2022-24 Aging Plan

MILWAUKEE COUNTY COMMISSION ON AGING

November 2021

MILWAUKEE COUNTY DHHS DIVISION ON AGING | 1220 W. VLIET ST., MILWAUKEE 53205

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Executive Summary

For decades the Milwaukee County Division on Aging has been affirming the dignity and value of older adults in our county through advocacy, leadership, and service. This past year, Milwaukee County adopted a new strategic vision: "By achieving racial equity, Milwaukee County is the healthiest county in Wisconsin." This ambitious vision along with the integration of the Department on Aging into the Department of Health and Human Services caused the Milwaukee County Commission on Aging, acting as the Area Agency on Aging for Milwaukee County, to reconsider its own mission and vision.

The Milwaukee County Department of Health and Human Services (DHHS) itself has undertaken a strategic initiative that focuses on providing easily accessible, timely, integrated, high quality, and person-centered services across its many service lines. Often expressed as "no-wrong-door" this philosophy of care places the resident's interests' first, reviews the many services from which the resident may benefit, and addresses not only the immediate need presented, but also considers the root cause of that need, investing "upstream" in preventative care, culturally appropriate asset-based support, and systemic change. Thus, DHHS seeks to put into practice its values of Partnership, Respect, Integrity, Diversity, and Excellence, through the lens of resident-centered support and health equity.

After reflection on the input gathered through an extensive community engagement process, the Commission on Aging similarly affirmed a newly expansive vision as the Area Agency on Aging for Milwaukee County:

> *The Aging Network will improve the health and well-being for all older adult residents of Milwaukee County by acknowledging and overcoming structural racism, promoting health equity, improving communication and collaboration, and addressing all dimensions of wellness.*

Under this vision, the Commission on Aging set forth broad Aging Network goals focusing on health equity, coordination and communication, and the dimensions of wellness.

Today, with the approval of the Commission on Aging and the Aging and Disability Resource Center Governing Board, the Aging Unit is situated within the Milwaukee County Department of Health and Human Services. Under the guidance and direction of the Commission on Aging, and in close coordination with the Aging Resource Center, the unit continues to offer a wide range of responsive social services, nutrition programs, management of five county-owned senior centers, community outreach, evidence-based

preventative health programs, caregiver support, specialized transportation, elder benefit and legal services, and public policy advocacy. This year, the County aging unit added two positions to better meet the needs of older adults: An Elder Benefits Specialist focusing on Medicare counseling and outreach and a Transportation Coordinator, to increase access, coordination, and awareness of publicly funded transportation systems available to older adults.

As detailed below, the Aging Advisory Council engaged in an extensive community engagement process to gather public feedback on existing services, identify unmet needs, and discern which goals were most important to the public we serve. Through this process, the Aging Advisory Council learned that the COVID-19 pandemic had taken a significant toll on older residents, particularly upon those living in senior housing. The pandemic and the resultant closure of congregate programs, facilities, group transportation, and even visitation in care facilities increased isolation, loneliness, food insecurity, and ageism.

While residents still turned to the Aging Resource Center as their primary source for information about community programs for older adults, a perception that more should be done to raise awareness, connection, and collaboration of all the services available in the Aging Network persisted. Residents indicated a strong desire to connect with their peers who remained isolated. Despite the success of "take-out" meal delivery, many longed for the return of hot meals in congregate dining settings. The Advisory Council also learned that both the community and Aging Network providers wanted greater collaboration among providers and decentralized access points for service delivery. They expressed hope that the Aging Unit would provide leadership in convening Aging Network participants and increasing collaboration across the Network. Finally, the Council learned that older adult residents as a whole appear ready to acknowledge the harm structural racism has caused the community and are supportive of a new vision to achieve health equity.

In devising the Area Plan goals, the Advisory Council took seriously its responsibility to both current and future generations of older adults, the number and composition of whom is rapidly increasing and diversifying. Thus, the Council devised not only three-year goals for Older Americans Act programs and local needs, but also a long-term vision and broad *Aging Network goals* meant to endure well beyond the current Area Plan. The rich variety of feedback provided to the Council during plan development will continue to yield important insights well into the future.

Thus, the Council stated in its preamble to the Area Plan Goals:

> *In twenty years, the composition of society in Milwaukee County will be enriched by a greater number of older adults across a wide range of generations, perspectives, and experience. These older adults will enjoy broad knowledge of services, supports, and opportunities that easily connect them with their peers, are easy to access, and are coordinated among many different provider groups.*

Despite the change from an independent Department on Aging to a unit within the Department of Health and Human Services, the leadership of the Aging Unit and its governing and advisory bodies remains strong. The leadership and commitment exhibited in this 2022-24 Area Aging Plan is a testament to the strength and resiliency of the Commission on Aging, its Aging Advisory Council, and the Aging Unit's leadership under Interim Executive Director Jon Janowski.

The Commission on Aging itself has diverse older adult leadership, including its chair, Bettie Rodgers, an elder law attorney with a master's degree in Social Work and its Advocacy Committee Chair, John Griffith, older adult advisory chair of the Milwaukee LGBT Community Center. Supervisor Jason Haas is the County Board's liaison. County leadership including County Executive David Crowley and DHHS Director Shakita LaGrant have supported the Commission's statutory role. The Commission and its standing committees: Advocacy, Wellness, Service Delivery, the Select Committee on Senior Centers, Nutrition Council, and the Aging Advisory Council not only continued to meet during the pandemic but also met more frequently. The Aging Advisory Council, led by Janice Wilberg, Ph.D., developed this Area Aging Plan and facilitated the community engagement process.

