

2022-2024 Sheboygan County Aging Plan

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Executive Summary

The Aging & Disability Resource Center (ADRC) of Sheboygan County will face a multitude of challenges throughout 2022-2024 based on demographic trends, stagnation of funding, or availability of finite resources that are needed to help older adults meet their basic needs and age in place with dignity. Through the 2022-2024 ADRC Senior Survey, adults over the age of 60 and people who live and work in this community made it clear that they are concerned about maintaining good health and wellness as they age; receiving affordable healthcare; living in affordable housing; obtaining in-home care and chore services; accessing healthy food needed to maintain good nutrition; addressing a lack of transportation-especially in the rural parts of the community, and diminishing loneliness and social isolation for seniors who live alone. Senior survey respondents indicated that it is important for older adults to receive the type of help needed to age in place and stay near to their friends and family in the community as long as possible. Caregivers of older adults or people with dementia shared that the services and supports provided by the ADRC helped them keep their loved ones at home with them or delayed the need to transition to assisted living or move to a nursing home. Survey respondents asserted that the Senior Nutrition Program meals' camaraderie, and group events/activities, Senior Centers and Generations Intergenerational Center; Health and Wellness programs; and Benefits Counseling are programs that should continue to be offered and are making a positive difference in this community and their lives.

A review of the literature found that 6% or approximately 4,800 adults over the age of 60 in Sheboygan County are living in poverty and likely struggling to pay for housing costs, medical care and treatment, transportation, food, or other essential household expenses (U.S. Bureau of Census, ACS, 2015-2019 Five-year Estimates; 2020 Elder Index). In our community, racial and ethnic minorities over the age of 60 face a greater burden of economic insecurity, yet participate at lower rates in the Older American Act programs designed to provide support than do their white counterparts. Additionally, the number of Americans with Alzheimer's Disease and Related Dementias (ADRD) is continuing to grow each year as the size and proportion of the U.S. population over the age of 65 increases (U.S. Bureau of the Census, ACS, 2015-19 Five-year Estimates, 1/2021). Ominously, the number of individuals living with ADRD will increase statewide to epidemic proportions with estimates projecting that well over 200,000 people will be diagnosed by the year 2040 in Wisconsin (Wisconsin Department of Health Services, 2021). Unfortunately, just as the number of people who have ADRD reaches its peak in 2040 the ratio of adults able to provide needed care is shrinking. The scarcity of family caregivers and other unpaid natural supports providers may lead to increased admissions to costly long-term care

facilities if additional services and supports are not provided to help support caregivers in the important work that they do for their loved ones.

In response to the needs of the community, strategies will be developed in the 2022-2024 Sheboygan County Aging Plan to foster engagement, enhance social connections, diminish social isolation and loneliness, encourage personal responsibility, and improve knowledge and self-advocacy of older adults who live in Sheboygan County. Goals in the plan will be refined to help address the needs and wants that were identified by seniors or gathered through public input to help older adults who live in this community achieve and sustain optimal personal wellness and independence to the greatest extent possible. The ADRC will strive to offer individualized assistance; education; advocacy; caregiver support; resource information; and disease prevention and health promotion opportunities that can be an integral part of improving health and well-being, and reducing disease or injury to help older adults age in place.

A key element of the 2022-2024 Aging Plan will be to increase awareness of supports and services provided through the ADRC for people over the age of 60 and begin developing relationships with key community leaders to find ways to increase the rates of participation for older adults from racial minority or ethnic groups that are more reflective of the population of these groups living in Sheboygan County. The 2022-2024 Aging Plan will strive to uphold the mission of the ADRC of Sheboygan County and adhere to the intent of the Older Americans Act, which was created to promote the dignity of older adults by providing services and support that enable them to remain independent and engaged citizens within their community.

Aging and Disability Resource Center Mission Statement:

The Mission of the Aging and Disability Resource Center (ADRC) of Sheboygan County is to empower and support seniors, people with disabilities, and their families to ask for help, find a way to live with dignity and security, and achieve maximum independence and quality of life. Aging and Disability Resource Centers are welcoming and accessible places where older people and people with disabilities and their family and friends, can obtain information, advice, and help in locating services or applying for benefits. They provide a central source of reliable and objective information about a broad range of programs and services and help people understand and evaluate the various options available to them. By helping people find resources and make informed decisions about long-term care, ADRCs help people conserve their personal resources, maintain self-sufficiency and delay or prevent the need for potentially expensive long-term care.

Context

Sheboygan County is located in east-central Wisconsin, between the Lake Michigan shoreline and the rolling glacial hills of the Kettle Moraine State Forest. The county encompasses 513 total square miles and is located approximately 55 miles north of Milwaukee and 60 miles south of Green Bay. Neighboring counties include Manitowoc and Calumet counties to the north, Fond du Lac County to the west, and Washington and Ozaukee counties to the south.

To gain a fuller understanding of the current and future service and support needs of Sheboygan County's older adults and individuals with disabilities data was gathered from surveys, public hearings, interviews, and various information sources including the American Community Survey and U.S. Bureau of Census resources. The American Community Survey (ACS) is an annual survey administered by the U.S. Bureau of Census with data being collected from 3.5 million housing units nationally with a response rate of about 97%. Over 100,000 of the sampled households are in Wisconsin. The Census Bureau combines five years of social, demographic, and economic data for every county in the nation and creates a five-year average statistical file. This multiple-year file is the only annually released U.S. Census dataset detailing every county in Wisconsin and was used to gather the majority of the demographic and statistical information for the 2022-2024 Sheboygan County Aging plan development.

The estimated population of Sheboygan County is 115,178 people and consists of twenty-eight municipalities (U.S. Census Bureau's ACS for 2015-19). The city of Sheboygan is the largest in the county and has a population of 48,327. The next two largest cities are Sheboygan Falls and Plymouth and have populations of 7,893 and 8,540 respectively. The rural parts of the county consist of small villages including Adell, Cascade, Cedar Grove, Elkhart Lake, Glenbeulah, Kohler, Oostburg, Random Lake, and Waldo. Approximately 28% of Sheboygan County residents reside in rural residential settings within one of the 15 Townships in the county that includes Greenbush, Herman, Holland, Lima, Lyndon, Mitchell, Mosel, Plymouth, Rhine, Russell, Scott, Sheboygan, Sheboygan Falls, Sherman, and Wilson.

A mixture of immigrants had their cultural and economic influences on the community and have enhanced the heritage of the county. An analysis of names of the first pioneers established them to have been of English ancestry or so-called "Yankees" from New England. Those early settlers were followed in the 1840s and 50's by sizeable migrations of Germans, Dutch, and Irish who came directly from Europe (Wisconsin County Histories, Wisconsin Historical Society, 2021). Slavonic Catholics and Lithuanians arrived on the Sheboygan scene

early in the twentieth century. During the 1970s and 1980s, a large number of Southeast Asian people immigrated to the area as refugees after the Vietnam War that included individuals from Hmong, Cambodian, Laotian, Vietnamese, and Chinese ethnic populations (Department of Health Services, Division of Public Health, Office of Health Informatics, 10/2019).

Currently, Sheboygan County is somewhat less racially and ethnically diverse when compared to the State of Wisconsin in all categories except the Asian category. Asian Wisconsinites comprise 3% of the total state population, but Asian residents in Sheboygan County comprise 5.8% of the population. In Wisconsin, 38% percent of Asians are Hmong, and Sheboygan has one of the largest Hmong communities in Wisconsin after La Crosse, Eau Claire, and Madison (Department of Health Services, Division of Public Health, Office of Health Informatics, 10/2019).

