The plan shall—

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

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

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

Financial Formulas Criteria

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

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

Policies on Program Planning, Oversight and Coordination

1. Continue to enhance the capacity of the tribal technical assistance center located at the Great Lakes Inter-Tribal Council.
2. Continue to require and support tribal aging units.

3. Require that area agencies establish targeting goals for the provision of services to minority elders, including Native American elders, for all Title III funded services.
4. Require that area agencies monitor and provide technical assistance to aging units on service to Native American elders.
5. Include special workshops on service to Native American elders on training sessions sponsored by the Bureau of Aging and Disability Resources.
6. Encourage county aging units to work with tribal aging units to assist Native American elders in gaining access to county services, such as the Family Care Program and Benefit Specialist Program.
7. Regularly participate in activities of appropriate Native American aging organizations.
8. Continue to support the Senior Companion Program operated by the Great Lakes Inter-tribal council.

FINANCIAL PLAN

Introduction

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

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

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

Consultation with Area agencies on aging

The Bureau of Aging and Disability Resources routinely consults with area agencies on aging and aging units on matters related to the intrastate funding formulas.

Use of the Best Available Data

The Bureau of Aging and Disability Resources will use data from the Census 2010 American Community Survey, and the most recent updates/estimates, for all population-based formula factors.

Targeting Assumptions Underlying the Selection of Factors

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

- ✓ **Low-Income** - Older people with incomes at or below the poverty level have difficulty meeting the usual costs of daily life and the high, unpredictable costs of health care and are more dependent on public services and benefits.
- ✓ **Advanced Age** - People who are over the age of 75 are increasingly likely to experience functional disabilities and require a variety of health and support services. Poverty rates, social isolation, and other problems of older women living alone are also much greater in this age group. The very old are concentrated in urban areas and remote rural areas.
- ✓ **Minority Status** - Minority older people have disproportionately experienced social and economic discrimination, which limits their opportunities and threatens their ability to remain independent. The incidence of poverty is more prevalent among minority elders.

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

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

Overview

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

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

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

State Plan Administration

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

Long Term Care Ombudsman

A specified amount of Title III-B funds shall be awarded to the Board on Aging and Long Term Care for the support of a statewide long-term care ombudsman program which meets the requirements of the Older Americans Act. The Title III-B funding level for SFY 2012 is \$65,000. Subsequent funding levels will be determined through the State budget process.

Area Agency Awards for County and Tribal Aging Programs

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

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

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

Area Plan Administration

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

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

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

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

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

A numerical representation of this formula follows.

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

Area Plan Administration Formula	
For all AAAs.	$AAA\$ = Base + (PSA60Pov * (.40 * NonBase\$)) + (PSAUnits * (.50 * NonBase\$)) + (PSA60Min) * (.10 * NonBase\$)$

PSA-Tribal Aging Unit Funds

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

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

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

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

PSA-Tribal Aging Unit Formula Factors	
StateTribal\$	The state's tribal allocation
PSATribal\$	The total tribal allocations in each PSA
Tribal\$	The tribe's allocation
Trib60	The tribe's percentage of the total tribal population aged 60 and older
PSAΣ	The sum of the allocations for the tribes in the PSA

PSA-Tribal Title IIIB Formula	
For a Tribe	$Tribal\$ = (\text{The greater of } \$8,000) \text{ or } (Trib60 * Tribal\$)$
For a PSA	$PSATribal\$ = PSA\Sigma(Tribal\$)$

PSA-Tribal Title IIIC1, C2 and D	
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For a Tribe	$Tribal\$ = Tribe60 * Tribal\$$
For a PSA	$PSATribal\$ = PSA \sum (Tribal\$)$

PSA-County Aging Unit Funds

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

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

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

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

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

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

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

There will continue to be a minimum of \$6,000 in the Title III C2 allocation.

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

A numerical representation of this formula follows.

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

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

Title III C1 (Congregate Nutrition) and Title III D (Disease Prevention and Health Promotion Services) will be distributed using the factors and weights that follow.

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

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

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

A numerical representation of this formula follows.