Thus, the 2022-24 Area Aging Plan marks a turning point in the Aging Network. Forward facing, it looks to overcome the racial inequities of the past. While strengthening Aging Unit programs, it promises better collaboration with public and private providers alike. Person centered, it recognizes the value of the whole person in all dimensions of wellness, as well as the importance of interconnectedness through engagement with the community at large. Situated once again within the Department of Health and Human Services, the Aging Unit promises to deliver seamless access not only to the programs it has traditionally coordinated, but to housing, behavioral health, public benefits, transportation, and veterans' services as well. We welcome you to read the ambitious goals set forth below and join us on a renewed journey to wellness with Milwaukee County's aging community.

Context

Based on the 2020 Census, Milwaukee County is home to 939,489 residents, making it the largest population center in Wisconsin with nearly sixteen percent of the state's populace. Encompassing nineteen municipalities including the City of Milwaukee, Milwaukee County is in a Metropolitan Statistical Area and thus lacks any rural residents. Milwaukee County's residents on average are slightly younger than the state population as a whole, but as in all of Wisconsin the population of adults sixty years of age and older is trending steadily upward.

Significantly, this trend is most pronounced among residents of color, particularly Black and Latinx residents. Given that Milwaukee County is home to the most diverse population in the state, coupled with the Older Americans Act injunction to pay "particular attention to and [set] specific objectives for providing services to low-income minority individuals" this demographic trend has become increasingly important in the consideration of this Area Aging Plan's goals, particularly for the longer-range Aging Network goals.

Before devising any of the plan's goals, the Advisory Council conducted an extensive needs assessment , held listening sessions, met with underrepresented groups, and considered the County's demographic and aging trends with the assistance of the Wisconsin Department of Health Services demographer. This context provided a clearer understanding of the current and future service and support needs of the county's older adults and the issues, challenges, and opportunities facing the aging unit.

As illustrated by the charts and demographic information below, the population of residents 65 – 85 years of age will *increase* by approximately 30,000 in the next decade, while the number of residents age 85 and older will *double*, exceeding 30,000. As the County population as whole remains steady, a growing percentage of our populace will qualify for services and supports under the Older Americans Act. As mentioned earlier, this cohort will be more diverse than ever before, both in terms of racial and ethnic composition, as well as in the spread of different generations, bring a wider range of interests, talents, and experiences to enrich the County.

These demographic trends make it imperative that the Commission on Aging – and the Area Aging Plan – play a formative role in the County's decisions about services, supports, and advocacy. They also bear witness to the need to think forward – beyond a three-year plan – to a longer-term vision for the Aging Network, as new generations of residents enter the ranks of the older adult community.

For example, without discounting those older adults who are not conversant with today's revolution in social media and Internet connectivity, our Commission recognizes the need to assist older adults in making the leap to virtual communication platforms, and to ensure that services in the Aging Network are delivered on platforms that are appealing and accessible to all generations of older adults.

The Commission also gave particular consideration to ensuring the voice of discreet under resourced groups was heard and that services and programs are accessible to all older residents. Special efforts were made to connect with older adults who were homeless or in temporary shelter, Native Americans, individuals with disabilities, older adults receiving services in the behavioral health system, refugees and those with Limited English proficiency, and low-income black residents in senior supported housing. Thus, the Commission included goals aimed at ensuring all facilities serving older adults comply with the Architectural Barriers Act and Access Board standards, adopted the National Standards for Culturally and Linguistically Appropriate Services in Healthcare, and ensured that racial equity was a factor in advancing all goal categories.

At the same time, the Commission recognized that the geographic distribution of older adults today is heavily skewed toward suburban areas, which are predominately white. Thoughtful consideration was given to decentralizing service access points, and even creating new centers in areas that did not have easy access to services and supports. As the aging population diversifies, thoughtful decentralization and Aging Network coordination will ensure that populations across the County are aware of the wide array of programming opportunities, as well as ease the ability of residents to participate in and access these services, supports, and recreational opportunities.

As the population ages, the need for, and reliance upon publicly funded transportation, caregiver supports, and home and community-based services will increase. Thus, the Plan also incorporates goals to address increased communication, advocacy, and coordination in each of these critical areas. For example, nearly forty percent of older adults in Milwaukee County do not have access to a vehicle. Milwaukee County residents make up almost one fourth of Wisconsin's population enrolled in Medicaid funded long term care services, and family caregivers, particularly of older adults with dementia, are increasingly stressed emotionally and financially. The Commission has recognized the needs expressed in these critical areas and the Aging Unit has already begun to increase its responsive resources.

Current population of older adults the aging unit serves.

Milwaukee County has 945,726 residents, of whom 185,400 are 60 years or older.

Program or Activity:	Milwaukee County DHHS Division on Aging
Service Area:	Milwaukee County

	Eligible Population likely to be Served or Encountered in Service Area		**Population Served in Most Recent Calendar or Program Year**		
Category	**Number**	**Percentage**	**Number**	**Percentage**	**Percentage Difference (=%Elig. - %Served)**
Total Eligible Population	188,227	100%	15,655	8.32%	N/A
Breakdown by Race					
White	145,883	77.50%	8,362	53.41%	<24.09>
Black or African American	37,416	19.88%	5,907	37.73%	17.85
American Indian or Alaska Native	1711	.91%	135	0.86%	<0.05>
Asian	4415	2.35%	375	2.40%	0.05
Native Hawaiian or Pacific Islander	155	.08%	21	0.13%	0.05
More Than One Race	1205	.64%	33	0.21%	<0.43>
Subtotal, Non-White	44,902	23.86%	6,471	41.34%	17.48
Hispanic/Latino (Regardless of Race)	11,981	6.37%	1,060	6.77%	0.40
Breakdown by Sex					
Female	105,101	55.84%	9,330	59.60%	3.76
Male	83,126	44.16%	6,067	38.75%	<5.41>
Disabilities	54,968	29.20%	6098	38.95%	9.75

Data Source:	US Census County Characteristics Resident Population Estimates -2019

DHHS Division on Aging's intentional reach to Milwaukee's older adults in a racially equitable manner can be demonstrated by participation in nutrition programs over the past Federal Fiscal Year (10/2020 to 09/2021). The Senior Dining program served 5,749 diners in Milwaukee County. African Americans represent 30% of diners in Milwaukee County, however they have 19% of the population share of older adult residents in the County, demonstrating that this higher need population receives nutrition services at a higher rate[1].