The following chart illustrates current Sheboygan County racial and ethnic demographic information:

County Race and Ethnicity Categories	County	State
% Non-Hispanic Black	2.1%	6.4%
%American Indian & Alaska Native	0.6%	1.2%
%Asian	5.8%	3.0%
%Native Hawaiian/Other Pacific Islander	0.1%	0.1%
%Hispanic	6.7%	7.1%
%Non-Hispanic White	83.5%	80.9%

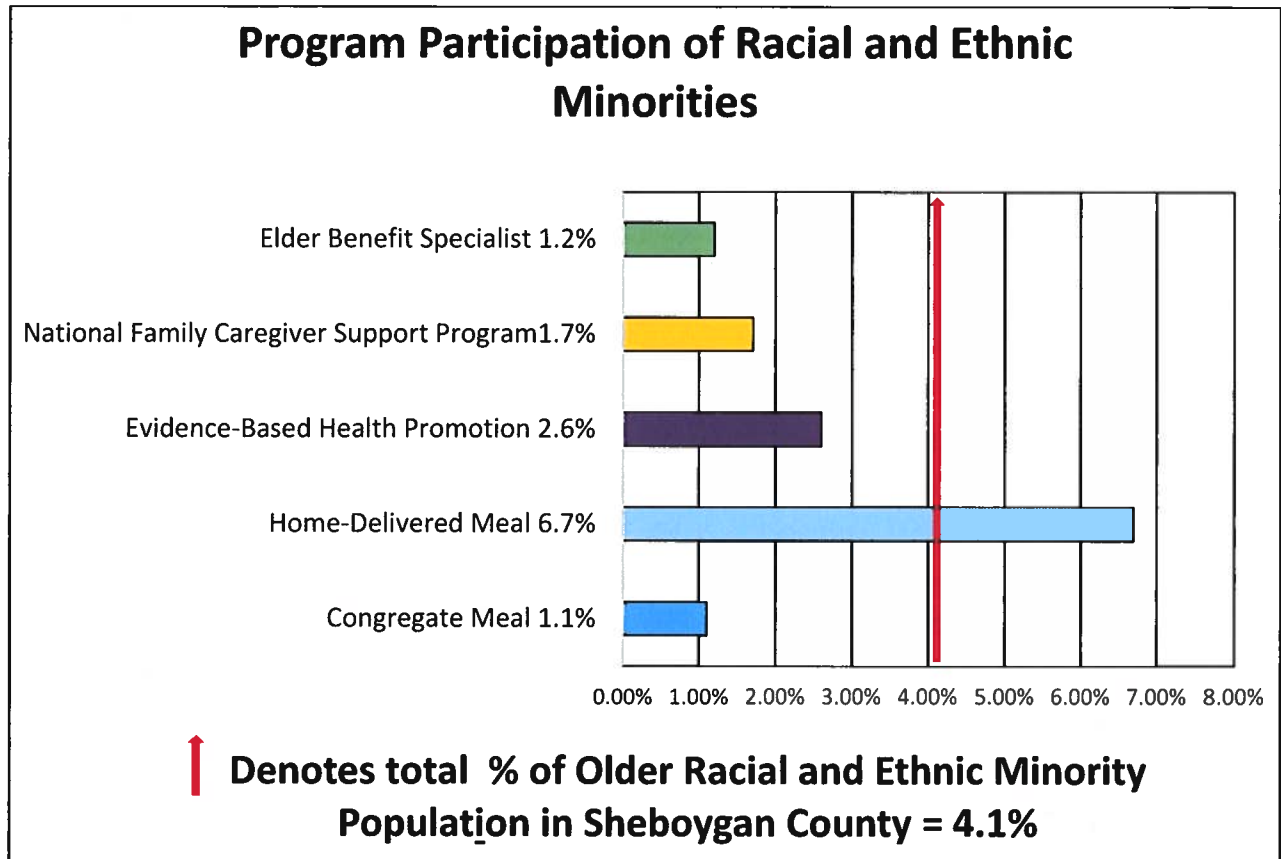
Developed from the County Health Rankings & Roadmaps, University of Wisconsin Population Health Institute 2021

The need for aging services may be higher in communities of color due to higher rates of poverty, disability, and other social barriers to health. The unequal conditions are the result of persistent racist policies and unfair treatment compounded over generations (Census Bureau 2019 ACS Survey 1-year estimates). The OAA has recognized disparities amongst various racial and ethnic groups as compared to the white population and requires that funding recipients develop explicit goals for reaching racial and ethnic minority populations to pursue equity when services are being provided.

In Sheboygan County, ethnic minority participants in the programs funded through the OAA including Congregate Meals, Evidence-based Health Promotion, National Family Caregiver Support Program, and the Elder Benefits Specialist programs are not reflective of the percentage of those minorities seen within the overall population. The Home-delivered Meal

program is the only program where the racial or ethnic minority participation percentages exceed the percentage of minorities who live in the community.

The following chart shows the program participation of Racial and Ethnic Minorities in Sheboygan County:



Developed from the Aging Program Data Dashboard, 2019

Throughout the next aging plan cycle, the ADRC will strive to offer individualized assistance, advocacy, community support, resource information, and health promotion opportunities for all adults over age 60. However, this chart signposts that additional outreach and community engagement are needed to better serve older adults from racial and ethnic minority populations in Sheboygan County.

According to the U.S. Bureau of the Census and the ACS--2015-2019 five-year survey estimates that 1,341,829 or 23.2% of Wisconsin residents are age 60 or older. In Sheboygan County, 28,431 people are over the age of 60 or 25.9 % of the population, which means that our county's population in that age group is slightly higher than Wisconsin as a whole. The 60+ age group is the fastest-growing segment of the population in Sheboygan County and is projected to encompass 31.8% of Sheboygan County's total population by 2040.

The following is a chart of the current population estimates for different age groups of Sheboygan County residents who are 60 and older:

Sheboygan County Population by Age Groups	60 and older	65 and older	75 and older	85 and older
Total Number	28,431	20,118	8,703	2,776
Percentage	24.7%	17.5%	7.6%	2.4%

Developed from the U.S. Census Bureau's American Community Survey for 2015-19

Considering the rising demography of adults over the age of 65, that statistic is of particular concern because the reality is the increased need for long-term care programs and in-home services or support increases with age. In 2017, 22% of adults age 85+ needed help with completing daily personal care, which was more than twice those 75-84 years and more than six times those aged 65-74 (2010-2040 UW-Madison Applied Population Laboratory projections, 2017). With those statistics in mind, it is clear that strategic long-term planning will be needed if we hope to meet the needs of older adults in Sheboygan County over the next twenty years.

The following chart shows the estimated increase of the 60+ population from 2025-2040 in Sheboygan County:

Sheboygan County Population Projections	2025	2030	2035	2040
60+	35,800	38,530	39,590	39,780
65+	27,026	30,790	32,660	32,800
85+	3,280	3,850	4,910	6,220

Wisconsin Department of Administration Demographic Services, 08/2018

As the population over the age of 60 continues to increase Sheboygan County is also growing as a retirement destination and a tourism location in large part due to a plethora of parks and recreation areas throughout the community. Several large fabricated metal or plastic product manufacturers, insurance carriers, nursing and residential care facilities, the food service industry and food service establishments, and agriculture or agriculture-related businesses provide most of the employment opportunities for individuals who are not retired yet (AARP Livability Index, 2021). There is a strong work ethic throughout the community and unemployment rates of 2.7% for working adults are low when compared to the State of Wisconsin at 3.3%. Manufacturing jobs remain the backbone of Sheboygan County's economy today much the same as they were when it was originally established in 1838.

The median household income for all age groups in Wisconsin is \$61,747 but decreases slightly for Sheboygan County residents to \$60,696. However, for residences with the head of the household over the age of 65 that average drops down to \$40,941. This does not bode well for some seniors who are already struggling to make ends meet with increasing housing expenses and skyrocketing medical costs.

In fact, despite a robust economy and a high quality of life 6% or approximately 3,600 people over the age of 65 in Sheboygan County live below the poverty level (U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Table B17024, 1/2021).

Unfortunately, the news gets even worse for nearly one-thousand seniors from racial and ethnic groups who live in Sheboygan County because they experience even higher rates of poverty than their white counterparts with American Indian or Alaskan Natives at 23%; Black or African Americans at 22%; Hispanic or Latino, any race, at 15%. It should be noted that Asian seniors fare a bit better than all other adults in Sheboygan County over the age of 60 with 5% poverty rates, but considering that can affect dozens of individuals this is still a troubling statistic.

In 2021, the poverty threshold is \$1,073 for single individuals and \$1,452 for a two-person household (U.S. Department of Health & Human Services). However, according to the Elder Economic Security Standard Index (Elder Index), older adults who reside in Sheboygan County would need \$1,796 monthly income if renting, \$1,720 if a homeowner with no mortgage, or \$2,286 if a homeowner with a mortgage to have enough money to cover household expenses, transportation costs, food, and healthcare costs—if in excellent health. The amount needed to meet monthly expenses steadily increases if those older adults begin to experience health issues or need care and treatment for chronic medical conditions. A review of the data makes it

clear that Sheboygan County seniors are struggling to pay housing costs as they age with approximately 42% of seniors over the age of 65 in Sheboygan County spending over 30% or more of their monthly income on housing costs (AARP Livability Index, 2021), which leaves few resources needed to pay for daily living expenses, food, insurance premiums, medical care and treatment, medications, in-home help, or long-term care services and supports.

