

Richland County Three Year Aging Plan and Required Documents FY 2022–2024



**Wisconsin Department of Health Services
Division of Public Health
Bureau of Aging and Disability Resources
Office on Aging**

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Executive Summary

Every three years, the Richland County Aging unit develops and submits to the Greater Wisconsin Agency on Aging Resources a “Three Year Aging Plan”. This plan is required for Richland County to receive funds under the Older Americans Act of 1965. Furthermore, it assists the aging unit in structuring the agency’s priorities and goals.

The Richland County Aging unit is an integrated part of the Aging and Disability Resource Center of Eagle Country, and is a part of Richland County Health and Human Services. It is the mission of the ADRC to be *“dedicated to working with adults and their families who are impacted by disability or aging. We will strive to enhance their self-sufficiency and quality of life by providing information, assistance, and education. In doing so, we will at all times promote the rights, dignity and preferences of the individual.”*

Richland County’s 2022-2024 Aging Plan has been developed utilizing a significant amount of input from the community. In order to develop a plan that is truly representative of the needs of the community, a series of outreach activities took place. Even with the COVID -19 pandemic, the ADRC was able to gain public input through an array of methods including:

- Starting in late 2020 staff attended meetings and held listening sessions at senior apartment buildings, local libraries, and other groups within the community. Many of these sessions were completed via zoom and a couple were completed in person in late spring of 2021,
- Input was received from the Commission on Aging Committee,
- Input was received from the Nutrition Advisory Committee,
- An online survey was developed with a QR code, which allowed individuals to complete and submit the survey online. The survey was also emailed to the local ministerial association members, Dementia Care Network coalition, local Managed Care Organizations, local I Team, and other individual stakeholders within the county;
- A paper version of the survey was given to customers as they came into the Aging and Disability Resource Center,
- One on one conversations were had between staff and local citizens regarding what they see as things that are needed to age well in Richland County.

The input received assisted in the development of the plan, which reflects key issues for people who are aging in the county. The following sections discuss information learned through the above input mechanisms.

IIIB: Local priorities were discussed with different groups throughout the county. Common themes raised were the need for increased access to meal sites and food resources, lack of caregivers, and social isolation. Individuals continue to desire services that will promote inclusiveness.

Elder Nutrition Program- individuals in the border village of Lone Rock would like to see the county add a nutrition site in their community. Furthermore, they would like better access to food resources. One concern brought to light was that there is a lack of transportation to access meal sites and there are not enough sites around the county to meet the need. Community members in Lone Rock specifically stated that they would like to see an option for a meal site at a local food establishment in their community.

Another area of potential growth is improving the visibility of the Nutrition Program. Many stakeholders have shared that they do not know how to access information regarding the meal sites and home delivered meals. This highlights that there is not enough information available regarding the meal sites, activities, and home delivered meals. The program will continue to work on increased visibility over the next three years.

IIIE: Caregiving: stakeholders voiced that they are concerned about the lack of respite services in the county. When services are needed, there are very few options available. Due to this, many people are not able to get the respite they need and are not able to attend in person support groups. Numerous individuals voiced the need of having technology and ability to attend virtual caregiver support groups and educational events. Out of over 100 surveys, one Hispanic individual mentioned the need for technology to make it easier for diverse populations to access support groups that are culturally relevant.

Health Promotion: Conversations with community members highlighted that although the aging unit has made great strides in providing health promotion services there are still many people who are unaware of the service or are unable to access it. One individual stated; “there are plenty of programs if you want to travel to Richland Center, what about providing these in our small villages?” The ADRC continues to partner with Symons Recreation in Richland Center to provide numerous Health Promotion classes. Over the last three years, this partnership has blossomed from offering one Stepping On class to now offering Tai Chi, Strong Bodies, PALS, and Stepping On. Throughout our outreach, we have heard from community members that they are appreciative of the current classes offered but would like to see more options and offerings in the county’s border communities. Over the next three years, the ADRC will continue to foster a positive partnership with Symons Recreation to provide more evidence based programs and increase offerings of them to include more of our small villages.

Another area of concern regarding health promotion classes is that there are transportation barriers and individuals are unable to get to Health Promotion classes. Going forward the Richland County Transportation program will work on developing routes to utilize the bus to bring people to available classes. Reducing transportation barriers will be crucial to increasing use of the program. This will not only increase usage of Health Promotion classes, but also increase usage of the Bus Program, which will increase access to services.

Advocacy: Another common theme was the lack of knowledge when there are policy changes that could affect resources in the community. Individuals stated that they would like to see an increase in how changes are communicated. This could be through social media, radio, newspaper, public listening sessions, etc.

In addition to the required goal areas, Richland County's Aging Plan will focus on connecting all community members, including our outlying and most rural areas to resources and services. Trends in Richland County show an increasing number of families living in poverty and an aging population. Many conversations during the listening sessions revolved around a lack of access to services/resources in the small towns throughout the county. Since the aging plan should focus on needs of the entire county, it will be important to focus on all parts of our county, which will include providing Health Promotion programs to our border communities.

Another result of the extensive outreach for the plan made it became clear that there is a need to have programs in place to diminish loneliness and isolation. This concern was magnified by the COVID-19 pandemic. There is still a need for education regarding the use of technology and the availability of technology on how to use the internet and computers. The last aging plan included education for the use of technology to access the Medicare part D plan finder. In the process of preparing for the 2022 Aging Plan we have heard requests for training on how to apply for a wide variety of public programs, and having access to technology such as computers and tablets. Over the next three years the ADRC will continue work to facilitate more generalized computer trainings covering a variety of topics and also work towards a tablet lending program so people who are not able to afford technology due to cost can still have access.

Over the last three years, the ADRC has continued to foster strong relationships with individuals and entities serving those with dementia. This will be a continued focus for the county and the ADRC of Eagle Country as a region. Within the region, the population continues to age and there is an increase in people who are affected by dementia. The ADRC of Eagle Country, as a region that includes Richland County, Juneau County, Crawford County and Sauk County, added a Dementia Care Specialist in the last three years. This addition has helped to increase awareness and education related to Dementia. For 2022-2024 the ADRC in Richland County along with the Regional Dementia Care Specialist will continue to partner with the Wisconsin Alzheimer's Institute, the Alzheimer's and Dementia Alliance, and the Alzheimer's Association to offer educational events, awareness events, memory screens, and in person assistance.