[1] SAMS Database for Congregate and Home Delivered Meals FFY 2020

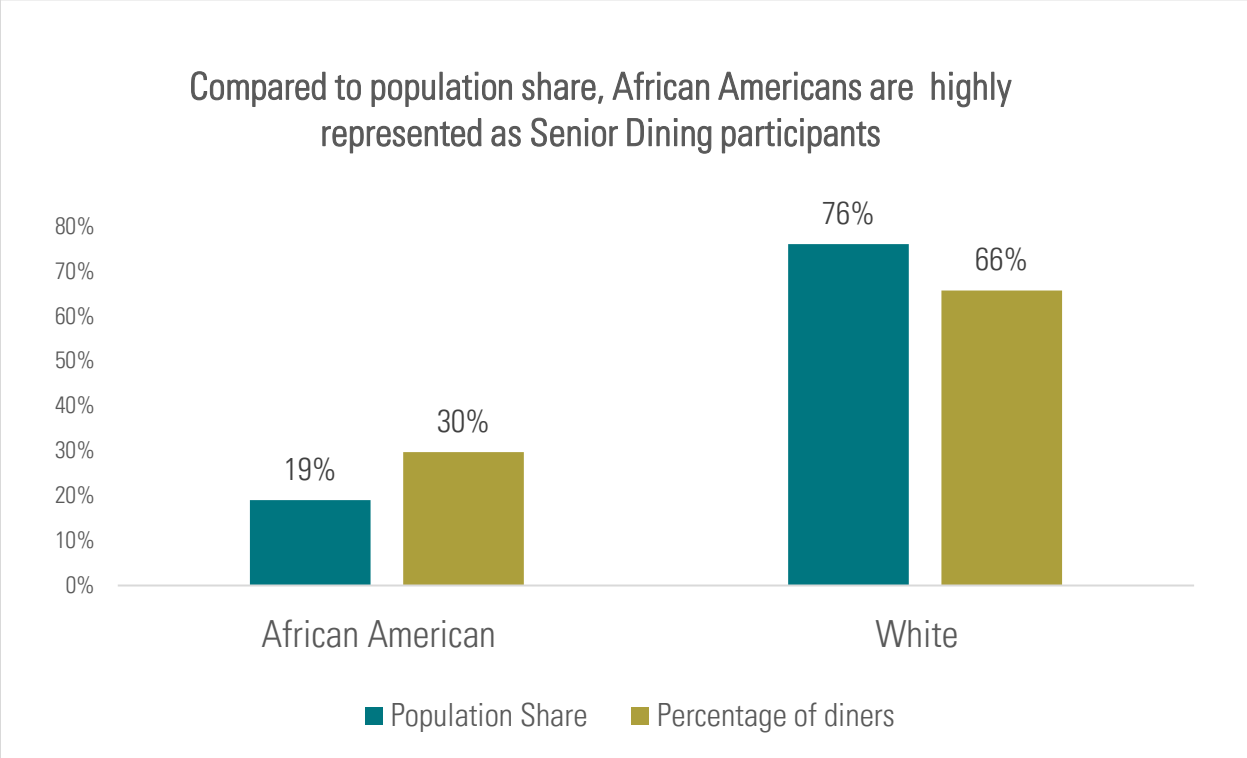


Chart 1: Racial distribution of older adult diners

Ethnicity: 6% of older adults in Milwaukee County identify as Hispanic or Latino, compared to 15% of all Milwaukee County residents who identify as Hispanic or Latino.

Gender: Women make up 56% of the older adult population, slightly higher than the percentage of women among all Milwaukee County residents (51%).

Household composition: Older adults are more likely to live alone than the general population, with 51% of all older adults living alone. The remainder of households with an older adult are family households (46%) and non-family households (3%).

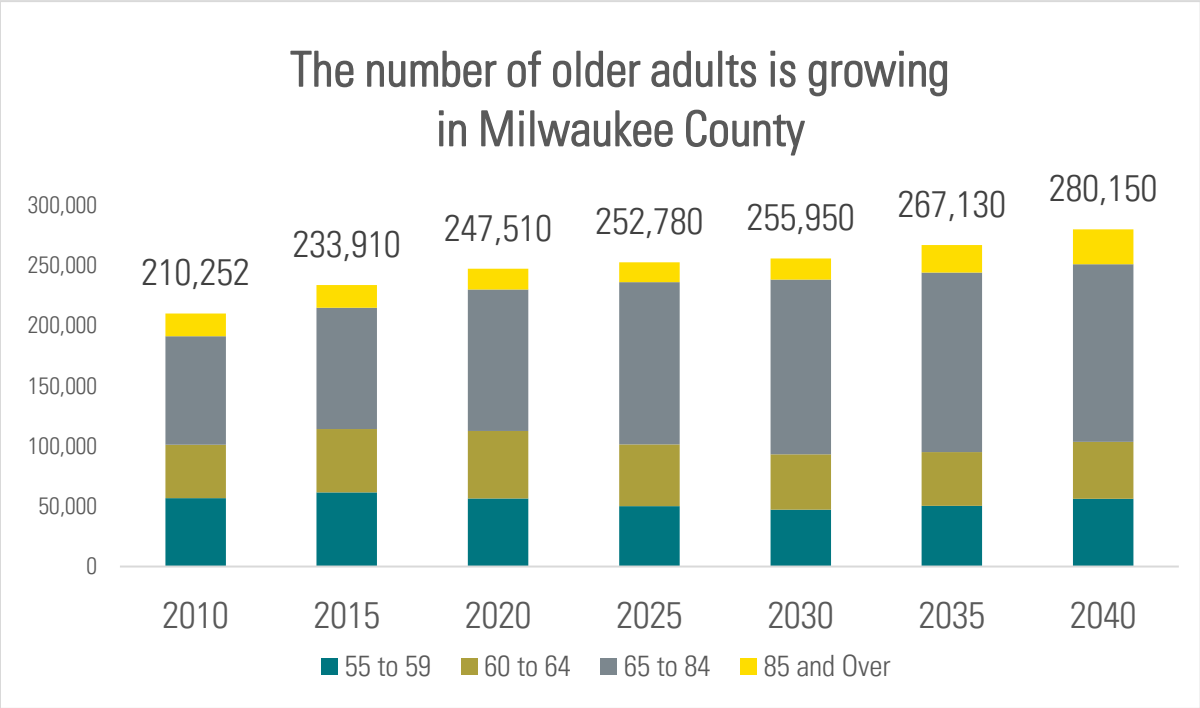
Poverty status: Older adults are less likely than the population overall to live below the poverty level. Approximatly one in eight (12%) of adults over 60 live below the poverty level, while one in five (19%) residents of Milwaukee live below the poverty level.