Considering the poverty rates of people over the age of 65 in Sheboygan County it is easy to understand that the services and programs provided by the ADRC can help create a lifeline for seniors who are struggling to make ends meet. Information gathered from the 2021 Greater Wisconsin Agency on Aging (GWAAR) Annual Nutrition survey that was distributed to all of the Home-delivered Meals or Curbside Dining program participants in Sheboygan County found that approximately 67% of seniors reported that the meals they receive comprise about one-half to two-thirds or more of their daily intake of food. This statistic highlights the importance that the Senior Nutrition program in helping to reduce hunger and food insecurity while improving the overall health and wellness of older adults in this community.

When considering the overall health of this community, it should be noted that Sheboygan County was ranked among the healthiest counties in Wisconsin in a recent study by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation that used data from 2017-2019. The County Health Rankings from that study are based on a model of population health that emphasizes various social, economic, physical, clinical, and additional factors that influence how long and how well people live. This model does not take everything into consideration that could influence or potentially impact health or equity or numerous interactions at the community level, but it can help provide a guide to better target strategies designed to improve the overall health and wellness of the community. Even though Sheboygan County ranked 14th for health outcomes and 12th in health factors in the State of Wisconsin certain areas will continue to need attention to achieve the best possible health outcomes for as many people in the community as possible including the percentage of people who are living in poverty; income inequality; single-parent households; violent crime rates; preventable hospital stays; adult obesity rates; alcohol-impaired deaths; and uninsured residents to name a few.

The number of uninsured, underinsured, or residents over the age of 60 who are spending a large portion of their monthly income on medical costs and medication expenses in Sheboygan County is another area of concern that the ADRC will need to focus on during the next aging plan cycle. According to a 2020 study completed by the Center for Social and Demographic

Research on Aging, older adults in poor health spend approximately \$602 on monthly healthcare costs, which leaves very little to pay for housing costs, food, and other living expenses. The work of the Elder Benefit Specialist will be a key strategy for helping older adults find the best drug coverage and insurance plans to cover their healthcare costs.

Another area of concern is seniors living in the community is having access to caregivers or other in-home supports and services. The 2022-2024 Sheboygan County Senior survey found that the top concern of 36% of the respondents was having in-home care or help from caregivers so they could continue living in their homes for as long as possible. According to the National Alliance for Caregiving, approximately, 578,000 Wisconsin family caregivers face the challenge of providing care for their loved ones on a daily basis. Care provided by family and friends can help ensure that older adults can continue living independently in their own homes rather than having to move into costly long-term care facilities. Every year in Wisconsin family caregivers provides about 538 million hours of care with an estimated value of \$7 billion to their parents, spouses, friends, chronically ill or disabled loved ones, or mature adult family members.

Unfortunately, as the need for caregivers increases with the aging population, there is a growing caregiver shortage for both formal or paid caregivers and informal caregivers. Data collected through the Wisconsin State Office on Aging found that the caregiver support ratio of people ages 45 to 64 available to care for each person over the age of 80 in Wisconsin is approximately 6.1, and in Sheboygan County, it is a bit lower at 5.8. That downward trend continues and in 2030 it will be down to 3.7, and by 2040 it will decrease all the way down to 2.4. Thus, when our elderly population is at its peak there will be fewer and fewer family caregivers available to provide needed care, which will further strain local and state coffers that are already underfunded. To help reduce caregivers' burdens and extend their ability to provide needed care, the ADRC will continue to promote and provide supportive services and respite care to caregivers through the National Family Caregiver Support Program and the Alzheimer's Family and Caregiver Support Program that will help caregivers continue doing the important work that they do for their loved ones.

Seniors who responded to the 2022-2024 Sheboygan ADRC Senior survey also shared that maintaining the ability to drive or having accessible transportation will help them remain living in their own homes. However, a lack of transportation services especially in the rural parts of the county was listed as one of the top 3 concerns of all survey respondents. The Sheboygan County Elderly and Disabled Transportation program in partnership with Shoreline Metro

provides transportation services for people over the age of 60 or individuals who have a disability through the Metro Connection program, which is funded in part through the 85.21 and 5310 grants available through the Wisconsin Department of Transportation. However, access to the Metro Connection is limited in the more rural part of the county and does not include out-of-county travel to providers outside of Sheboygan County, and additional transportation services are needed to meet the needs of seniors—especially as the population over the age of 60 continues to increase.

To help address the transportation needs of older adults in the rural parts of the community, the ADRC developed a Volunteer Driver program that was expanded with the purchase of two handicap-accessible vans in 2019. Since the program relies on volunteer drivers, social distancing restrictions from the pandemic caused this program to be put on hold. However, once there is a return to full pre-pandemic activities the Volunteer Driver program will be reinstated and volunteer drivers will be actively recruited to get this program back on track to provide transportation to seniors in need. A lack of transportation or needed support results in unmet needs and poorer physical and mental health outcomes that inevitably increases the need for long-term care services and supports or placement into costly residential care. To address these concerns strategies will be incorporated into the 2022-2024 Aging Plan that will focus on recruiting volunteers and increasing access to transportation especially in the more rural areas of the community.

Another subset of the Sheboygan County population that is of particular concern are older adults who live alone and who may not have family or close friends available to provide needed support and social connections. Information gathered from the U.S. Census Bureau shows that 28.8% of seniors in Wisconsin live alone, but in Sheboygan County, the number of individuals over the age of 65 who live alone is slightly higher than the state average at 29.9%. The percentage of women over the age of 65 who live alone in Sheboygan County climbs to 37.7%. Keeping these statistics in mind, it will not be surprising to learn that people who submitted responses to the 2022-2024 Sheboygan County Senior Survey expressed their concerns regarding seniors and other vulnerable adults who live alone and are experiencing social isolation or loneliness, which has been made worse by the COVID-19 pandemic. The 2022-2024 Aging Plan will continue to incorporate strategies and initiatives that are designed to help diminish the effects of social isolation and loneliness experienced by older adults who live in Sheboygan County.

The following chart illustrates people over the age of 65 who live alone in Wisconsin and Sheboygan County:

People Age 65 and Older, Living Alone	Wisconsin	Sheboygan
Persons 65+	953,571	20,118
Persons 65+ living alone	274,683	6,019
Persons, % living alone	28.8%	29.9%
Males Age 65+	432,812	9,125
Males Age 65+ living alone	88,285	1,877
Males, % living alone	20.4%	20.6%
Females Age 65+	520,759	10,993
Females Age 65+ living alone	186,398	4,142
Females, % living alone	35.8%	37.7%
Source: U.S. Bureau of the Census, American Community Survey, 2015-19 Five-year Estimates, Tables B01001 and B09020, 1/2021		

The number of Americans with Alzheimer's Disease and Related Dementias (ADRD) also continues to grow each year as the size and proportion of the U.S. population age 65+ increases (U.S. Bureau of the Census, ACS, 2015-19 Five-year Estimates Tables B01001 and B09020, 1/2021). People who have dementia slowly decline over 10, 15, or 20 years or more, and tend to have higher care needs towards the late stages of disease progression that can quickly overwhelm even the most dedicated caregivers (Alzheimer's Association, Facts and Figures Report, 2021). According to the Wisconsin Department of Health Services, the number of individuals living with ADRD will increase statewide to a staggering 213,238 people by 2040. It is this projected growth that creates a critical need to improve the efficiency of our care systems today and into the future in Sheboygan County. Caregivers who responded to the 2022-2024 ADRC Senior Survey made it clear that in-home and respite care services are making a positive difference in this community and are some of the most important services provided by the ADRC of Sheboygan County. Throughout the next again plan cycle the ADRC will continue to focus on providing services to help support family and friends who are caregivers for their loved ones.