Context

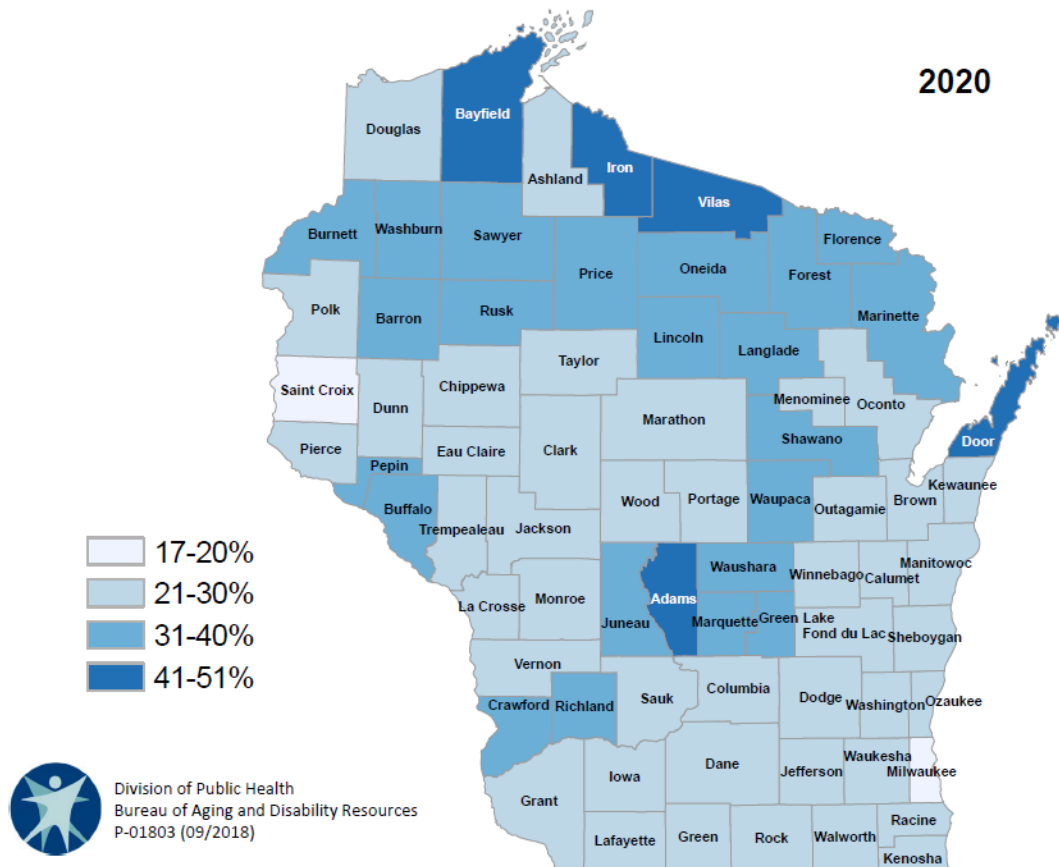
Geographic and Demographic Information

Richland County is a rural county in Southwest Wisconsin with a population of 17,746 residents. The county seat, Richland Center, is the main population center of the county with around 5,000 residents. Population projections show that there will continue to be a rapid increase in individuals over 60 across the country and in our local community. In 2020, 24.2% of the county residents were over 60. The percentage of

over 60 is expected to increase across the state and in Richland County the percentage of those over 60 is projected to go as high as 35% by 2035. Currently, the county is seeing many elders moving into town, but also a significant number of elders are remaining in their more rural homes. In order to be effective in meeting the needs of elders the ADRC/Aging Unit will need to include efficient programming for the most rural residents.

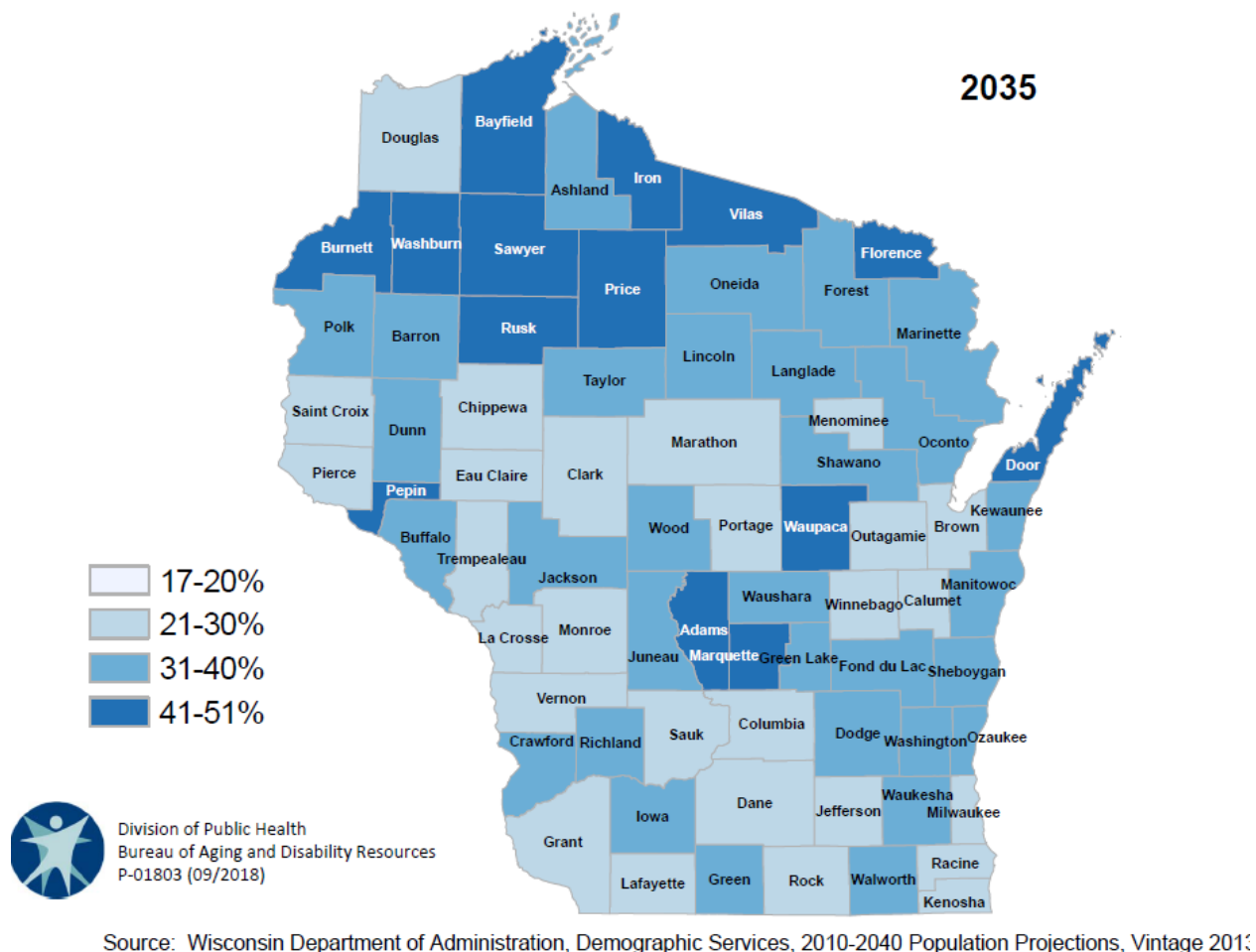
County	County, City, Town or Village	Population; total	Population; ages 60 and older
Richland County	Richland County	17,459	5,262

Percent of the Projected Population Ages 60 and Older, 2015-2040



Source: Wisconsin Department of Administration, Demographic Services, 2010-2040 Population Projections, Vintage 2013

Percent of the Projected Population Ages 60 and Older, 2015-2040



There are several assets for the county; The Richland Hospital Clinic, Richland Hospital, Southwest Regional Partners, UW-Richland, several large industries, returning retired residents investing in cottage industry, active community churches, growing tourism activities (Truck and Tractor Pull, Bike Rallies, Marathons, Redneck Hybrid marketing campaign). New initiatives include the Richland County Economic Development initiative whose goal is to foster economic growth in our community that will enrich local residents, and visitors, quality of life. There are many opportunities to enjoy outdoor activities in the region including; kayaking with accessible boat landings, biking, hiking, walking, snowshoeing, and snowmobiling through the beautiful settings Richland County has to offer. All of these shore up the economic base for the county. However, it is important to monitor the labor force in Richland County. As the community ages and there is a decline in workers, it is very likely that the larger industries may look to outsourcing or relocating their industry if qualified employees are not available.

The community has stepped up and continues to proactively address future increased need for health care service; Richland County has an excellent hospital, medical clinic,

geriatric assessment center, free clinic, and fully operational ICA's and Family Care long term care systems. Local community churches, concerned citizens, and social service agencies have worked diligently over the last 16 years to address homelessness in Richland County; there continues to be a temporary shelter for families, a transitional housing program, and a night shelter option for individuals.

The increase in older adults in our community also brings opportunity for increased volunteerism. These individuals have many skills, and talents, which are a positive resource for the county. Richland County already has a very robust volunteer network for its transportation program but as the community ages increased need for transportation and volunteer drivers will continue to rise.

The nutrition program also offers volunteer opportunities. It unfortunately has seen a drastic drop in volunteers since COVID. In order to rebuild the program it will be vital to work towards having more aging adults/retirees return to participating in volunteer opportunities.