Distribution of urban and rural areas.

Milwaukee County consists entirely of urban areas, as defined by the U.S. Census Bureau.

Population projections for age 60+ by 2030 and 2040.

Chart 2: Population Projections for Older Adults

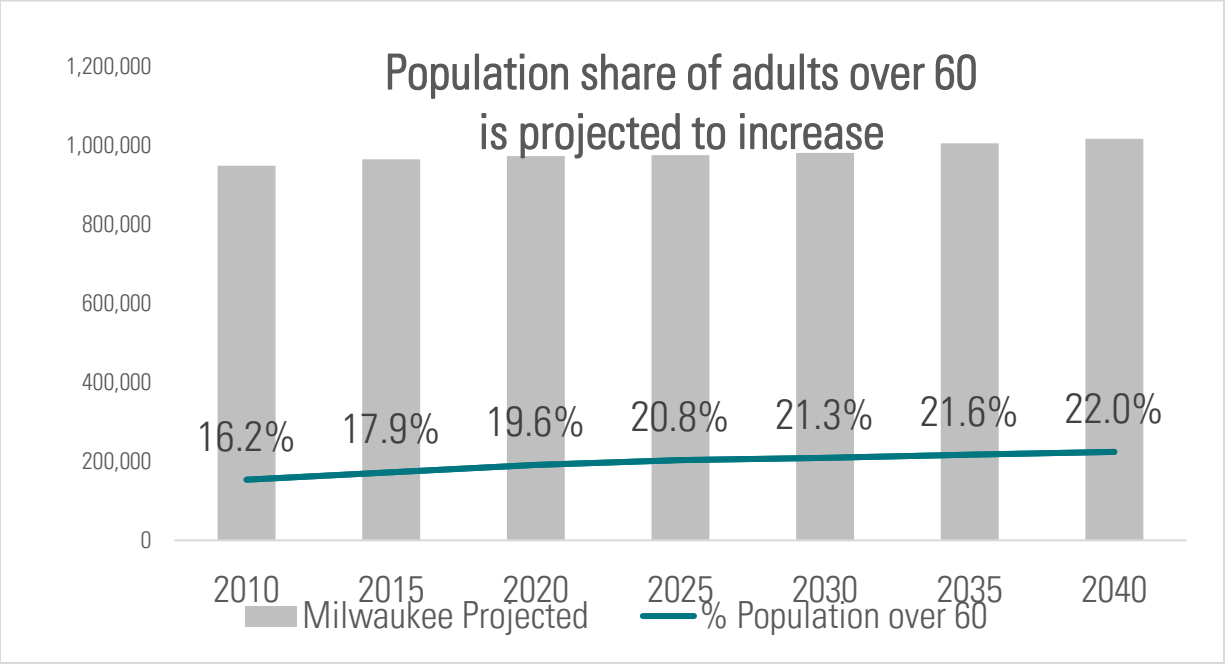


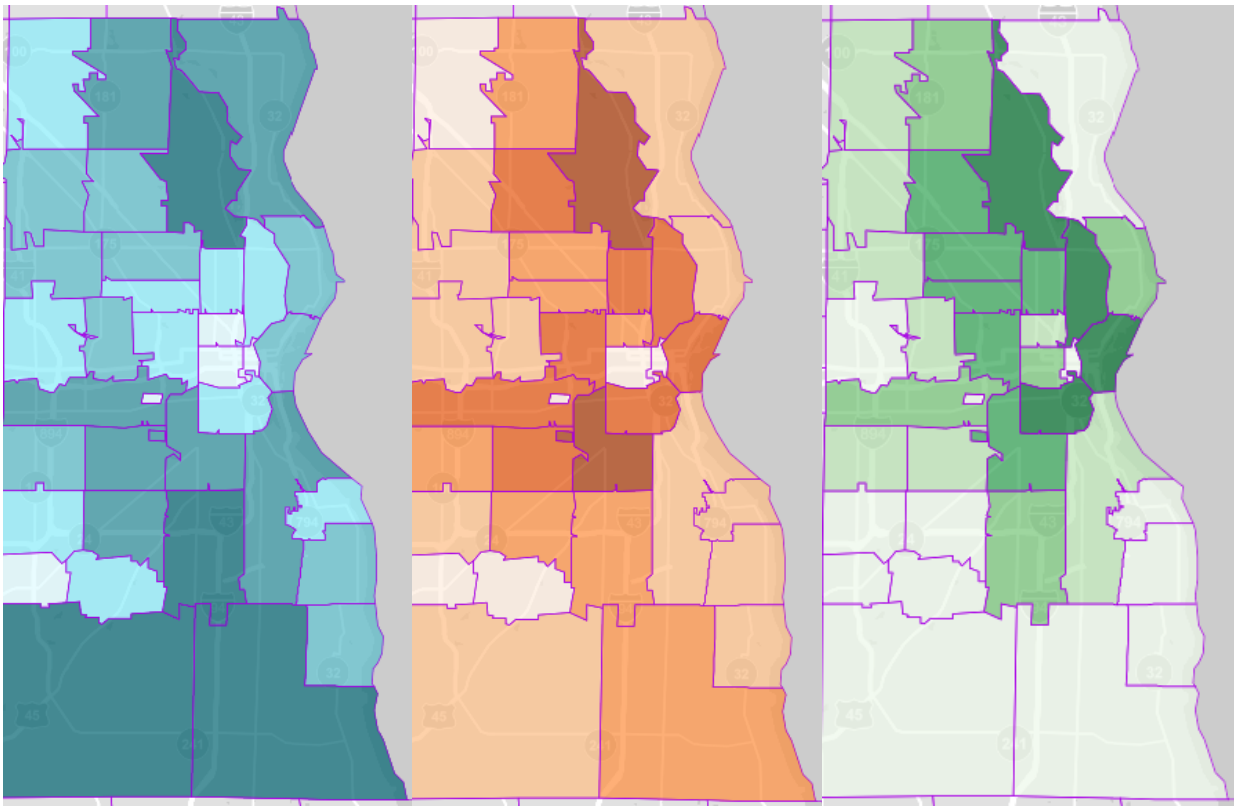
The most recent estimates of County-level population projects were generated by the Wisconsin Department of Human Services based on 2010 census data.[2] Comparing the actual population numbers for 2020 to the projected numbers for 2020 indicates that Milwaukee County was predicted to grow by 2.6% overall, from 947,735 in 2010 to 972,610; but actually decreased slightly (-0.3%) to 945,016. The 60 and over population in Milwaukee County was projected to increase by 24.3% from 153,556 older adults in 2010, to 190,910 in 2020; but actually increased by 21% to 185,400. Although the projections are slightly lower than expected, the trend of a static total population for Milwaukee County as a whole, with the percentage of older adults increasing steadily is holding accurate.

[2] Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010 - 2040; Vintage 2013

The older adult population is anticipated to increase both in terms of sheer number, and as a percentage of the resident population of Milwaukee County.

Chart 3: Older adult population growing faster than overall population





Number of Older Adults 60+ in MKE County (2019) Older Adults60+ in Poverty in MKE County (2019) Older Adults 60+ w/o a vehicle in MKE County (2019)

Current Title III Older Americans Act Funded Programming

FUNDING	SERVICE	VENDOR	STAFF	STAFF TITLE
TITLE III-B	Coordination of Neighborhood Services	Eras Senior Network	Jill Knight	Program Coordinator
	Family Support for Older Adults and People with Disabilities	Life Navigators	Jill Knight	Program Coordinator
	Late Life Counseling	Jewish Family Services	Jill Knight	Program Coordinator
	Benefit Specialist and Legal Services	Legal Action of Wisconsin	Dan Idzikowski	Program and Policy Coordinator
	Outreach and Translation Services for Southeast Asian Seniors	Hmong American Friendship Association	Jill Knight	Program Coordinator
	Outreach and Access Services for Southeast Asian Elderly	Milwaukee Christian Center	Gaylyn Reske	Senior Dining Program Coordinator
	Outreach and Services to LGBT Elderly	LGBT Community Center	Jill Knight	Program Coordinator
	Programs in United Community Center Senior Center	United Community Center	Gaylyn Reske	Senior Dining Program Coordinator
	Services to Native American Elderly	Indian Council of the Elderly	Gaylyn Reske	Senior Dining Program Coordinator