This next chart shows the 2020-2040 estimated and projected population of people who are 65 and older living with Alzheimer’s Disease or Related Dementias in Sheboygan County:

Year	2020	2025	2030	2035	2040
Wisconsin	114,126	135,477	162,295	190,657	242,000
Sheboygan County	2,495	2,948	3,545	4,165	4,631

Wisconsin Department of Health Services, Office on Aging, 08/2018

The combination of a rapidly aging population, insufficient funding, an increase in the number of seniors who live alone, a growing number of people with Alzheimer’s Disease and Related Dementias, a gap in rural transportation services for seniors, and a shortage of caregivers will create numerous challenges for the ADRC throughout the 2022-2024 Sheboygan County Aging Plan cycle that will need to be met in order to support, maintain and sustain the service infrastructure in Sheboygan County without dismantling programs and services targeted to serve older adults and family caregivers. Supporting older adults and family and friends who are their caregivers in their efforts to remain healthy and independent is a key strategy for helping Sheboygan County to prosper.

The ADRC of Sheboygan County created opportunities for the voices of older adults and individuals who live and work in this community to be heard through surveys, individual conversations and interviews, and at public meetings and forums both in-person and virtually. Literature was reviewed and information was gathered to gain a fuller understanding of the scope of the needs of people over the age of 60 in this county. Throughout the 2022-2024 Aging Plan cycle, numerous services funded through the Older Americans Act will be provided through the ADRC including the Elderly Nutrition Program-- congregate and home-delivered services; the Elder Benefit Specialist Program; Family Caregiver Support services; Health Promotion and Disease Prevention program; and the Volunteer Transportation program and other agency initiatives with specific goals or strategies designed to address some of the concerns learned about from data or survey responses. The ADRC will continue to provide outreach to create awareness about the benefits of receiving services and supports funded through the OAA and provided by the ADRC in an effort to help older adults and family caregivers learn about all the various agency resources that are offered, which are designed to meet their needs; improve their health, wellness, and nutritional outcomes; and extend their personal resources so they can continue to live in their own homes as long as possible.

Community Involvement in the Development of the Aging Plan

Newspaper and newsletter articles, radio spot promotional advertisements, ADRC Facebook postings, group email announcements, reviews of plan requirements and discussions during the ADRC Advisory Committee meetings and Health and Human Services Committee meetings, and informational brochures distributed to program participants and their family, friends, and caregivers were all used to inform the public about upcoming opportunities to participate in the development of the 2022-2024 Sheboygan County Aging plan. The ADRC of Sheboygan County created opportunities for older adults and individuals who live and work in this community to provide their input and feedback through electronic and paper surveys, individual conversations, interviews over the telephone, and at public meetings and in-person and virtual forums. Since the scope of outreach was quite broad, the promotional activities likely reached several thousand Sheboygan County residents over the age of 60 and other adults who live and work in this community. Response rates of the surveys were not as robust as in past years, but with 167 total respondents providing their input and feedback in the midst of a pandemic this was a good result. However, if current restrictions remain in place for the planning of the next aging plan cycle additional strategies will be used to increase the survey response rate.

Please review the Community Engagement Reports in the appendix section for additional information for each community engagement activity.

Public Hearing Requirements

The Public Hearing to review the 2022-2024 Aging Plan draft took place on June 17, 2021, at 1:00 pm at the Aging and Disability Resource Center, 650 Forest Avenue, Sheboygan Falls, WI 53085. The meeting was also offered virtually, so anyone with internet access or telephones could participate in the hearing. The Public Hearing notice was provided in English, Spanish, and Hmong, and there were Hmong and Spanish interpreters at the Public Hearing if those services were needed.

The draft version of the 2022-2024 Sheboygan County Aging Plan was available for public viewing from 12:00 pm-1:00 pm on June 17, 2021. A Hmong-speaking interpreter and a Spanish-speaking interpreter were present at the hearing. Promotional materials and the public notice in the Sheboygan Press advised that individuals who needed disability accommodations, sign language interpreters, etc. could request those ahead of time with advanced notice, but no one requested that assistance. The public notice and promotional materials advised interested

participants that a copy of the plan could be provided in English, Hmong, or Spanish and sent via email, or printed and mailed if requests are received by 6/11/2021, but no requests were received.

The Public Hearing report, a copy of the public hearing minutes, and a copy of the public notice are included in the appendix section of this document. Please review the appendix section for additional information.

Goals for the Plan Period

Focus area 1: Title IIIB Supportive Services/Advocacy/Equity/Enhance Community Engagement		Due Date
Goal statement: Older adults will have access to annual training and/or issue workshops and will be provided with advocacy opportunities and resources to help them become more effective advocates.		2022-2024
Plan for measuring overall goal success – The number of trained advocates will be increased by 1-3 people for each year of the 2022-2024 aging plan cycle.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Offer annual training on the legislative process or distribute information on specific policy issues to increase the effectiveness of advocates at the local level.	Action steps are completed	2022 2023 2024
Action step: Ensure interested older adults can complete the Aging Advocacy program training annually and participate in the Aging Advocacy Day events between 1/1/2022-12/31/2024.	Training dates added to calendar	2022 2023 2024
Action step: Contact key community partners to complete outreach efforts and to recruit underrepresented low-income older adult populations.	Contact made and needed assistance secured	3/31/22 3/31/23 3/31/24
Action step: Connect with and build collaborative relationships with key community leaders or organizations in an effort to help recruit participants who reflect the ethnic and racial diversity of the community and provide language interpreters if needed.	Contact made and needed assistance secured	12/31/22 12/31/23 12/31/24
Action step: Connect with the Tribal Affairs Office as needed throughout 2022-2024 to complete outreach and/or provide copies of promotional materials or newsletters related to advocacy to the 11 federally recognized tribal governments to recruit tribal member participants who live in Sheboygan County.	Contact made and outreach provided	12/31/22 12/31/23 12/31/24

Action step: Register participants and conduct training in an accessible location and/or virtually and provide needed supports if any accessibility needs are identified.	Training conducted between desired dates and participants in attendance.	12/31/22 12/31/23 12/31/24
Strategy 2: Identify opportunities to help older adult community members increase their skills and gain experience as advocates.	Action steps are completed	2022 2023 2024
Action step: At least 1-3 times per year include advocacy information and resources in the <i>Seniors In Touch</i> monthly newsletters such as legislator contact information, tips for meeting with your legislator, or education about a current issue.	Newsletters are used to print advocacy information	12/31/22 12/31/23 12/31/24
Action step: Connect with key leaders for opportunities to conduct outreach through community newsletter and/or Hispanic/Latino radio station(s).	Connections are made and newsletters and/or radio outreach is completed	12/31/22 12/31/23 12/31/24
Action step: Complete outreach efforts and provide advocacy information and resources through the ADRC Facebook page 2-3 times per year for each year of the aging plan.	Postings placed on Facebook providing advocacy information	12/31/22 12/31/23 12/31/24
Annual progress notes		

Focus area 2: Title IIIC/Person-Centered Services/Equity/Enhance Community Engagement		Due Date
Goal statement: To maximize consumer control and choice introduce a choice-based restaurant model as part of the congregate meal program.		2022-2024
Plan for measuring overall goal success – By December 31, 2024, the ADRC will have contracts set up with 1-3 restaurants in different areas of the county to implement the choice-based restaurant model nutrition program and see an increase in participation by at least 15-20 new, unduplicated individuals participating in the program.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date