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

PSA-County Aging Unit Titles IIIC1 and D Formulas	
Title IIIC1	$PSA\Sigma = ((RURAL * .05) + (CO60POV * .90) + (CO60MIN * .05)) * (StateC1\$)$
Title IIID	$PSA\Sigma = ((RURAL * .05) + (CO60POV * .90) + (CO60MIN * .05)) * (StateC1\$)$

Changes in Federal Funding

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

Estimated 2013 Allocations of Title III and State Funds

The estimated allocations, which are a required element in the financial plan, assume a funding level equal to 2012.

PRELIMINARY CY2013 TITLE III ALLOCATIONS

COUNTY	III-B SUPP SERV TOTAL	III-C-1 Congregate TOTAL	III-C-2 HD Meals TOTAL	III-D Prev Hlth TOTAL	III-E NFCSP TOTAL	TOTAL TITLE III
Adams	\$33,873	\$75,730	\$20,798	\$2,359	\$13,488	\$146,248
Ashland	\$26,400	\$68,528	\$14,791	\$2,142	\$9,593	\$121,454
Barron	\$61,124	\$172,410	\$42,706	\$5,361	\$27,696	\$309,297
Bayfield	\$25,666	\$58,881	\$14,201	\$1,839	\$9,210	\$109,797
Brown	\$174,398	\$426,031	\$133,764	\$13,321	\$86,750	\$834,264
Buffalo	\$23,431	\$62,439	\$12,404	\$1,941	\$8,045	\$108,260
Burnett	\$31,861	\$85,036	\$19,181	\$2,649	\$12,440	\$151,167
Calumet	\$33,708	\$59,338	\$20,667	\$1,851	\$13,403	\$128,967
Chippewa	\$57,567	\$152,262	\$39,848	\$4,736	\$25,841	\$280,254
Clark	\$42,468	\$124,764	\$27,708	\$3,877	\$17,969	\$216,786
Columbia	\$55,067	\$132,935	\$37,837	\$4,136	\$24,538	\$254,513
Crawford	\$26,523	\$68,925	\$14,888	\$2,142	\$9,656	\$122,134
Dodge	\$77,318	\$168,480	\$55,724	\$5,246	\$36,139	\$342,907
Door	\$37,221	\$70,713	\$23,489	\$2,200	\$15,234	\$148,857
Douglas	\$47,419	\$119,199	\$31,688	\$3,713	\$20,551	\$222,570
Dunn	\$36,755	\$81,323	\$23,115	\$2,530	\$14,992	\$158,715
Eau Claire	\$74,787	\$150,756	\$53,690	\$4,702	\$34,818	\$318,753
Florence	\$15,107	\$33,715	\$6,009	\$1,047	\$5,000	\$60,878
Fond Du Lac	\$90,921	\$205,216	\$66,659	\$6,393	\$43,230	\$412,419
Forest	\$20,433	\$55,294	\$9,995	\$1,723	\$6,482	\$93,927
Grant	\$54,680	\$150,727	\$37,525	\$4,684	\$24,336	\$271,952
Green	\$38,548	\$95,982	\$24,557	\$2,985	\$15,926	\$177,998
Green Lake	\$27,391	\$65,396	\$15,589	\$2,033	\$10,109	\$120,518
Iowa	\$27,237	\$68,856	\$15,464	\$2,140	\$10,030	\$123,727
Iron	\$17,741	\$39,763	\$7,830	\$1,236	\$5,078	\$71,648