	Socialization Activities for Older Adults--53206 ZIP Code	Greater Galilee	Jill Knight	Program Coordinator
	Specialized Transportation	First Transit	Alena DeGrado	Transportation Coordinator
	Telephone Reassurance Program	Vital Voices	Jill Knight	Program Coordinator
	Transportation to the United Community Center	United Community Center	Alena DeGrado	Transportation Coordinator

FUNDING	SERVICE	VENDOR	STAFF	STAFF TITLE
TITLE III-C	Nutrition Site Supervision: 5 County-Owned Senior Centers	Serving Older Adults of Southeastern Wisconsin	Gaylyn Reske	Senior Dining Program Coordinator
	Catering Service: Congregate and Home-Delivered Meals	Various •	Gaylyn Reske	Senior Dining Program Coordinator
	Delivery of Congregate Meals	AUT	Dan Idzikowski	Program and Policy Coordinator
	Dine-Out Program: Senior Meals/Site Supervision	LWBN dba VIA CDC with Restaurant Partners ••	Gaylyn Reske	Senior Dining Program Coordinator
	Home-Delivered Meals for Older Adults	Goodwill Industries of Southeastern WI	Gaylyn Reske	Senior Dining Program Coordinator
	Nutrition Services for Native American Seniors	Indian Council of the Elderly	Gaylyn Reske	Senior Dining Program Coordinator
	Nutrition Site Supervision: 12 Dining Sites	Milwaukee Christian Center	Gaylyn Reske	Senior Dining Program Coordinator
	Senior Meals/Dining Site Supervision	Muslim Community and Health Center	Gaylyn Reske	Senior Dining Program Coordinator
	Senior Meals/Dining Site Supervision at United Community Center	United Community Center	Gaylyn Reske	Senior Dining Program Coordinator
	Senior Meals/Dining Site Supervision: 53206 ZIP Code	Greater Galilee	Gaylyn Reske	Senior Dining Program Coordinator
	Senior Meals/Meal Supervision at Milwaukee Christian Center	Milwaukee Christian Center	Gaylyn Reske	Senior Dining Program Coordinator

FUNDING	SERVICE	VENDOR	STAFF	STAFF TITLE
TITLE III-D	Coordination of Evidence-Based Prevention Programs	Jennifer Lefeber	Rebecca Schmitt	Community Programs Coordinator
TITLE III-E	Family Caregiver Support and Alzheimer's Disease Direct Services	Alzheimer's Association	Jill Knight	Program Coordinator
	Family Support for Older Adults and People with Disabilities	Life Navigators	Jill Knight	Program Coordinator

NOTE: This is not a comprehensive list of all AAA-Coordinated services, as other services are funded by grant streams or funding sources outside of the Older Americans Act

• Anmol, Aramark, Davians, Jimbo's and Sweet Fix (Damascus Gate)

•• Antigua, Daddy's Soul Food and Grille and Orenda are the restaurant partners and the Dine-Out Program is supervised by the VIA CDC.