<p>Strategy 1: Build relationships with local leaders or key community partners to develop contracts for the choice-based restaurant model nutrition program.</p>	<p>Action steps are completed</p>	<p>2022 2023 2024</p>
<p>Action step: Contact 2-4 local restaurants each year of the aging plan to complete outreach regarding the restaurant model program, and determine if they are interested in partnering with the ADRC. Efforts will continue each year of the aging plan or until 2 restaurants develop contracts with the ADRC Nutrition program.</p>	<p>Contact made and outreach completed</p>	<p>12/31/22 12/31/23 12/31/24</p>
<p>Action step: Set up tours with local restaurants interested in hosting the choice-based restaurant model program to determine if those establishments can meet the Chapter 8 Nutrition program requirements. Efforts will continue each year of the aging plan or until 2 restaurants develop contracts with the ADRC Nutrition program.</p>	<p>Set up tours and complete assessments of restaurants</p>	<p>2022 2023 2024</p>
<p>Action step: Contact key community leaders or organizations to determine if there are restaurants or facilities that are able to host the choice-based restaurant model nutrition program that older adults from racial or ethnic groups already frequent, and set up meetings and/or tours of those establishments. Efforts will continue each year of the aging plan or until 2 restaurants develop contracts with the ADRC Nutrition program.</p>	<p>Contact made and meetings/tours are set up and completed</p>	<p>2022 2023 2024</p>
<p>Strategy 2: Connect with and build collaborative relationships with key community leaders or organizations to request help recruiting choice-based restaurant model nutrition program participants who are low income and/or reflect the ethnic and racial diversity of the community.</p>	<p>Action steps are completed</p>	<p>2022 2023 2024</p>
<p>Action step: Contact key community partners or organizations to recruit participants and to determine if any accommodations or language interpreters are needed for non-English speaking individuals to fully participate in the restaurant model nutrition program.</p>	<p>Contact made and needed assistance secured</p>	<p>12/31/22 12/31/23 12/31/24</p>
<p>Action step: Develop partnerships with key community leaders/organizations that provide services to community members from minority or ethnic groups and meet at least</p>	<p>Meetings occur and needed assistance/guidance secured</p>	<p>12/31/22 12/31/23 12/31/24</p>

yearly to determine the best strategy to use to meet the needs of those individuals.		
Action step: Each year of the aging plan work with community partners to gather information and/or create program materials focused on recruiting restaurant-based nutrition program participants from racial minority or ethnic groups who live in Sheboygan County. Create and distribute outreach materials based on partner input.	Contact made and outreach developed/provided	12/31/22 12/31/23 12/31/24
Action step: Connect with the Tribal Affairs Office as needed throughout 2022-2024 to complete outreach and/or provide copies of promotional materials or newsletters to the 11 federally recognized tribal governments to recruit tribal member participants who live in Sheboygan County.	Contact made and outreach provided	2022 2023 2024
Annual progress notes:		

Focus area 3: Title IIID/Person-Centered Services/ Equity/Enhance Community Engagement		Due Date
Goal statement: Achieve an increase in participation in the Title III-D Health Promotion and Disease Prevention services by 10-15 racial and/or ethnic community members by the end of September 2024.		2022-2024
Plan for measuring overall goal success –SAMS database will be used to gather baseline data and progress will be tracked quarterly, and progress towards reaching this goal will be reviewed during our ADRC Advisory Council meetings as needed.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Contact community leaders to share current and upcoming Health Promotion and Disease Prevention services available to older adults, identify barriers within program delivery, and develop effective ways of communicating to help meet the needs of racial and ethnic community members.	Action steps are completed	2022 2023 2024

Action step: Identify 1-2 community leaders and develop strategies to communicate program information and provide outreach materials at least once per year each year of the aging plan cycle.	Identify 1-2 community leaders and develop communication and outreach strategies	12/31/22 12/31/23 12/31/24
Action step: Develop outreach tools and materials for various Health Promotion and Disease Prevention services available to older adults, and update yearly or as needed. Transcribe materials to other languages if needed.	Development of at least 3-4 outreach tools or materials	12/31/22 12/31/23 12/31/24
Action step: Connect with and build collaborative relationships with key community leaders or organizations in an effort to help recruit participants who reflect the ethnic and racial diversity of the community, and provide language interpreters for program participation if needed.	Contact made and needed assistance secured	12/31/22 12/31/23 12/31/24
Action step: Connect with the Tribal Affairs Office to complete outreach and/or provide copies of promotional materials or newsletters to the 11 federally recognized tribal governments in an effort to recruit tribal member participants who live in Sheboygan County.	Contact made and outreach provided	12/31/22 12/31/23 12/31/24
Action step: Evaluate the impact of outreach tools and materials by asking people who contact the ADRC how they heard about the Health Promotion or Disease Prevention programs.	Staff identify the number of participants who heard about the workshops/events through outreach by asking people how they heard about the ADRC.	2022 2023 2024
Strategy 2: Staff will increase their knowledge of racial and/or ethnic community organizations or events.	Action steps are completed	2022-2024
Action step: Develop a list of community organizations serving Black, Hispanic/LatinX; Hmong, or other racial or ethnic minority groups, and meet with 2-3 leaders of those agencies to learn about their services.	Meet with 2-3 community leaders or directors to learn about their organizations	12/31/24
Action step: Develop a training opportunity or event in collaboration with community organizations or participate in a community event organized by agencies serving Black, Hispanic/LatinX, Hmong, or other racial or ethnic minority groups in Sheboygan County.	ADRC staff are given opportunities to participate in at least 1-2 community events that supports racial or ethnic	2022 2023 2024

	minority groups each year of the plan	
Strategy 3: Increase volunteers or workshop facilitators from racial or ethnic minority groups in IID programs or other community health initiatives by 1-2 volunteers or facilitators each year of the 2022-2024 Aging plan.	Action steps are completed	
Action step: Connect with and/or meet with key community leaders or agencies to develop strategies to recruit volunteers and/or workshop facilitators.	Contact made and recruitment strategies developed	12/31/22 12/31/22 12/31/24
Action step: Ask leaders in target communities to identify people who might be most interested in becoming Title IID workshop facilitators or volunteers	Gather 1-2 names each year from community leaders of candidates from those organization that may be interested in becoming volunteers or workshop facilitators	2022 2023 2024
Annual progress notes		

Focus area 4: Title III E/Enhance Community Engagement		Due Date
Goal statement: Caregivers will have access to the supportive services that they need to bolster their ability to continue providing care to their friends or family members, and diminish the negative impact of providing care.		2022-2024
Plan for measuring overall goal success-- SAMS database will be used to gather baseline data and re-checked yearly to track increase in participation after implementation of new supportive services are offered. Completed action steps for each strategy.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Establish 'Memories in the Making' program in Sheboygan County through collaborative efforts with various community partners.	Action steps are completed	2022-2024
Action step: Apply for NFCSP special projects funding in 2022 to fund the Memories in the Making program.	Apply for funding	2022

Action step: Identify community partners who are interested in being a part of the Memories in the Making program with Sheboygan County ADRC, and determine the designated point of contact associated with each partner.	Contacts are made and designated point of contacts are established	2022
Action step: Continue to contact and identify community partners who are interested in providing/promoting the Memories in the Making program each year of the aging plan cycle in an effort to increase the number of community agencies who partner with the ADRC by 1-2 in 2023 and 2024.	Contacts are made and designated point of contacts are established	12/31/23 12/31/24
Strategy 2: Ensure that community outreach efforts for Caregiver Coordinator programs are distributed widely to reach as many community members as possible and are provided to community organizations serving racial and ethnic groups living in Sheboygan County.	Action steps are completed	2022- 2024
Action Step: Contact 1-2 key community leaders each year of the aging plan cycle to share information about programs, or ask for assistance identifying any barriers within program delivery and how to create more effective ways of meeting the needs of racial and ethnic community members who are caregivers.	Contact made and information shared, or assistance requested/received.	12/31/22 12/31/23 12/31/24
Action step: Connect with and build collaborative relationships with 1-2 key community leaders or organizations each year of the aging plan to help recruit participants who reflect the ethnic and racial diversity of the community, and provide language interpreters for program participation if needed.	Contact made and needed assistance secured	12/31/22 12/31/23 12/31/24
Action step: Connect with the Tribal Affairs Office in order to complete outreach and/or provide copies of promotional materials or newsletters to the 11 federally recognized tribal governments in an effort to recruit tribal member participants who live in Sheboygan County.	Contact made and outreach provided	12/31/22 12/31/23 12/31/24
Annual progress notes		

Focus area: Person-Centered Services/Equity		Due Date
Goal statement: Widely distribute information and promote the programs offered by the ADRC of Sheboygan County to older adults who may need support and assistance to continue living in the own homes and age with dignity.		2022-2024
Plan for measuring overall goal success – Completed action steps for each strategy.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Widely distribute information and promote programs designed to diminish the effects of social isolation and/or loneliness to reach as many older adults in need in Sheboygan County.	Action steps are completed	2022-2024
Action step: Update and distribute the Sheboygan County Isolation guide to collaborative agencies, key community partners serving racial and ethnic groups, on the ADRC website, ADRC Facebook pages, and to other community agencies or individuals who request printed copies each year of the aging plan cycle.	Information updated and distributed	2022 2023 2024
Action step: Distribute information or promotional materials related to programs designed to diminish the effects of social isolation and/or loneliness such as the Aging Mastery Program do-it-yourself kits or the Telephone Reassurance Program to key community leaders/organizations that provide services to community members from minority or ethnic groups as needed throughout 2022-2024.	Provide information to community partners	12/31/22 12/31/23 12/31/24
Action step: Connect with the Tribal Affairs Office as needed throughout 2022-2024 to provide information or promotional materials for programs designed to diminish the effects of social isolation and/or loneliness such as the Aging Mastery Program do-it-yourself kits or the Telephone Reassurance Program to the 11 federally recognized tribal governments to recruit enrolled tribal member who live in Sheboygan County.	Contact made and information provided	2022 2023 2024
Strategy 2: Widely distribute information and promote the Volunteer Transportation program to reach as many older adults in need in Sheboygan County and to identify people who might be most interested in volunteering for that program.	Action steps are completed	2022-2024