Numerous focus groups, listening sessions, and a public forum were held to gather information for the Aging Plan. Attendees were asked what they see as needs and strengths for the aging population in Richland County. Additionally, ADRC and Nutrition Program customers participated in a related quick and easy survey asking them to list the issues older people face. There were numerous 1-to-1 conversations with consumers about what they see as needs within the community.

Overall, as in previous years the results of the conversations and surveys identified more assets than challenges and could be grouped into four different categories: personal assets and challenges, community assets and challenges, infrastructure assets and challenges, and lastly support services assets and challenges. The results gathered were informative and in line with previously identified trends, thoughts about elder assets, and known challenges.

Results:

- Personal assets included competence and spirituality – the challenges included fiscal problems, physical impairments, access to food, transportation concerns, loneliness and isolation.
- Community assets were many and varied (clubs, organizations, service organizations, church, etc.) – challenges voiced were continued personal budgetary issues even with the challenges noted they were followed by something positive or by a hopeful solution.
- Infrastructure was the only category where the challenges out-numbered the assets. For those in the rural areas who were no longer driving, transportation and access to food and services was the number one challenge. Another key challenge is the lack of a grocery store, other than Wal-Mart, in Richland County. Support services included both formal and informal services. Most challenges arose when someone did not have family or friends in the area and the lack of local supportive home care workers.

The role for the ADRC in Richland County will be to continue to provide quality aging program services, continue to lead, be involved and supportive of community efforts to address the challenges of transportation, housing, nutrition and social connectedness

Community Involvement in the Development of the Aging Plan

This section of the plan should provide evidence of commitment by the aging unit to engage with the public in the development of the aging plan. Please provide a brief summary of community engagement activities, total number of people reached and key takeaways from engagement efforts.

Use the [Community Engagement Report](#) to explain how the aging unit gathered information and ideas from the public prior to developing the plan. Attach this report as an appendix to the aging plan.

Public Input:

It is important to involve older adults and caregivers in the development of the County Aging Plan. A cornerstone of the Older Americans Act is that older adults have full participation in the planning and operation of community based services. It is expected by the State Office on Aging that each county will use a variety of methods to gather input prior to writing the aging plan. Some methods may include listening sessions, community conversations, focus groups, interviews and surveys. It is expected at least two methods must be used to gather public input.

Public involvement continues to be an ongoing process in the unit's daily operation. The unit needs to be diligent about using a variety of methods for collecting and integrating seniors input into our plans and program direction. The methods include:

- Listening sessions held virtually via zoom with the Ministerial Association, Lydia's House board, the Nutrition Advisory Committee, the Commission on Aging and Disability board.
- In-person listening sessions were held at local senior housing complexes, and the Lone Rock library.
- The ADRC continues to be a part the local I-Team, dementia networks, transportation networks, housing networks, homelessness prevention coalition, food pantry board, and emergency preparedness.
- Commission on Aging and Disability continues to have monthly agenda items for citizen comments, senior group reports, and advocacy.
- Health and Human Service board meetings include agenda item for citizen comments.
- Transportation Coordinating Committee meeting agenda continues to have items for citizen comments and transportation updates.
- Attending City Council meetings.
- Identifying unmet needs from ADRC reporting.

- Listening to customers using services.
- Attending local senior meetings and meal sites.
- Reading the local newspaper-in particular letters to the editor.
- Discussing with staff what they see and hear from customers.
- Asking customers to fill out simple planning surveys about issues facing older people and the strengths older people offer.

Richland County uses the above methods in order to have a clear understanding of what the needs of the community are. The results of the above methods have been incorporated into the plan.

Public Hearing Requirements

Please provide a brief summary of the hearings and input from community members.

Use the [Public Hearing Report](#) to list the dates, times, locations, and numbers of people in attendance at public hearings. The report should include a summary of public comments and explain modifications made to the draft version of the plan as a result of input collected during the public hearing. Attach [Public Hearing Report\(s\)](#) to the appendices of the aging unit plan.

Richland County uses the methods listed above to gain a clear understanding of what the needs of the community are. This input is used for the creation of the plan. Along with this a formal Public Hearing was held for final input and thoughts regarding the plan. Notification for Public Hearing was posted two weeks prior to the hearing which was held on Wednesday September 8, 2021 at 1:00 pm at the Community Services Building, 221 West Seminary Street, Richland Center, WI 53581 and virtually utilizing Zoom.

The Public Hearing:

In order to ensure that the public had the opportunity to provide input into the 2022-2024 Aging Plan Public hearing was held via zoom, and in person. Overall input received was consistent with what was heard at other public listening sessions and in surveys received. Input included the following:

- One Individual discussed need for increased nutrition options.
- Another individual discussed concerns about increased social isolation due to the pandemic and a lack of caregivers. They talked about looking for ways to increase individual's ability to engage with the community and ways to work with the community to increase

Goals for the Plan Period

This section describes both the goals and supporting measurable activities the aging unit will do during the planning period 2022–2024. Aging units should clearly state each goal, list specific strategies, and define how the goal will be measured.

The [Goals Development Worksheet](#) is an effective tool to strategize goals. Page one is a list of thought-provoking questions to help aging units develop well-thought-out goals. Aging units should retain page one of the worksheet for ongoing planning; it is not required to appear within the plan. Page two of the Goal Development Worksheet is a Goal Template. Aging units are encouraged to organize goals using the template and insert individual templates for each focus area in the body of the plan and not as attachments. You will need to copy and paste additional Goal Template sheets for the each of your goals.

Focus area: IIIB Supportive Services		Due Date
Goal statement: Provide older adults with transportation options that will provide for better access to services including nutrition that will decrease social isolation.		12/31/24
Plan for measuring overall goal success – <i>How will you know that you have achieved the results you want? Use data.</i> <ul style="list-style-type: none"> Utilize transportation database and nutrition reports to monitor requests for transportation that were not met due to lack of drivers. Review number of active volunteers at beginning and end of goal period. Survey participants to learn if their needs have been met 		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Increase volunteer driver pool to ensure there are enough drivers to meet local needs including transportation to congregate dining sites		12/31/22
Action step: Create marketing strategies that highlight the need for volunteer drivers through three modes of information.	Marketing information updated	3/31/22
Action step: Research surrounding counties programs and how they provide transportation to congregate meal sites	Documentation regarding neighboring counties meal site options	6/30/22
Action step: Survey local driver's willingness to participate in transportation to include congregate sites.	Survey completed	12/31/22

Strategy 2: Work with Nutrition Coordinator and Transportation Secretary to create an action plan to set up options for adding nutrition transportation to current routes		12/31/23
Action step: Set meeting between programs to ensure that both programs can sustain idea.	Meeting completed	3/31/23
Action step: Set-up schedule of local routes to include congregate sites.	Calendar completed and approved by both nutrition program and transportation program	6/30/23
Strategy 3: Implement routes to include congregate dining sites		12/31/24
Action step: Train drivers on routes, policies, and procedures	Drivers receive orientation to new routes	7/31/23
Action step: First test routes offered	1 Test Route for each meal site started and documented	9/30/23
Action step: Regular routes updated including nutrition routes	Routes fully implemented and documented	1/1/24
Action Step: Create and disseminate a survey to gather feedback from participants regarding how transportation is meeting their needs	Survey created and results compiled	12/31/24
Annual progress notes		

Focus area: III C Nutrition		Due Date
Goal statement: To Increase choice for congregate dining participants by opening a restaurant model in cooperation with a local restaurant.		12/31/24
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. See an increase by at least 20 new, unduplicated individuals participating by looking at pre- and post-participation levels measured. Satisfaction surveys provided to new and existing participants to determine whether the new model is meeting their needs/desires. SAMS reports information based on data from January 2022 compared to December 2024.		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date