Revised: November 9, 2021

Provider	Program	2021 Contract funded amount
Alzheimer's Association of Southeastern Wisconsin, Inc.	Alzheimer's Counseling and Community Support Services	$50,000
Alzheimer's Association of Southeastern Wisconsin, Inc.	Family Caregiver Support and Alzheimer's Direct Services	$815,107
American United Transportation Group	Congregate Meal Delivery	$250,000
ERAS Senior Network	Coordination of Neighborhood Services	$281,232
First Transit	Specialized Elderly Transportation Services	$1,459,071
Goodwill Industries of Southeastern Wisconsin, Inc.	Case Management and Delivery Services for Home Delivered Meals	$1,242,903
Greater Galilee	Senior Center programing and dining site	$106,000
GWAAR	Employment Training and Placement Services	$8,216
Hmong/American Friendship Association, Inc.	Community Outreach and Access Services to Southeast Asian American Elderly: Translation and Interpretation	$36,135
IMPACT Alcohol and Other Drug Abuse Services	After Hours Telephone Coverage to Aging Resource Center	$30,000
Indian Council of the Elderly, Inc.	Services to Native American Elderly	$89,572
Jewish Family Services, Inc.	Late Life Counseling Services	$30,000
Layton Boulevard West Neighbors dba VIA CDC	Minority Owned Business Project	$20,000
Legal Action of Wisconsin, Inc.	Benefit Specialist/Legal Services	$405,077
Life Navigators, Inc.	Family Support for Aging and Persons with Developmental Disabilities	$30,150
Milwaukee Christian Center, Inc.	Nutrition Site Supervision Services (Multiple Sites)	$305,000
Milwaukee Christian Center, Inc.	Community Outreach and Access Services to Southeast Asian American Elderly: Socialization, Education and Recreation Nutrition	$108,550
Milwaukee LGBT Community Center, Inc.	Outreach and Services to Lesbian, Gay, Bisexual and Transgender Elderly	$30,000
Muslim Community Health Center	Meal Site Supervision at MCHC	$20,000
Serving Older Adults	Meal Site Supervision in 5 County Owned Senior Centers	$125,000
Serving Older Adults	Programs in five County-owned Senior Centers	$892,867
Social Development Commission	Medicare Benefits Outreach	$7,600
United Community Center, Inc.	Transportation to United Community Center Senior Center	$129,000
United Community Center, Inc.	Programs in United Community Center Senior Center	$269,189
Vital Voices for Mental Health	Telephone Reassurance Services	$22,662
SUPPORT SERVICES		$3,405,428
LEGAL SERVICES		$412,677
NUTRITION SERVICES		$1,942,903
TRANSPORTATION SERVICES		$1,588,071
EMPLOYMENT SERVICES		$8,216
CAREGIVER SERVICES		$865,107

Community Involvement in Development of the Aging Plan

The requirements of the Area Agency on Aging planning process include a focus on community involvement in development of the aging plan, and specifically that older adults fully participate in its formulation. The Milwaukee County Area Aging Plan was developed using a diverse array of methods for gathering input, including surveys, listening sessions, and community conversations. Community engagement reports are attached to this Plan.

Community feedback on the Area Aging Plan was solicited through the leadership of the Aging Advisory Council in shaping the methods and questions asked to the community, developing the actual goals of this plan, and giving feedback. The principal opportunities for community feedback on the Milwaukee County Area Agency Plan on Aging were community listening sessions and a broad survey of older adult residents.

The community listening sessions were held online only because of the COVID-19 pandemic, on April 30, May 11 and June 15th of 2021. Forty-four attendees participated. Major concerns from listening session participants included: lack of accessible, affordable housing, support for people with mental illnesses, transportation, the shortage of care attendants.

The Area Agency on Aging Survey was first noticed and printed in the 50 Plus News Magazine, available in both online and printed formats. 50 Plus News has a distribution of 40,000 in Milwaukee County. 5500 printed copies of the survey, along with pre-paid envelopes were mailed to a randomly selected selection of Aging Division participants. Another 2200 copies including Spanish and Hmong language versions, were hand distributed to senior residential complexes, meal sites, and other outreach venues. Finally, the survey was posted on the Division on Aging's webpage along with an online response form and posted on the Division's Facebook page.

There were 1,061 responses to the survey. Thirty surveys were mailed in from the newspaper, 215 were generated online, and 816 were submitted on paper. An additional 120 surveys were received after the cut-off date for responses and were not included.

The high number of paper survey responses can be attributed to a special emphasis on distribution, which was intentionally pursued to mitigate the lack of in-person discussions and community listening sessions due to the COVID-19 pandemic.

Specific efforts to distribute paper surveys included:

- A mailing to a sample of clientele of services contracted to the DHHS Division on Aging, including riders of the volunteer and specialized transportation services,

diners at meal sites and Meals on Wheels, and participants at the LGBT Center, Milwaukee County senior centers, Greater Galilee, and other centers[3];

- Distribution of surveys by members of the Commission on Aging and subcommittees to older adults in their networks, with special attention to residents who were not connected to services provide by the Division on Aging;
- An outreach effort to senior housing centers and religious organizations which serve older adult residents;
- The Division on Aging's Outreach Social Worker, Andrew Bethke, carried and distributed surveys at events over the summer including senior stock box distributions, events at major public arenas including American Family Field, making 1,216 contacts with individuals to promote the Area Aging Plan process;
- Copies of the survey were distributed to institutions which were still open at the time, including Milwaukee Public Libraries; and
- Paper copies were available to be mailed upon request by people who called the Division on Aging.