Action step: Update and widely distribute information about the Volunteer Transportation program to collaborative agencies, key community partners serving racial minorities and ethnic groups, on the ADRC website and ADRC Facebook pages, and other promotional opportunities to inform older adults about the program and to recruit individuals interested in becoming volunteer drivers as needed during each year of the aging plan cycle.	Information updated and distributed, and efforts made to recruit program volunteers	2022 2023 2024
Action step: Meet with or connect with community leaders who serve people from minority or ethnic groups in Sheboygan County to identify barriers within program delivery, develop more effective ways of communicating and sharing OAA program information to meet the needs of community members each year of the aging plan cycle or as needed.	Contact made and information gathered and/or provided	2022 2023 2024
Action step: Ask keys community leaders serving individuals from racial or ethnic minority groups to identify people who might be interested in volunteering for the Volunteer Transportation program at least 1-2 per year for each year of the 2022-2024 Aging Plan.	Gather names of potential program volunteers from community leaders	2022 2023 2024
Action step: Connect with the Tribal Affairs Office as needed throughout the aging plan cycle to provide information or promotional materials about the Volunteer Transportation program to the 11 federally recognized tribal governments and/or to recruit tribal member participants who live in Sheboygan County.	Contact made and outreach provided	2022 2023 2024
Annual progress notes		

Coordination Between Title III and Title VI

There are no federally recognized tribes or reservations in Sheboygan County. However, to reach tribal members who may be living in this community the Aging and Disability Resource Center of Sheboygan County will provide outreach materials and the monthly *Seniors In Touch* newsletter to all of the 11 federally recognized tribal governments in Wisconsin and encourage them to share this information with older adult tribal members who live in Sheboygan County and may require assistance.

Organization, Structure and Leadership of the Aging Unit

The Aging and Disability Resource Center (ADRC) of Sheboygan County is located at 650 Forest Avenue, Sheboygan Falls, WI 53085, and provides services to individuals who are over age 60, individuals 18-59 that have a disability, and family members. The purpose of the ADRC is to provide the public a place to get accurate and unbiased information on all aspects of life that is related to aging or living with a disability. It provides a central source of reliable and objective information about a broad range of programs and services and helps people understand and evaluate the various options available to them. By helping people find resources and make informed decisions about long-term care, the ADRC helps people conserve their personal resources, maintain self-sufficiency, and delay or prevent the need for potentially expensive long-term care.

The Aging and Disability Resource Center incorporates two different units specific to the aging and disability population of Sheboygan County--the Aging Unit and the ADRC Unit. The Aging Unit and the ADRC unit are organizationally and physically integrated within the ADRC of Sheboygan County, and both units are managed by the Aging and Disability Resource Center and Operations Manager.

The Aging Unit Supervisor, the ADRC Supervisor, and the Aging and Disability Resource Center and Operations Manager are accountable to the ADRC Advisory Committee, the Health and Human Services (HHS) Director, and the Health and Human Services (HHS) Committee. (Refer to Organizational Chart for further details). The ADRC Advisory Committee is in place since at least 50% of the fluctuating membership of the HHS Committee are not required to be age 60 and older. Support and guidance are provided to the ADRC from the Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR), the Project Council- a Nutrition Advisory Committee, and the Office for Resource Center Development (ORCD).

One of the functions of the ADRC is to coordinate the utilization of resources provided under the Older Americans Act (OAA) enacted in 1965. Title III is the section of the OAA that provides federal funding for state and local agencies to use towards the development of comprehensive and coordinated in-home and community-based services for adults age 60 or better and their caregivers. OAA Title III programs implemented by the Aging Unit include Title III-B Supportive Services, Title III-C Congregate, and Home-Delivered Nutrition Services, Title III-D Disease Prevention and Health Promotion Services, and Title III-E National Family Caregiver Support

Program (NFCSP). State-funded programs include Elder Abuse Direct Service (EADS) funds, State 85.21 Specialized Transportation grant, Nutrition Services Incentive Program (NSIP), and the Alzheimer's Family and Caregiver Support Program (AFCSP). These state and federal initiatives help fund essential services and programs geared towards helping older adults who live in this community age with health, independence, and dignity.

The Elder Services/Aging Unit Supervisor acts as the full-time Aging Unit Director with oversight of the federal OAA and state-funded programs in Sheboygan County. The Aging Unit Supervisor directly administers and monitors the Nutrition program, the Elder Benefit Specialist, the Volunteer Transportation program, the Caregiver Coordinator, and the Adult Protection Services team. The Aging Unit Supervisor and the Aging and Disability Resource Center and Operations Manager jointly share administrative responsibilities on the day-to-day operations of programs that are supported by federal and state funding and work together to provide needed support and oversight, resource information, and training opportunities for Aging Unit staff.

In addition to being co-located in the Aging and Disability Resource Center, the ADRC and Aging units collaborate to carry out, promote, and facilitate various events that include: the Volunteer Banquet, the Annual Senior Picnic, Disability Pride Day, and World Elder Abuse Awareness Day among other events. The Caregiver Coordinator position works closely with both the Alzheimer's Association and the ADRC staff to conduct memory screenings throughout Sheboygan County. In addition to being co-located, there are several areas of overlap in each of the units.

One area of overlap is the half-time Adult Protective Services (APS) specialist and half-time Information & Assistance (I&A) staff person. The position is responsible for providing adult protective services (guardianships, elder abuse/self-neglect investigations, and annual protective placement reviews), as well as helping individuals ages 18-59 who need assistance with Medical Assistance and Medicare Part D.

Another area of shared responsibility is with the Title III-D Health Promotion Services. This position is shared between Public Health and the ADRC. The Health Promotions Coordinator position oversees the evidence-based programming for the ADRC and Aging Units, and conducts health promotion classes, and oversees the volunteer instructors or staff members who conduct health promotion classes such as Walking With Ease, Stepping On, Living Well With Chronic Conditions, Living Well With Diabetes, or Mind Over Matter: Healthy Bowels,

Healthy Bladder. The Health Promotions Coordinator has also taken the lead in developing a Falls Prevention Coalition in Sheboygan County with numerous community partners including the Sheboygan Fire Department/EMS, Sheboygan County Public Health Department, Aurora Hospital, Walgreens Pharmacy, Community Care, and other local agencies to begin an effort to reduce the number of emergency room visits after seniors have fallen.

The ADRC and Aging units work together to develop marketing strategies, and to increase community awareness about available programs and services that the ADRC has to offer. The ADRC and Aging Units collaborative efforts will continue throughout the years covered by this plan.