Strategy 1: Meet with partners and participants to explore the ability and interest to contract with a restaurant to implement a My Meal, My Way, Voucher Program or a Restaurant Model for congregate dining.		12/31/22
Action step: Create a list of local restaurants through soliciting information from partners and participants, and exploring models that would meet the accessibility and nutrition needs required for the Elder Nutrition Program.	A list of restaurants that could meet the need is created	06/30/22
Action step: Create a survey for participants within local communities of need in order to find potential restaurant locations to focus on.	Utilize survey results	07/31/22
Action step: Recruit volunteer site manager for new site or utilize progressive plans as far as changing local schedule and consider utilizing RC Meal site manager(s) for that position, closing congregate for day restaurant model is scheduled.	Site manager is identified	08/31/22
Action step: Meet with potential site manager, restaurants, educate and establish partnerships with those who are interested.	A list of restaurants interested is created using the survey results and the Richland Area Business Directory: https://www.richlandareabusinessdirectory.com/listings?category_id=8983&page=3	12/31/22
Strategy 2: Meet with partners (Aging Unit Management and GWAAR) to establish a contract with the restaurant.		12/31/23
Action step: With the technical assistance of GWAAR, create contract language for Restaurant Model.	Contract is created	6/30/23
Action step: Negotiate rates for meals and restaurant reimbursement.	Rates are set and included in contract	6/30/23
Action step: Days and times for meals are set up.	Schedule created	7/31/23
Strategy 3: Create Menu, Flyers, Brochures and Social Media Information to advertise new dining location opening January 2024		1/1/24
Action step: Meet with restaurant with the collaboration of GWAAR to create menu options including other languages based on statistical data from BADR.	Menu created	9/31/23

Action step: Set date for opening	Flyers, menus, information articles, news releases created	10/31/23
Action step: Market new site through available media sources i.e. (flyers, social media, radio, newspaper, and newsletter)		11/30/23
Annual progress notes		

Focus area: III-D Health Promotion		Due Date
Goal statement: Continue partnership with Symons Recreation and expand high-evidence based health promotion opportunities for older adults of all ethnic backgrounds and socioeconomic backgrounds in Richland County.		12/31/24
Plan for measuring overall goal success – <i>How will you know that you have achieved the results you want? Use data.</i> <ul style="list-style-type: none"> Review SAMS reporting quarterly to ensure that participation is increasing. Meet with Symons Recreation Director to review data and adjust plans to meet goal. 		
Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Strategy 1: The Aging unit will meet with Symons Recreation to review current programming and explore new programming along with ending programs that are not successful	A list of programs is created	12/31/22
Action step: The Aging Unit will seek input from the community on which programs they are interested in	A survey will be created and distributed	6/30/22
Action step: The Aging Unit and Symons Recreation will review survey responses and work together to determine which programs to choose.	Survey results compiled and reviewed. Programs chosen	9/31/22
Action step: Expand evidence based health promotion programs for older adults of all ethnic backgrounds through reaching out to local providers who serve these individuals such as the local UMOS office.	Measure new programs yearly through SAMS and track community conversations with local stakeholders	12/31/22

Strategy 2: Complete outreach in multiple forms in order to reach a diverse population		12/31/23
Action step: Create and distribute mailings, posters, and advertising in multiple languages to ensure reaching a diverse population.	Marketing material is chosen and distributed	3/31/23
Action step: The Aging unit will review demographics of attendees of evidence-based programming to evaluate usage by diverse populations.	Aging unit will review SAMS report and individual demographic forms	12/31/23
Strategy 3: Evaluate programming to ensure that it is meeting the needs of the community		12/31/24
Action step: Review program quarterly to ensure programming is progressing	Run quarterly SAMS reports to ensure programs are being utilized.	Quarterly 2024
Action step: Make needed changes to programming to meet the community's needs.	Meet with Symons Recreation to determine what, if any changes are needed	12/31/24
Annual progress notes		

Focus area: III-E- Caregiver Support Services	Due Date
<ul style="list-style-type: none"> Goal statement: To decrease isolation and improve access to services for caregivers and aging individuals, a tablet loan program will be developed to use for support groups, socialization, and educational events. 	12/31/24
Plan for measuring overall goal success – <ul style="list-style-type: none"> Pre and post-participation levels measured. A survey will be provided to participants to determine if the programming meets their needs. Increase in educational events with virtual options 	

Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Meet with caregiver support group facilitator and Dementia Care Specialist to determine the best way to implement to meet needs of older individuals.	.	12/31/22

Specific strategies and steps to meet your goal:	Measure (<i>How will you know the strategies and steps have been completed?</i>)	Due Date
Action step: Establish group who will meet to create a plan	At least 2 ADRC staff and the local Dementia Care Specialist will participate	6/30/22
Action step: Research existing programs and use best practices learned to create a loan program.	Procedure for potential program is created	9/30/22
Action step: Review Trualta technology and create steps to offer service and training to caregivers	Review data at beginning of goal period and end of goal period.	12/31/22
Strategy 2: Work with group to purchase tablets and create educational material on how to use		12/31/23
Action step: Purchase tablets	Loan program tracking forms are created.	3/31/23
Action Step: Purchase hotspots for individuals utilizing tablets for a term of at least six months.	Hot Spots provided with tablets.	3/31/23
Action Step: Create Social Media post to inform of new program	Review number of people who saw the post on Social Media.	6/30/23
Action step: Determine and create type of marketing material that will effectively promote program to include individuals of diverse ethnic backgrounds.	Marketing designed and translated for use with all populations including the Hispanic community.	6/30/23
Action step: Create a training for individuals borrowing tablets including how to use online virtual platforms including Trualta.	Training is created and shared with group	12/31/23
Strategy 3: Offer support groups and events on an in person and virtual platform to maximize use		12/31/24
Action step: Offer an introductory virtual support group for individuals new to technology	Virtual option offered	3/31/24
Action step: Give participants ongoing access to existing online support group opportunities	Access information provided	6/30/24
Action step: Survey participants on how the program is going	Survey completed concerns addressed	12/31/24
Annual progress notes		

Focus area: Community Engagement		Due Date
Goal statement: Increase utilization of Caregiver Support programming through community engagement efforts to ensure that the community's needs and requests are heard.		12/31/24
Plan for measuring overall goal success – How will you know that you have achieved the results you want? Use data. <ul style="list-style-type: none"> Track contacts, and type of engagement with outcomes, on spreadsheet from beginning to end of plan 		
Specific strategies and steps to meet your goal:	Measure (How will you know the strategies and steps have been completed?)	Due Date
Strategy 1: Identify partners and local caregivers/individuals and make contact	Community partners identified and contacted	12/31/2022
Action step: Review Extension office list of businesses and services and also ADRC Resource Guide.	Note list of contacts	6/30/2022
Action step: Set up meet and greets with identified partners to create a relationship and give information about the Aging unit and programs	Make contact with partners and record on spreadsheet when completed	9/30/2022
Strategy 2: Build relationships with partners. Include individuals with diverse backgrounds.		12/31/23
Action step: Distribute information to community partners and individuals regarding Caregiver Support programs and initiatives. Encourage partners to attend local COAD meetings.	Information sharing completed and recorded on spreadsheet	3/31/23
Action step: Send COAD agendas and minutes, event schedules to partners and individuals	Create and maintain mailing list	3/31/23
Action step: Create speaking points for partners and request to assist in gaining input regarding caregiver supports from the local community.	Partners will gain useful knowledge from caregivers based on their increased knowledge	12/31/23

Strategy 3: Utilize partners strengths to gain useful input and strategies to increase usage of the National Family Caregiver Support Program.	Gained useful information regarding aging program services and deliveries	12/31/24
Action step: Request information from partners and community members regarding what has been learned regarding community needs for Caregiver Support.	Partners will share useful knowledge regarding changes to be made or services needed	9/30/24
Action step: Information will be used to create new initiatives to increase utilization of programs.	Track increase in services provided through SAMS	12/31/24
Action step:		
Annual progress notes		

Coordination Between Title III and Title VI

Although there is not a large tribal presence in Richland County it will be important over the next three years to complete outreach to area tribal aging units. This outreach will have the expected outcome of ensuring that there is coordination between the Richland County Aging Unit and Tribal Aging units to provide aging services to tribal members within the community. Over the next three year's the Aging and Disability Resource Center of Eagle Country's Richland Center will reach out to the Ho-Chunk Nation Tribal Aging Unit to see if they are aware of any members living within Richland county and how we can best make services available to them.