In order to pursue a more equitable distribution of survey respondents, at the midpoint of survey collection a demographic analysis of respondents was run according to markers including race, geography, and gender. This data informed further outreach methods, for instance ZIP codes over-represented in the early response did not receive further outreach.

Applications of community feedback

DHHS Division on Aging leadership and staff have discussed these findings and already are referencing this community input for making decisions. Early examples of how community feedback is informing discussions and planning for the Division on Aging include:

- Amending a planned Request for Proposal for assisted transportation services to include new locations for drop-off of riders informed by the requests of survey respondents.
- Informing discussions on building the network of vendors and partners to the DHHS Division on Aging to potentially include financial services.
- Maintaining services initiated or significantly supplemented during the pandemic such as meal delivery, COVID-19 transportation, and wellness calls to address concerns for older adults who remain isolated.

[3] A complete and current list of senior centers in Milwaukee County can be found at the Milwaukee County Division on Aging webpage.

Figure 1: Word map from community Listening Sessions

Feedback is organized by topic, with survey responses, themes from the community listening sessions, and quotes together.[4]

Tables below that begin with a topic and have rankings are from the survey ranking topics. Respondents were asked to rate prompts according to topics, on a five point scale: Excellent (5), Very Good (4), Good (3), Fair (2) to Poor (1). The following prompts are displayed from high to low order as rated by respondents regarding their opinion on the quality of existing services in the following areas.

[4] A broader selection of quotes and major discussion themes is available in the appendices document "Themes from Open Ended questions to the Area Aging Survey", which was prepared for the Advisory Committee to the Commission on Aging as an update to the community research process.

Older adult residents of Milwaukee County prefer self determination when it comes to living situations. Almost all respondents indicated that it is important to **live independently** as they age, with 87.7% saying "Extremely" or "Very."

Housing and Livability

3.69	Conveniently located health and emergency care
3.46	Convenient residential access to parks and recreational opportunities
3.34	Affordable to remain in my own home
3.15	Affordable rental housing options that meet my needs.
3.09	Well-maintained, safe, public senior housing
3.08	Affordable assisted living, or senior apartments

Specific comments on housing needs for older adults in Milwaukee included:

> *"Co-housing developments that offer opportunity for intergenerational contacts, rather than the "silo" of traditional senior housing. Condo-like buy-in and participatory management."*
>
> *"Access to affordable housing located in the community (not in a senior apartment which tends to be segregated from the life of a neighborhood)."*

Nutrition access through the senior meal sites is a major activity of the Division on Aging in Milwaukee County. One in five respondents to the survey (21) said that they have difficulty preparing or cooking their meals.

Nearly half of respondents had eaten at a **community meal site** whether affiliated with Milwaukee County (32.2%) or another club or organization (7.2%). Just over a quarter (27.3%) have not eaten at a meal site, but would be interested in doing so and one third are not interested (33.3%).

Health and Wellness:

3.62	High quality social services for older adults
3.47	High quality healthcare for older adults
3.42	Affordable fitness activities for older adults
3.38	Affordable and accessible health and wellness classes such as nutrition, stopping smoking, and weight control
3.21	Affordable home care services including housekeeping
3.00	Buildings, and spaces accessible for all residents

Vendors to the Milwaukee County Division on Aging that continued to operate during the COVID-19 pandemic were positively perceived, including caterers, meal site managers, and ERAS. However, **lonliness and isolation,** a demonstrated concern for older adults, has accellerated during the COVID-19 pandemic. Communication about the breadth and availability of services to connect older adults in need of support is a priority.

Some respondents suggested that communication should be increased, saying:

> *"There should be a campaign alerting seniors to what is available."*
> *"I wish there would be a place to rely on for getting names of trusted individuals for needed help to successfully remain in your own home"*

When asked about **caregiving**, 17.0% of respondents said they are caregivers for another person. Overwhelmingly, this meant caring for another adult, including another older adult age 60 or over (46.7%), for a spouse or partner (30.6%), for another non-familial adult (21.1%), or for an adult child with a disability (15.6%). Under a quarter of respondents are caregivers to children, whether their own grandchildren (16.1%), or a minor who is not their child or grandchild (5.0%). Respondents were allowed to choose more than one category. Caregivers providing unpaid care said that the following would be the most helpful: Financial support (43.9%), Opportunities to take care of yourself while caregiving (42.9%), and Resource guide for caregivers (**42.3%).**[5]

[5] Other categories of support to caregivers were given a helpful rating of under 30% and will be included in the full survey report.

When asked about **isolation**, one third of survey respondents indicated that they lack companionship. Specifically, respondents answered that they:

- Lack companionship: always (8.0%), often (29.1%); while 62.9% said rarely.
- Feel left out: always (6.2%), often (22.1%); while 67.2% said rarely
- Feel isolated from others: always (6.7%), often (20.9%), while 68.9% said rarely.

> *"As I age now in my seventies, I am losing friends to death and not making new… I'd like to see more dancing lessons for exercise mainly and social interaction. We need to concentrate more on bringing new members in."*
>
> - *Survey respondent*

In the past year, nearly half (48.7%) of respondents had experienced a **traumatic event,** including: depression, anxiety, unresolved grief, and/or the unplanned loss of employment, housing, marriage, or volunteer engagement.

Respondents were most likely to reach out for social engagement opportunities, assistance, and general **information on services** for older adults to the Milwaukee County Aging Resource Center (63.4%). The rest of the top five most accessed resources were: their doctor or other healthcare professional (57.7%), Senior Centers (47.2%), the Internet (39.6%), and faith-based organizations, churches, mosques, or synagogues (26.2%).