Primary Contact to Respond to Questions About the Aging Plan

Name: Linda Spitzer

Title: Elder Services/Aging Unit Supervisor

County: Sheboygan

Organizational Name: Aging and Disability Resource Center of Sheboygan County

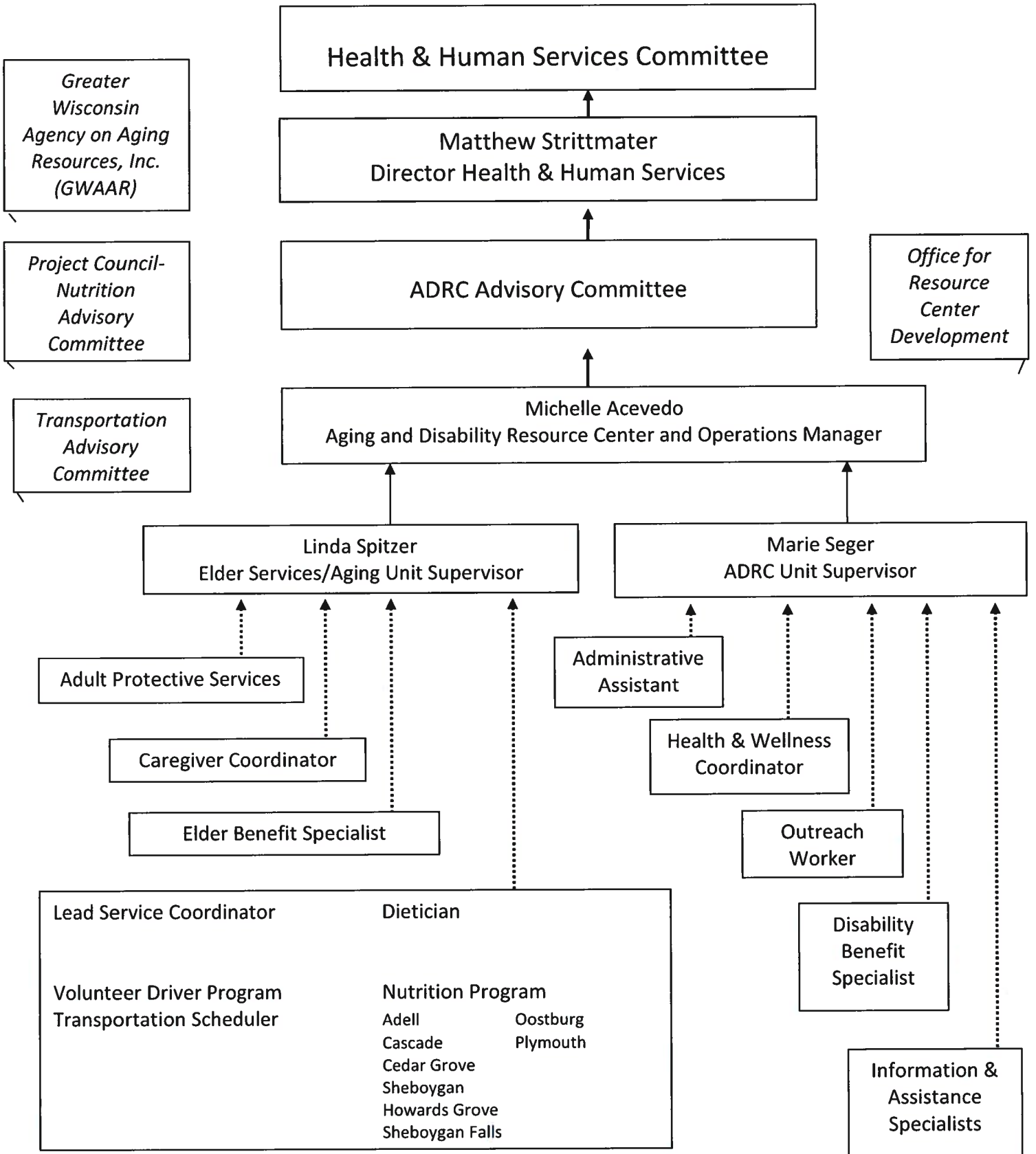
Address: 650 Forest Avenue

City: Sheboygan Falls State: WI Zip Code: 53085

Email Address: linda.spitzer@sheboygancounty.com

Phone: # 920-467-4100

ORGANIZATIONAL CHART



Aging Unit Staff

Name: Michelle Acevedo
Job Title: ADRC and Operations Manager
Telephone Number/Email Address: (920) 467-4063
michelle.acevedo@sheboygancounty.com

Brief Description of Duties: Oversees all Aging and Disability Resource Center (ADRC) programs of the Aging Unit and the ADRC Unit.

Name: Linda Spitzer
Job Title: Elder Services/Aging Unit Supervisor
Telephone Number/Email Address: (920) 467-4193
linda.spitzer@shebogancounty.com

Brief Description of Duties: Oversees all Aging Unit OAA-funded programs and activities, Sheboygan County's Elder and Disabled Transportation Program, Elder Abuse and Adult Protective Services.

Name: Traci Robinson
Job Title: Lead Services Coordinator
Telephone Number/email Address:(920) 467-4139
Traci.robinson@sheboygancounty.com

Brief Description of Duties: Oversees nutrition and transportation programs and completes data entry for programs. Provides coverage for the congregate and home-delivered meals program. Recruits volunteer drivers, and back-up scheduling for volunteer drivers for medical appointments. Coordinates special events for the Aging Unit such as the Volunteer Banquet or the Senior Picnic.

Name: Allison Brunette
Job Title: Service Coordinator
Telephone Number/email Address: (920) 467-9042
Allison.brunette@sheboygancounty.com

Brief Description of Duties: Oversees the Sheboygan Falls and Howards Grove Senior Dining Sites. Conducts outreach for Sheboygan Falls and Howards Grove and surrounding areas.

Name: Darcy Vollrath
Job Title: Service Coordinator
Telephone Number/email Address: (920) 207-2522
Darcy.vollrath@sheboygancounty.com

Brief Description of Duties: Manages the Sheboygan and Cedar Grove Senior Dining Sites. Conducts outreach for the city of Sheboygan and surrounding areas.

Name: Susan Wenzel
Job Title: Service Coordinator
Telephone Number/email Address: (920) 892-4821
Susan.wenzel@sheboygancounty.com

Brief Description of Duties: Oversees the Plymouth and Cascade Senior Dining Sites. Conducts outreach for the Plymouth and surrounding areas.

Name: Open
Job Title: Service Coordinator/Elder Benefit Specialist
Telephone Number/email Address:

Brief Description of Duties: Oversee the Adell Senior Dining site. Operates county home-delivered meal program for the southern part of the county. Conduct outreach for the Adell, Oostburg, Cedar Grove, and surrounding areas. Assist and advocate for individuals 60+ with Social Security, Medicare, Medicaid, insurance, and advocacy issues.

Name: Lisa Hurley
Job Title: Caregiver Coordinator
Telephone Number/email Address: (920) 467-4079
Lisa.hurley@sheboygancounty.com

Brief Description of Duties: Manages the National Family Caregivers Support Program, the Alzheimer's Family Caregiver Support Program, and other programs designed to support individuals with dementia and their family and friends who are caregivers. Chairs the Sheboygan County Dementia Friendly Task Force, and is co-chair of the Sheboygan County Caregiver Coalition.

Name: Mary Kempf
Job Title: Elder Benefit Specialist
Telephone Number/email Address: (920) 467-4076
Mary.kempf@sheboygancounty.com

Brief Description of Duties: Assists, advocates, and helps answer questions and solve problems related to Social Security, Medicare, Medicaid, insurance, and advocacy issues for individuals 60+.

Name: Brittany Schneiter
Job Title: Transportation Scheduler
Telephone Number/email Address: (920) 467-4020
Brittany.schneiter@sheboygancounty.com

Brief Description of Duties: Schedules rides and drivers for the Volunteer Driver Program and maintains a database of riders and drivers.

Name: Christine Freund
Job Title: Adult Protective Services Specialist
Telephone Number/email Address: (920) 467-4120
Christine.freund@sheboygancounty.com

Brief Description of Duties: Adult protective services, Chapter 55 and Chapter 54, Elder Abuse investigations, and Annual WATTS reviews.

Name: Brent Jacobs
Job Title: Adult Protective Services Specialist
Telephone Number/email Address: (920) 467-4121
Brent.jacobs@sheboygancounty.com

Brief Description of Duties: Adult protective services, Chapter 55 and Chapter 54, Elder Abuse investigations, and Annual WATTS reviews.

Name: Dillon Shiff
Job Title: Adult Protective Services Specialist
Telephone Number/email Address: (920) 459-3942
Dillon.shiff@sheboygancounty.com

Brief Description of Duties: Adult protective services, Chapter 55 and Chapter 54, Elder Abuse investigations, and Annual WATTS reviews.

Name: Heidi Jensema
Job Title: Adult Protective Services Specialist—Information and Assistance Specialist
Telephone Number/email Address: (920) 467-4129
Heidi.jensema@sheboygancounty.com

Brief Description of Duties: Half time--Adult protective services, Chapter 55 and Chapter 54, Elder Abuse investigations, and Annual WATTS reviews.
Half-time—Information and Assistance Specialist.

Aging Unit Coordination with ADRCs

The Aging and Disability Resource Center (ADRC) of Sheboygan County incorporates two different units specific to the aging and disability population--the Aging Unit and the ADRC Unit. The Aging Unit and the ADRC unit are organizationally and physically integrated within the ADRC of Sheboygan County, and both units are managed by the Aging and Disability Resource Center and Operations Manager. The ADRC of Sheboygan County serves Sheboygan County residents.