Jackson	\$28,226	\$70,884	\$16,259	\$2,210	\$10,544	\$128,123
Jefferson	\$68,533	\$156,379	\$48,661	\$4,873	\$31,559	\$310,005
Juneau	\$37,070	\$91,070	\$23,369	\$2,837	\$15,155	\$169,501
Kenosha	\$135,122	\$357,085	\$102,191	\$11,187	\$66,274	\$671,859
Kewaunee	\$27,220	\$62,975	\$15,451	\$1,958	\$10,021	\$117,625
LaCrosse	\$96,822	\$216,228	\$71,402	\$6,738	\$46,306	\$437,496
Lafayette	\$24,134	\$51,338	\$12,970	\$1,595	\$8,411	\$98,448
Manitowoc	\$84,478	\$225,819	\$61,477	\$7,026	\$39,869	\$418,669
Marinette	\$57,111	\$164,982	\$39,480	\$5,130	\$25,604	\$292,307
Marquette	\$26,134	\$58,496	\$14,578	\$1,819	\$9,453	\$110,480
Monroe	\$43,276	\$92,647	\$28,357	\$2,886	\$18,391	\$185,557
Oconto	\$45,778	\$121,569	\$30,369	\$3,781	\$19,695	\$221,192
Oneida	\$50,699	\$128,709	\$34,325	\$4,001	\$22,261	\$239,995
Outagamie	\$122,375	\$263,562	\$91,944	\$8,236	\$59,628	\$545,745
Ozaukee	\$69,097	\$101,190	\$49,115	\$3,170	\$31,852	\$254,424
Pepin	\$15,185	\$75,529	\$5,776	\$878	\$5,000	\$102,368
Pierce	\$31,549	\$62,712	\$18,931	\$1,951	\$12,277	\$127,420
Polk	\$49,253	\$114,518	\$33,162	\$3,561	\$21,507	\$222,001
Portage	\$57,981	\$136,401	\$40,179	\$4,249	\$26,057	\$264,867
Price	\$23,734	\$58,314	\$12,649	\$1,812	\$8,203	\$104,712
Racine	\$185,714	\$443,331	\$142,861	\$13,971	\$92,648	\$878,525
Richland	\$25,162	\$63,940	\$13,796	\$1,987	\$8,948	\$113,833
Rock	\$123,858	\$266,576	\$93,136	\$8,362	\$60,400	\$552,332
Rusk	\$26,469	\$74,904	\$14,848	\$2,327	\$9,629	\$128,177
Saint Croix	\$52,256	\$116,904	\$35,577	\$3,639	\$23,072	\$231,448
Sauk	\$59,304	\$141,925	\$41,242	\$4,417	\$26,747	\$273,635
Sawyer	\$29,852	\$74,950	\$17,567	\$2,348	\$11,394	\$136,111
Shawano	\$53,162	\$139,004	\$36,307	\$4,340	\$23,546	\$256,359
Sheboygan	\$86,271	\$175,932	\$62,921	\$5,498	\$40,806	\$371,428
Taylor	\$31,133	\$83,138	\$18,596	\$2,583	\$12,060	\$147,510

Trempealeau	\$38,024	\$93,938	\$24,135	\$2,920	\$15,653	\$174,670
Vernon	\$39,008	\$109,200	\$24,927	\$3,394	\$16,165	\$192,694
Vilas	\$36,391	\$80,035	\$22,823	\$2,500	\$14,801	\$156,550
Walworth	\$84,827	\$177,302	\$61,760	\$5,536	\$40,053	\$369,478
Washburn	\$26,227	\$58,527	\$14,651	\$1,820	\$9,502	\$110,727
Washington	\$96,125	\$169,873	\$70,843	\$5,297	\$45,942	\$388,080
Waukesha	\$260,957	\$433,535	\$203,348	\$13,589	\$131,875	\$1,043,304
Waupaca	\$59,951	\$149,282	\$41,763	\$4,642	\$27,084	\$282,722
Waushara	\$35,441	\$91,279	\$22,059	\$2,841	\$14,306	\$165,926
Winnebago	\$131,969	\$310,444	\$99,657	\$9,676	\$64,631	\$616,377
<u>ADRC of Central WI</u>						
Marathon	\$111,802	\$290,295	\$83,445	\$9,041	\$54,116	\$548,699
Langlade	\$30,675	\$78,283	\$18,228	\$2,433	\$11,821	\$141,440
Lincoln	\$38,004	\$100,951	\$24,120	\$3,138	\$15,641	\$181,854
Wood	\$74,992	\$176,239	\$53,853	\$5,487	\$34,925	\$345,496
	\$255,473	\$645,768	\$179,646	\$20,099	\$116,503	\$1,217,489
GWAAR TOTAL	\$3,988,995	\$9,302,893	\$2,763,235	\$288,670	\$1,794,386	\$18,138,179
Dane	\$273,137	\$500,603	\$213,137	\$15,751	\$138,224	\$1,140,852
Milwaukee	\$860,780	\$2,419,436	\$685,537	\$76,964	\$444,576	\$4,487,293
COUNTY TOTAL	\$5,122,912	\$12,222,932	\$3,661,909	\$381,385	\$2,377,186	\$23,766,324