Organization, Structure and Leadership of the Aging Unit

“Dedicated to working with adults and their families who are impacted by disability or aging. We will strive to enhance their self-sufficiency and quality of life by providing information, assistance, and education. In doing so, we will at all times promote the rights, dignity and preferences of the individual.”

The Aging and Disability Resource Center of Eagle Country’s Richland Center office is an integrated aging unit and ADRC housed within Richland County Health and Human Services. The ADRC’s primary location is at the Community Services Building located in Richland Center, the county seat for Richland County.

Listed below are the staff employed by the County Aging Unit. Include additional pages as needed.

Primary Contact to Respond to Questions About the Aging Plan

Provide contact information for the primary person who will respond to questions and comments about the aging unit and three-year plan. Aging units may use their own chart but a template is provided below. Include primary contact information in the body of the aging plan.

Primary Contact to Respond to Questions About the Aging Plan Template

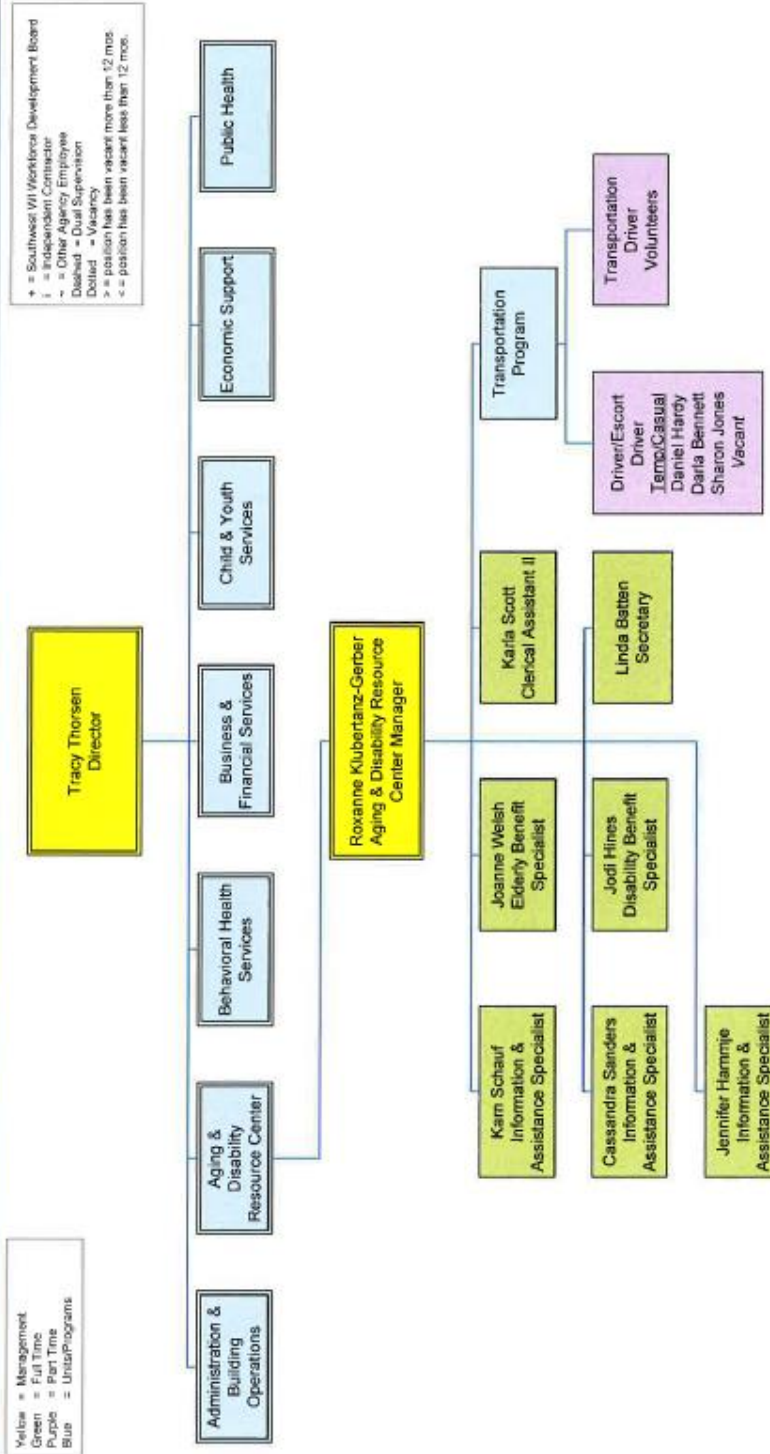
Richland County
Aging and Disability Resource Center of Eagle Country-Richland Center office
Richland County Health and Human Services
221 West Seminary Street
Richland Center 53581
Phone: 608.647.4616
Toll Free: 1.877.794.2372
Fax: 608.647.6611
Email: resctr@co.richland.wi.us

Questions or comments regarding the 2022-2024 Aging Plan can be directed to: Roxanne Klubertanz-Gerber, CSW, Manager, at the contact information listed above.