The Elder Services/Aging Unit Supervisor acts as the full-time Aging Unit Director with oversight of the federal OAA and state-funded programs in Sheboygan County. The Aging Unit Supervisor directly administers and monitors the Nutrition program, the Elder Benefit Specialist, the Volunteer Transportation program, the Caregiver Coordinator, and the Adult Protection Services team. The Aging Unit Supervisor and the Aging and Disability Resource Center and Operations Manager jointly share administrative responsibilities on the day-to-day operations of programs that are supported by federal and state funding and work together to provide needed support and oversight, resource information, and training opportunities for Aging Unit staff.

Statutory Requirements for the Structure of the Aging Unit

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units. Consider if the county or tribe is in compliance with the law. If the aging unit is part of an ADRC the requirements of 46.82 still apply.

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	X
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	

For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	X
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	YES

Role of the Policy-Making Body

The policy-making body, also called the commission on aging, must approve the aging unit plan. Evidence of review and approval of the draft and final version of the aging unit plan must be included as part of the plan. Attach the evidence of this required involvement as an appendix to the aging plan.

Membership of the Policy-Making Body

Official Name of the County Aging Unit’s Policy-Making Body:

Sheboygan County Health and Human Services Committee

Membership:

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Brian Hoffmann	Yes	Yes	2020
Curt Brauer	No	Yes	2020
Marilyn Montemayor	Yes	Yes	2020
Vicky Schneider	No	Yes	2020
Wendy Schobert	No	Yes	2020
William Goehring	Yes	Yes	2020
Jeanne Kliejunas	Yes	No	2017
Larry Samet	Yes	No	2019
Diane Oppeneer	No	No	2020
Open	-	-	-

Role of the Advisory Committee

Where an aging unit has both an advisory committee (sometimes referred to as the advisory council) and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan and to advocate for older adults. Evidence of this involvement should be listed as an attachment in the appendices of the aging unit plan.

Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)). If the aging unit has an advisory committee, list the membership of the advisory committee using the template provided below and include in the body of the aging plan. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee. There are no term limit requirements on advisory committees.

Official Name of the County Aging Unit’s Advisory Committee:

Sheboygan County Health and Human Services Aging and Disability Advisory Committee

Membership:

Name	Age 60 and Older	Elected Official	Start of Service
Chairperson: Gerald DuMonthier	Yes	No	2014
Bill Goehring	Yes	Yes	2020
Terese Gessler	No	No	2012
Carol Zoran	Yes	No	2009
Mary Nowacki	Yes	No	2012
Brian Hoffmann	Yes	Yes	2018
Derek Muench	No	No	2013
Joseph Bugarino	Yes	No	2018
Jane Brill	No	No	2018
Mary Kay Vincent	Yes	No	2018
Open	-	-	-

Budget Summary

The aging unit is required to submit an annual budget to the AAA using a budget worksheet approved by BADR. Final budgets are to be submitted with the aging plan on November 5th, 2021. Due dates for annual aging unit budgets for CY 2023 and 2024 will be determined in cooperation with the AAAs and BADR and communicated with aging units when the dates are set. In addition, the budget summary page must be clearly posted on a public webpage for review following final approval by the aging unit governing body.

Budget Summary (2019 budget totals are used below)

	Title III Budget	Cash Match Budget	In-Kind Match Federal/ State/ Or Local Budget	Program Income Budget	Prior Year Program Income Budget	Total Budget
Title III-B: Supportive Services Services funded include legal services, in-home services, administration, respite, transportation, health promotion, home safety and repair, and other services intended to keep older people living independently in the community.	101,987	116,037	-	5,870	102,278	223,894
Title III-C: Nutrition Services The purposes of the Elderly Nutrition Program are to reduce hunger and food insecurity, promote socialization of older individuals, and promote the health and well-being of older individuals. Services funded include congregate meals, home delivered	189,485	90,067	-	51,887	189,147	331,439

meals, nutrition counseling, and nutrition education. Title III-C1 covers congregate meals.						
Title III-C2 covers home delivered meals.	79,866	98,109	-	46,163	79,058	224,138
Title III-D: Disease Prevention & Health Promotion Services These funds must be spent on high-level evidence-based health promotion programs to improve health and well-being and reduce disease and injury.	6,536	2,716	-	585	5,952	9,837
Title III-E: National Family Caregiver Support Program Title III-E provides services for family and unpaid caregivers. Services funded include support groups, classes, information and assistance, respite, home care, assistive devices and other services and resources to help caregivers care for themselves and their loved ones.	58,689	26,740	-	-	51,647	84,981
Alzheimer's Family and Caregiver Support Program AFCSF funds are used to help individuals purchase goods and services related to caring for someone with Alzheimer's disease or other dementia. Funds can also be used to expand or develop new services related to Alzheimer's Disease as well as community outreach and education.	56,984	8,501	-	-	53,984	65,485

<p>Elder Benefit Specialist Program This program provides broad access to public benefits, entitlements, and legal rights for older persons. Elder Benefit Specialists offer information, advice, and assistance to older adults related to public benefits and services, health care financing, insurance, housing, and other financial and consumer concerns.</p>	28,215	17,350	-	-	50,355	72,071
<p>State Senior Community Services This program provides state funds to supplement services funded with III-B, III-C, and III-D (except Administration).</p>	8,334	926	-	-	8,334	9,260

Verification of Intent

The plan represents the intent of the county to assure that older people have the opportunity to realize their full potential and to participate in all areas of community life.

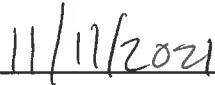
On behalf of Sheboygan County, we certify that we have reviewed the plan, and have been authorized to submit this plan, which outlines activities to be undertaken on behalf of older Sheboygan County residents during 2022-2024.

We assure that the activities identified in this plan will be carried out to the best of the ability of the county.

We verify that all information contained in this plan is correct.



Signature, Chairperson of the Sheboygan County Health and Human Services Aging and Disability Advisory Committee



Date



Signature, Chairperson of the Health and Human Services Committee



Date

Assurances of Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA and BADR. The assurances need not be included with copies of the plan distributed to the public.

Compliance with Federal and State Laws and Regulations for 2022-2024

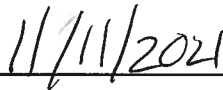
On behalf of the county, we certify

Sheboygan County Health and Human Services Aging and Disability Resource Center-Aging Unit


has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024. We assure that the activities identified in this plan will be carried out to the best of the ability of the county in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024.



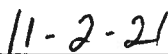
Signature, Chairperson of the Sheboygan County Health and Human Services Aging and Disability Advisory Committee



Date



Signature, Chairperson of the Health and Human Services Committee



Date

Assurances

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for the grant.
- A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
- This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. Outreach, Training, Coordination & Public Information

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.

3. Preference for Older People with Greatest Social and Economic Need

The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.
- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.

- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.
- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
 - By court order; or,
 - When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:
 - (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
- All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated Area Agency on Aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure.

The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

10. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of federal and federally assisted programs.

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs.

[Information about the Hatch Act is available from the U.S. Office of Special Counsel at <http://www.osc.gov/>]

12. Fair Labor Standards Act

The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219), as they apply to hospital and educational institution employees of state and local governments.

13. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

14. Assessment and Examination of Records

The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.

The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.

The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.

The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

Aging Units, through binding agreement/contract with an Area Agency on Aging must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020]

Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging.

Sec. 306. (a)

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) 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.

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—

- (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
- (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

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

- (ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
 - (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
 - (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
 - (III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall--

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

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

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; 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;

(6)(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(9)(A) 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 2019 in carrying out such a program under this title; and (Ombudsman programs and services are provided by the Board on Aging and Long Term Care)

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) 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) 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.

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.

(C) 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.

(D) 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.

(E) 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) 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-

to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.

A unit, within a county department under s. 46.215, 46.22 or 46.23, with the primary purpose of administering programs of services for older individuals of the county.

A private corporation that is organized under ch. 181 and that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the Area Agency on Aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

Duties. Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community-based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s.

46.87.

17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.

18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.

19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission on Aging.

Appointment.

1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.

2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.

2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two-thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit.

Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full-time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.

(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.

(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4)

(b) 3. shall make the appointment, subject to ch. 181.

Appendices