TRIBE	III-B SUPP SERV TOTAL	III-C-1 CONG NUTRTN TOTAL	III-C-2 HOME DELVD TOTAL	III-D PREV HLTH TOTAL	III-E NFCSP TOTAL	TOTAL TITLE III & STATE
HoChunk	\$21,663	\$14,728	\$17,562	\$955		\$54,908
Menominee	\$26,380	\$19,023	\$22,685	\$1,234	\$5,000	\$74,322
Oneida	\$43,909	\$31,664	\$37,759	\$2,051		\$115,383
Stockbrdg-Munsee	\$17,019	\$12,273	\$14,635	\$796		\$44,723
Bad River Chippewa	\$8,700	\$5,796	\$6,147	\$334		\$20,977
Lac Courte Oreilles	\$17,903	\$12,702	\$15,147	\$824		\$46,576
Lac du Flambeau	\$17,785	\$12,825	\$15,294	\$832		\$46,736
Potawatomi	\$8,527	\$3,436	\$4,098	\$223		\$16,284
Red Cliff	\$14,502	\$10,187	\$12,147	\$661		\$37,497
St Croix Chippewa	\$9,191	\$6,627	\$7,903	\$430		\$24,151
Sokaogan-Chippewa	\$8,555	\$3,129	\$3,732	\$203		\$15,619
TRIBAL TOTAL	\$194,134	\$132,390	\$157,109	\$8,543	\$5,000	\$497,176
STATE TOTAL	\$5,317,046	\$12,355,322	\$3,819,018	\$389,928	\$2,382,186	\$24,263,500

PUBLIC COMMENTS ON THE DRAFT PLAN

The draft State Plan was made available to the public on August 20, 2012. At that time, a copy of the draft was distributed to all area agencies on aging and aging units, as well as a wide variety of interested aging organizations. The draft was distributed via the Badgeraginglist Listserve.

The draft State Plan was also posted on the DHS web site at ADR web site at <http://www.dhs.wisconsin.gov/aging/Publications/index.htm>
The final plan will replace the draft plan on the website.

Two town hall meetings were held on the draft State Plan.

- ✓ Middleton Senior Center
Middleton, Wisconsin
August 24, 2012
Six persons attended

- ✓ Lincoln Senior Center
Stevens Point, Wisconsin
August 29, 2012
Eight persons attended

The comments received on the plan were positive. Suggestions included increased inter-agency cooperation, caution about the concept of evidence-based programming, and suggestions for future efforts in the areas of end-of-life planning and employment options.

No changes were made in the draft plan as a result of the public comments.

ATTACHMENT A

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

Assurances

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will— (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on-

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

- (IV) older individuals with severe disabilities;

- (V) older individuals with limited English proficiency;

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

- (VII) older individuals at risk for institutional placement; and (4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. (6)(F) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency-

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

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

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

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

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

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

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

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

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

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

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

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

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

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

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

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

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

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

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

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

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

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

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall

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

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

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

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

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

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

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

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

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or

terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

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

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

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

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

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

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

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

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

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

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

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

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

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order .

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

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

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

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

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

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

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

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

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

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

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

Section 306(a)(17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)

(2) The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*).

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); (*Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area*)

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a)(8)) (Include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10)

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

Section 307(a)(21)

... the plan shall:

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

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (*Note: Paragraphs (1) of through (6) of this section are listed below*)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

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

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

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

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

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

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

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

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

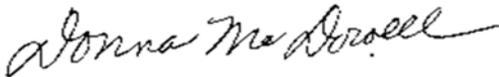
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

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

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

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

(iii) upon court order.



September 13, 2012

Signature and Title of Authorized Official

Date