Organizational Chart of the Aging Unit

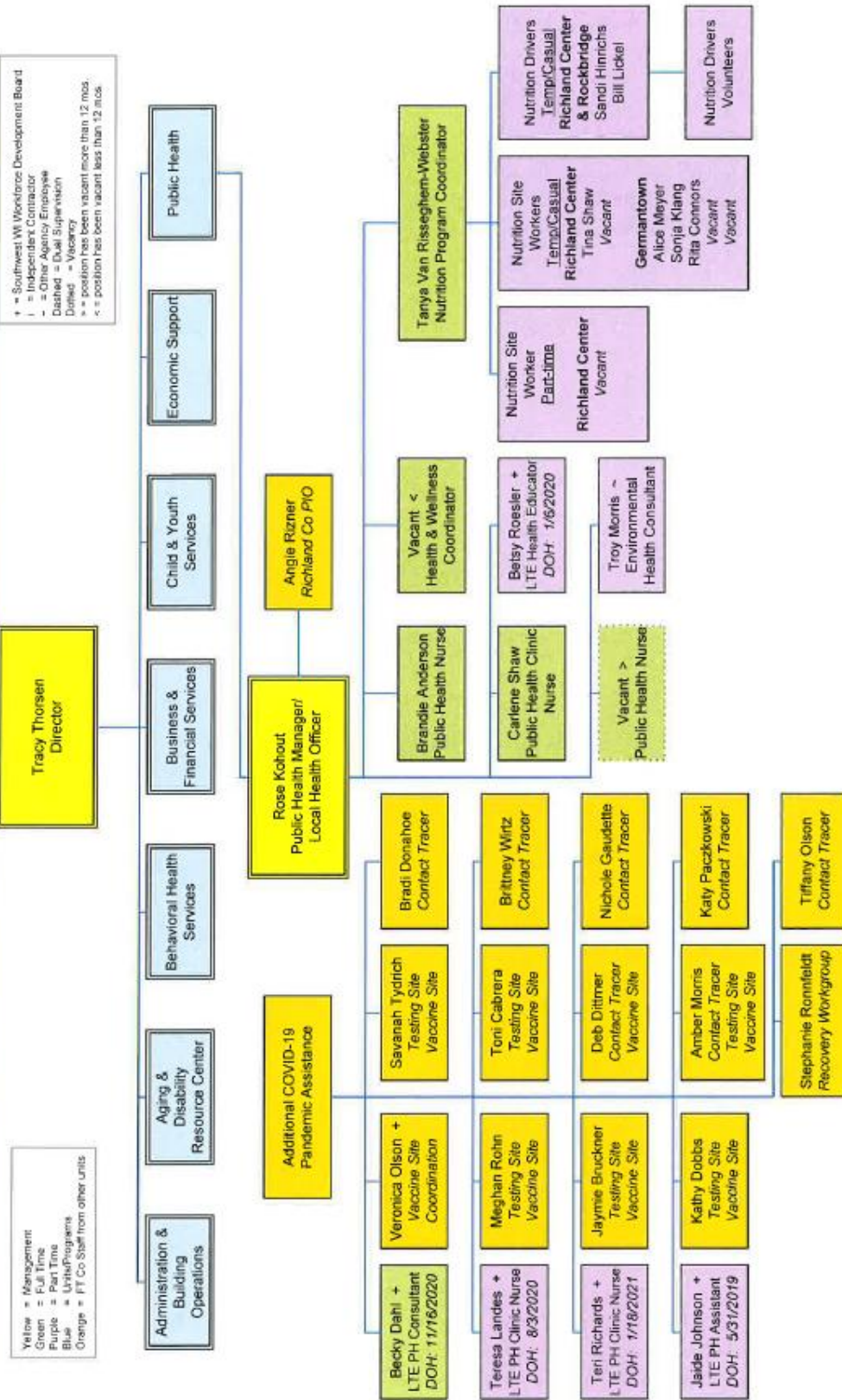
RICHLAND COUNTY HEALTH & HUMAN SERVICES

AGING & DISABILITY RESOURCE CENTER ORGANIZATIONAL STRUCTURE



RICHLAND COUNTY HEALTH & HUMAN SERVICES

PUBLIC HEALTH ORGANIZATIONAL STRUCTURE



Staff of the Aging Unit

<p>Name: Roxanne Klubertanz-Gerber Job Title: Manager, ADRC of Eagle Country – Richland Center Office Telephone Number/Email Address: 221 West Seminary Street Richland Center, WI 53581 608-647-4616 roxanne.klubertanz@co.richland.wi.us</p>
<p>Brief Description of Duties: Oversight and management of the ADRC which includes ADRC services, transportation, aging program services except the nutrition program which is housed in Richland County Health and Human Services Public Health Unit (with the exception of fiscal reporting to GWAAR, which is the responsibility of this unit).</p>
<p>Name: Karla Scott Job Title: Administrative Secretary Telephone Number/Email Address: same as above karla.scott@co.richland.wi.us Telephone Number/email Address:</p>
<p>Brief Description of Duties: Brief Description of Duties: provide administrative support, manage resource material library, responsible for various tracking/reporting systems, provide walk-in and phone reception.</p>
<p>Name: Joanne Welsh Job Title: Elder Benefit Specialist Telephone Number/Email Address: same as above joanne.welsh@co.richland.wi.us</p>
<p>Brief Description of Duties: Provide Elder Benefit Specialist program services as required by program mandates. Information and assistance is mostly provided by I&A Specialists which allows the EBS to focus on those services that can only be done by EBS.</p>
<p>Name: vacant Job Title: Disability Benefit Specialist Telephone Number/Email Address/email Address: same as above</p>
<p>Brief Description of Duties: Provide Disability Benefit Specialist program services as required by program mandates.</p>
<p>Name: Cassandra Sanders, Karn Schauf, Jennifer Hammje Job Title: Information and Assistance Specialist Telephone Number/Email Address: same as above cassie.sanders@co.richland.wi.us ; karn.schauf@co.richland.wi.us; Jennifer.hammje@co.richland.wi.us</p>
<p>Brief Description of Duties: All are generalist I&A Specialists and provide the required ADRC services. Cassandra Sanders is assigned to supporting disabled youth transition into the adult service world from children's waiver service programs. Jennifer Hammje</p>

co-facilitates the Caregiver Support Group. Karn Schauf is the ADRC of Eagle Country's Long-term Care Functional Screen liaison to the State of Wisconsin.
Name: Linda Batten Job title: Secretary/Transportation Coordinator Telephone Number/Email address: Same as above linda.batten@co.richland.wi.us
Brief Description of Duties: Provides advanced secretarial duties as needed; coordinates county van drivers and volunteer drivers to provide medical transportation under the Driver Escort program and the Richland Public Transportation program.
Name: Rose Kohout Job title: Public Health Unit Manager Telephone Number/Email address: 608-647-8821 rose.kohout@co.richland.wi.us
Brief Description of Duties: Oversight and management of the Public Health Unit, including the Nutrition program. The Nutrition Program is supervised and managed within the Public Health Unit, all claiming for the nutrition program is completed by the ADRC manager.
Name: Tanya Webster Job title: Nutrition Program Coordinator Telephone Number/Email address: 608-647-8821 tanya.webster@co.richland.wi.us
Brief Description of Job Duties: Performs day-to-day operations of the Senior Nutrition Program which includes development of employee trainings both local and regional, volunteer recruitment of home delivered meal drivers, menu development, development of food safety education, and various other duties in accordance with policies and procedures listed in Chapter 8 "Nutrition Program Operations" of Wisconsin Aging Network Manual of Policies, Procedures & Technical Assistance, Federal and State laws, and Richland County Policies.
Name: Joseph Scribbins Job Title: Adult Protective Services Worker Telephone Number: 608-647-8821 Joseph.scribbins@co.richland.wi.us
Brief Description of Duties: Responds to reports of elder/adult abuse, determines level of risk and puts in place plans and procedures to assure safety. Supervision of the APS worker is completed through Clinical Services, a unit within Health and Human Services.

Aging Unit Coordination with ADRCs

The Aging and Disability Resource Center of Eagle Country – Richland Center Office is a unit housed within Richland County Health and Human Services which provides ADRC services and administers Aging programs. The adult/elder abuse protection

services is now managed through the Behavioral Health department which is also housed within Richland County Health and Human Services. In order to facilitate good communication with this program the APS Social Worker attends meetings with the ADRC twice per month. The ADRC Manager also attends weekly APS supervision meetings with the Behavioral Health Manager.

Nutrition program services are managed through the Public Health Unit also housed within Richland County Health and Human Services. Fiscal reporting for the nutrition program and Adult Protective Services EAN funds is completed by the ADRC Manager. In order to facilitate good communication with the Nutrition program, the coordinator meets with the ADRC Manager at least monthly to share updates. The two units regularly plan joint outreach activities. A manager, who is supervised by the director of Health and Human Services, supervises all above units. Fiscally, the ADRC manager submits reports to the area agency on aging.

As a unit within Health and Human Service, the ADRC's governing committee is the Health and Human Services Board. At the unit level, two bodies advise the ADRC: the Transportation Coordinating Committee (TCC) and the Commission on Aging and Disability (COAD). Both bodies are highly respected and their recommendations are regularly approved by the Health and Human Services Board, which in turn increases approval at the County Board of Supervisors level.

The ADRC Unit is also one of four satellite offices that makes up the ADRC of Eagle Country region. Together we constitute four counties collaborating to provide uniform, high quality ADRC and aging services across southwest Wisconsin.

The mission statement for the ADRC unit and the COAD is:

The Aging and Disability Resource Center is dedicated to working with adults and their families who are impacted by disability or aging. We will strive to enhance their self-sufficiency and quality of life by providing information, assistance and education. In doing so, we will at all times promote the rights, dignity and preferences of the individual. By integrating mission into the organizational structure and day-to-day activities of the Aging and Disability Resource Center the following goals are achieved:

- People are able to easily locate and access services.
- People are informed about programs and services.
- People receive advocacy and support when needed.
- People experience better health and improved quality of life.
- Elderly citizens recognize the Aging and Disability Resource Center will provided support and services required under the Older American's Act of 1965.
- The Aging and Disability Resource Center is recognized by the community as a place to obtain information and assistance on a wide variety of topics.

Contact: Aging and Disability Resource Center of Eagle Country- Richland Center office, 221 West Seminary Street; Richland Center, WI 53581; 608-647-4616; 877-794-2372

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.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
(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.	X
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.	
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

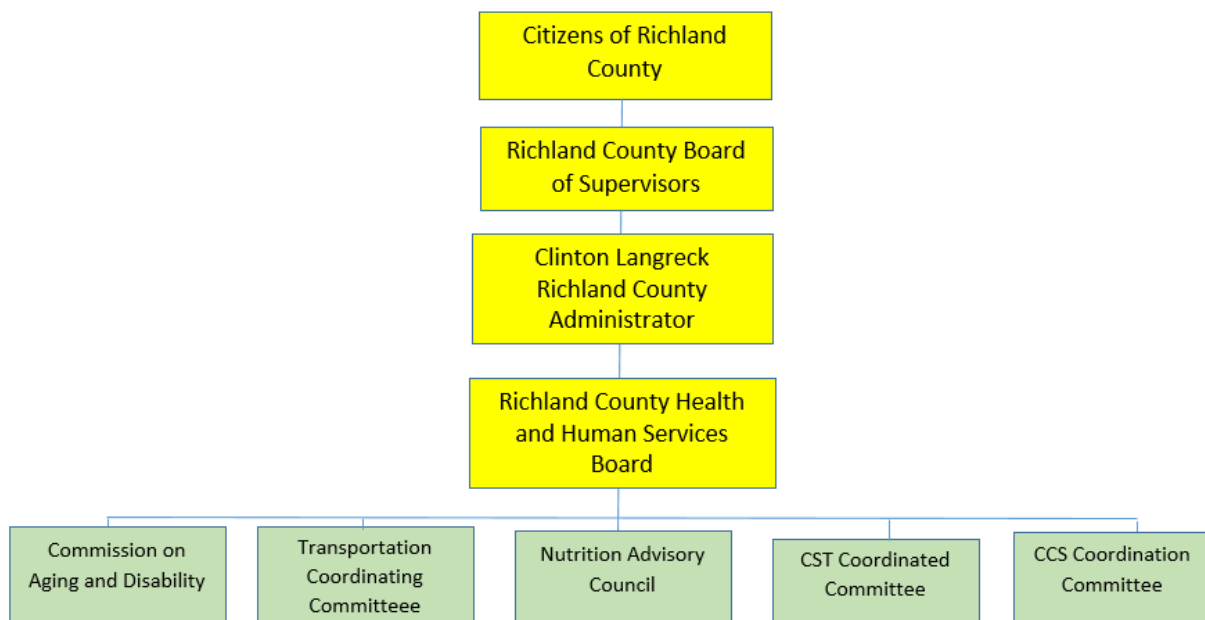
The policy-making body, also called the Commission on Aging, must approve the aging unit plan. Evidence of review and approval of the draft and final version of the aging unit

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

The Commission is the policy-making entity for aging services and an aging advisory committee is not the commission. Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

“Members of a county/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.” In the case of county board/tribal council members, the requirement is three consecutive 2-year terms.



Membership of the Policy-Making Body Template

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

Richland County Health and Human Services

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Kerry Severson		x	2017
Vice Chair- Ingrid Glasbrenner		x	2017
Jerel Berres	x		2018
Diane Cox	x		2021
Timothy Gottschall		x	2021
Van Nelson	x	x	2020
Cindy Chicker	x		2020

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

If the aging unit has an advisory committee, listed below are the members of the advisory committee. *An aging advisory committee is required if the commission (policymaking body) does not follow the Elders Act requirements for elected officials, older adults and terms or if the commission (i.e. policy-making body) is a committee of the county board.*

Chapter 46.82 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership.

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

Commission on Aging and Disability Board

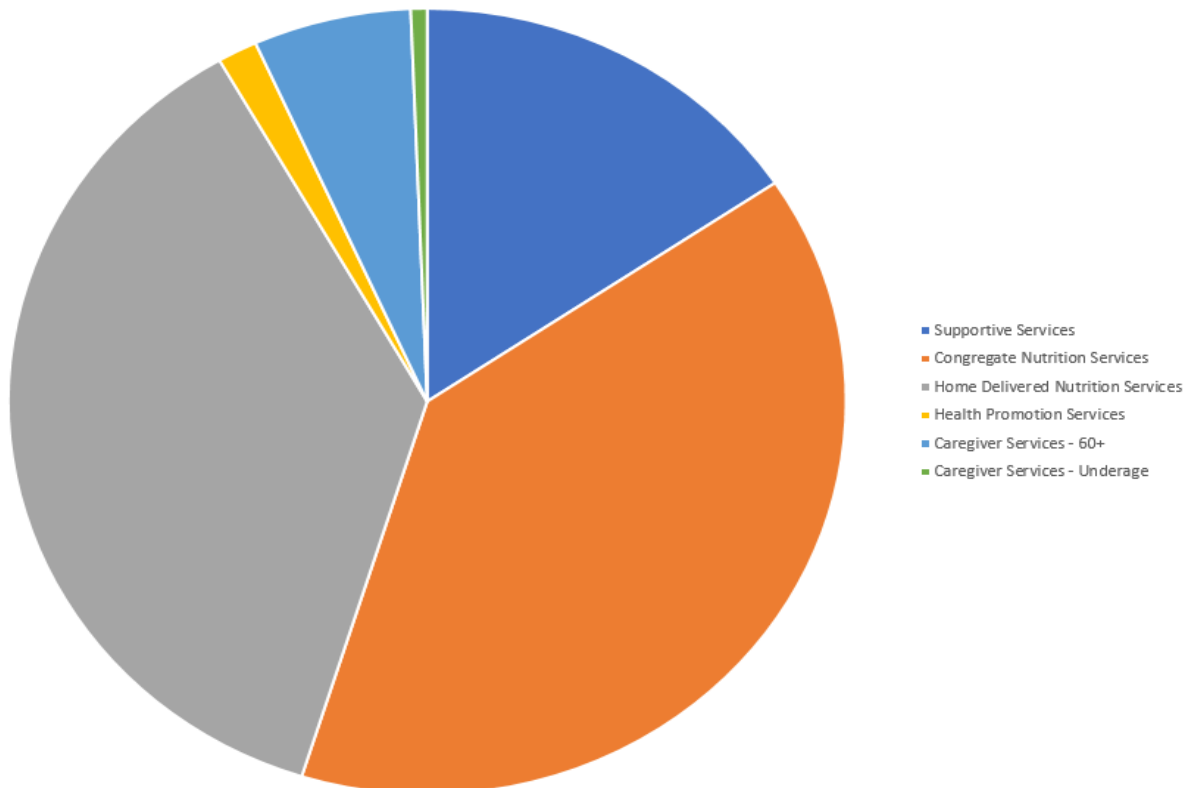
Name	Age 60 and Older	Elected Official	Start of Service
Chairperson: David Scribbins			9/2017
Carolyn Denman	X		10/2016
Sandra Kramer	X		8/2016
Virginia Wiedenfeld	X		6/15/2016
Gary Peters	X		5/1/2018
Van Nelson		X	5/1/2018
Patrick Manning	X		7/2019
Linda Symons	X		7/2018
Cindy Riley			1/2013

Budget Summary

Richland County 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. 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.

	Federal Contract Funds	Cash Match Funds	Other Fed- eral Funds	Other State Funds	Other Local Funds	Program Income Funds	Total Cash Funds	In-Kind Allocations	Grand To- tal
Supportive Services	\$ 41,178.00	\$ 5,192.00	\$ -	\$ 5,843.00	\$ -	\$ -	\$ 52,213.00	\$ -	\$ 52,213.00
Congregate Nutrition Ser- vices	\$ 92,808.00	\$ 4,766.00	\$ -	\$ -	\$ -	\$ 29,000.00	\$ 126,574.00	\$ 4,645.00	\$ 131,219.00
Home Delivered Nutri- tion Services	\$ 54,808.00	\$ 29,294.00	\$ -	\$ -	\$ -	\$ 31,565.00	\$ 115,667.00	\$ 7,735.00	\$ 123,402.00
Health Promotion Ser- vices	\$ 4,568.00	\$ 567.00	\$ -	\$ -	\$ -	\$ -	\$ 5,135.00	\$ -	\$ 5,135.00
Caregiver Services - 60+	\$ 15,211.00	\$ 5,180.00	\$ -	\$ -	\$ -	\$ -	\$ 20,391.00	\$ -	\$ 20,391.00
Caregiver Services - Un- derage	\$ 2,099.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,099.00	\$ -	\$ 2,099.00
Grand Total	\$ 210,672.00	\$ 44,999.00	\$ -	\$ 5,843.00	\$ -	\$ 60,565.00	\$ 322,079.00	\$ 12,380.00	\$ 334,459.00

Expenses by Program Category



Verification of Intent

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the AAA for approval.

In the case of multi-county aging units, the verification page must be signed by the representatives, board chairpersons, and commission on aging chairpersons, of all participating counties.

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

Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Chairperson of Health and Human Services	Date
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Signature and Title of the Authorized County Board Representative	Date
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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.

Use the template provided below and include in the body of the aging plan.

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

On behalf of the county, we certify

The ADRC of Eagle Country-Richland Center office, Richland County Aging Unit

(Give the full name of the county 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 and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Chairperson of Health and Human Services	Date
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Signature and Title of the Authorized County Board Representative	Date
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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:
 - (a) By court order; or,
 - (b) 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,
 - (b) 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 aging 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

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) 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-

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

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

(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:

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of
- (4) services for older individuals of the county.
- (5) A private corporation that is organized under ch. 181 and
- (6) 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:

(a) *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.

(a) 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.

(b) 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.

(c) 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

Attach copies of comments received during public review of the plan.

Richland County 2022-2024 Aging Plan Public Hearing Minutes

September 8, 2021

1. 2022-2024 Aging Plan Public hearing was held via zoom, and in person.
 - Instructions read.
 - Attendance taken.
 - Roxanne Klubertanz-Gerber discussed the aging plan and the purpose of the public hearing.
 - Seven individuals were present for the hearing.
 - One Individual discussed need for increased nutrition options.
 - Another individual discussed concerns about increased social isolation due to the pandemic and a lack of caregivers. They talked about looking for ways to increase individual's ability to engage with the community.
2. No further comments received, the Public Hearing concluded at 1:30 pm.

Respectfully submitted,

Roxanne Klubertanz-Gerber, CSW, Manager
ADRC of Eagle Country-Richland Center office

Public Input Reports

Complete one worksheet for each separate method of public input used. i.e. 12 interviews conducted can be compiled on one sheet.

Your County or Tribe: Richland	Your Name and Email: Roxanne Klubertanz-Gerber Roxanne.klubertanz@co.richland.wi.us
Type of Public Input: <input type="checkbox"/> Community Forum or Listening Session <input checked="" type="checkbox"/> Focus Group Discussions <input type="checkbox"/> Structured Interviews (with individuals) <input type="checkbox"/> Paper or Internet Survey <input type="checkbox"/> Other (please describe): _____	
Date/s of Event or Effort: 3/10/2021	
Number of Participants or Respondents: 7	
Key Issues Discussed:	

Food access, transportation, social outings, availability of resources, lack of services for people
Key Takeaways/Findings: 3/10/2021 A Focus group was held with the Richland County Ministerial Association. This meeting had nine local pastors who attended. The main themes from this were added supports for individuals in their homes so they can age in place, more options for nutrition, and the need for a grocery store.
Any Planned Response? Goals in plan include adding a meal site and internet options for education and caregiver support.

Public Input Report

Complete one worksheet for each separate method of public input used. i.e. 12 interviews conducted can be compiled on one sheet.

Your County or Tribe: Richland	Your Name and Email: Roxanne Klubertanz-Gerber Roxanne.klubertanz@co.richland.wi.us
Type of Public Input: <input type="checkbox"/> Community Forum or Listening Session <input type="checkbox"/> Focus Group Discussions <input type="checkbox"/> Structured Interviews (with individuals) <input checked="" type="checkbox"/> Paper or Internet Survey <input type="checkbox"/> Other (please describe): _____	
Date/s of Event or Effort: 1/2021-6/2021	
Number of Participants or Respondents: 37 surveys	
Key Issues Discussed: Food access, transportation, social outings, availability of resources, lack of services for people	
Key Takeaways/Findings: Ongoing surveys were collected from January to June of 2021. Surveys were mailed to individuals, sent to local apartment complexes, an electronic version was posted on the ADRC web page and Facebook page, and a QR code was on the paper version so people could complete it electronically. Outreach was also completed by having information on the local radio station, an article was put in the local newspaper, and in	

the Friends and Family newsletter. A total of 37 surveys were collected. These surveys identified numerous needs in the community including:

- Lack of meal sites and home delivered meal options
- Lack of grocery store
- Limited transportation for food resources
- Lack of caregivers available for in home services
- Lack of technology for online caregiver support
- Desire for increased fitness classes

Any Planned Response?

Planned goals center on increasing options for meals, health promotion programs, and caregiver support.

Community Engagement Report

Your County or Tribe: Richland	Date/s of Event or Effort: 12/9/2020, 2/14/2021
Target audience(s): aging and local stakeholders	Number of Participants/ Respondents: 29
Describe the method used including partners and outreach done to solicit responses: 12/9/2020 An agenda item was on the December 2020 COAD meeting where a survey was created and discussion related to needs was had. Participants stressed the need for added supports for caregivers and community outreach. 2/14/2021 The Nutrition Advisory committee gave input regarding needs for the next three years. As expected nutrition needs were highlighted including adding a meal site for Lone Rock and also the need to get more volunteers.	

Describe how the information collected was used to develop the plan:

Discussion regarding lack of knowledge regarding aging services and the need for increased outreach. One participant mentioned channel 2 for WRCO on the local tv would be a great way to reach people. Information and ideas from this conversation will be utilized to create a strategy to increase awareness regarding aging programs. Information will further be used to create nutrition, caregiving, and local priority goals.

Public Input Report

Your County or Tribe: Richland	Your Name and Email: Roxanne Klubertanz-Gerber Roxanne.klubertanz@co.richland.wi.us
Type of Public Input: <input checked="" type="checkbox"/> Community Forum or Listening Session <input type="checkbox"/> Focus Group Discussions <input type="checkbox"/> Structured Interviews (with individuals) <input type="checkbox"/> Paper or Internet Survey <input type="checkbox"/> Other (please describe): _____	
Date/s of Event or Effort: 5/6/2021, 6/24/2021	
Number of Participants or Respondents: 8	
Key Issues Discussed: 5/6/2021 A listening session was held at the Lone Rock library. Flyers were put up at the library, on the libraries Facebook page, Richland County Health and Human Services Facebook page, and in the Friends and Family newsletter. Participants talked about the need for a local meal site, more caregiver supports, and increased education regarding services that are available to individuals who are aging. There was a common theme that people know how to contact the ADRC but are not sure exactly what aging services are available. Lone Rock residents further indicate that they do not feel like they are a part of the county. 6/24/2021 Held a listening session at Richland Hills apartment complex. Flyers were distributed to all residents prior to the meeting and flyers were posted on the community bulletin board in the lobby of the apartment building. Once again there seems to be a lack of knowledge regarding aging services that are available in the community. One participant mentioned putting things on the local tv access station.	

Key Takeaways/Findings:

Discussion regarding lack of knowledge regarding aging services and the need for increased outreach. One participant mentioned channel 2 for WRCO on the local tv would be a great way to reach people. Information and ideas from this conversation will be utilized to create a strategy to increase awareness regarding aging programs.

Any Planned Response?

Goals created for nutrition and local priorities