Activities and engagement opportunities offered in Milwaukee County ranked well, especially those linked to faith communities and spiritual activities, but there is room for improvement in activities that cross generations.

3.48	Faith communities or spiritual activities
3.26	Activities that are specifically for older adults
3.24	Activities that are affordable or free
3.08	Cultural activities for diverse populations
3.00	Activities that involve both younger and older people
2.80	Local schools that involve older adults

In terms of **limited access** to services, one in ten respondents has faced a civil legal issue or challenge with a public benefit program for which they could not afford a private attorney. Nearly two in ten (17.9%) have been treated differently, been denied, or felt unable to access services. Ageism predominated among the reasons respondents indicated that they believed they were treated differently: age (50.8%), disability (43.0%), race or skin color (30.5%).[6]

Regarding **connectivity and online access**, 70.7% of respondents indicated that they have access to a computer, the internet, or a mobile phone. Another 10.9% responded that they have access, but are uncomfortable using it and 18.4% responded that they do not have access. One respondent said, "I would like to learn how to use computer", while others referenced the costs associated with having technology and internet access in the home.

Continuting education and self-improvement classes had middling ranks from survey respondents:

3.12	Affordable adult education offerings
3.10	Continuing education, social or hobby clubs
2.89	Opportunities to travel or explore places and cultures

> *"Continue supporting the county's senior centers. Until I was a senior, I had no idea how many vital services they offer for older adults."*
>
> - *Survey respondent*

Senior centers were ranked as the most popular site to attend **educational or wellness classes**.

Respondents indicated that they had attended sessions at the following locations, the percentage for each was:

- 63.8% Senior Center or Community center
- 37.3% City or Village Department of Health or Recreation Department or library
- 29.8% Faith community or congregation
- 25.3% Milwaukee County DHHS Division on Aging
- 12.8% University or Technical College or Public School

[6] Other categories were chosen by respondents at less than 10% and will be included in the full report.

Additional feedback from seniors on activities and engagement programs included:

> *"More opportunities for older adults to volunteer and engage; efforts to reduce stigma related to use of aging services and increase attractiveness of older adult services."*

> *"Many of these questions only pertain to a pre- or post-pandemic county. I don't feel this pandemic is over. I stay in my apartment and avoid contact so I don't get sick."*

> *"We should have a telephone network to connect us with adults living alone, isolated, so we could talk and help and support each other. Too many alone people who don't know how to reach out or ask for help or companionship. People in nursing homes are suffering greatly and need company - it would be great to have an organization that provides company and support to those suffering"*

Older adults asked for "more opportunities for older adults to volunteer and engage." Support and opportunities for volunteerism in Milwaukee County ranked in the Good (3) and Fair (2) categories. A listening session attendee shared: "After I retired, I realized that for the years I worked in the community I thought I had some gifts I could share. I learned about Milwaukee County and the services that they're providing, many more than I knew about."

3.34	A range of volunteer activities to choose from
3.09	Volunteer training opportunities
2.92	Easy to find info on volunteer opportunities
2.84	Opportunities to participate on public boards

Survey respondents ranked the category regarding employment the lowest of any topic, with no single question averaging a 3 for "Good". Options that referenced opportunities ranked even lower. Very little discussion on employment in focus groups provided extra context.

2.86	Ability to get to work in a timely manner
2.80	Jobs adapted to meet the needs of people with disabilities
2.78	Flexible job opportunities for older adults
2.74	Jobs ensuring equal opportunity for older adults
2.66	Job training opportunities for older adults

Some respondents shared that a disability or chronic disease kept them from participating fully in work, school, housework and other activities, including cancer (2) and pain issues (3).

Transportation is neccesary to run a household, access services, and have self-determination in an urban environment. Older adults rated most transportation options in Milwaukee County between Very Good and Good.

3.36	Transit Plus for people with disabilities
3.25	MCTS Public Transit System
3.16	MCDA Transportation for older adults
3.13	Accessible and affordable private transportation
2.96	Accessible sidewalks, walkways, and bike paths.
2.90	Volunteer driver programs

On the survey, respondents were asked to rank by importance a list of desinations for transportation. Access to a park, trail, or outdoor recreation site emerged as the most important destination, followed by visiting a friend/relative in a hospital or nursing home, going to the pharmacy, a healthcare appointment, and attending a social activity.

To improve transportation, respondents said:

> *"Speeders + reckless drivers, why have speed limits when there is so little enforcement. Never see county sheriff on freeway unless there was an accident."*
> *"Make neighborhoods safer to walk in and know neighbors "*
> *"Transportation options for older adults are not the best if you don't have a vehicle. Wait times and finding transportation can be difficult."*

Public Hearing Requirements

Having conducted and extensive outreach campaign to gather feedback on needs, priorities, and programming among the older adults at large, with an emphasis on lower income communities of color, program participants, and discreet but hard to reach groups, the Area Plan goals were developed in coordination with all the various Commission on Aging committees and the Nutrition Council, vetted and given preliminary approval by the Aging Advisory Council. At that point, they were ready to post publicly for additional feedback.

The 2022-24 proposed Area Aging Plan goals were translated into Hmong and Spanish and, along with an English version, posted on the Division on Aging website and Facebook page, along with an electronic feedback form. 5000 paper copies of the Plan Goals in summary form were distributed along with pre-paid postcards to all meal program recipients (both home delivered and through the take-out "congregate" meal program), a select number of low-income senior housing, outreach locations, two Aging Resource fairs, and specialized transportation program participants.

In addition, the Aging Advisory Council sponsored four public hearings, two in person at Wilson and Clinton Rose Senior Center and two virtual through the Zoom platform. These sessions were noticed through the County Legislative Information Center, on the Aging Division's website, through flyers distributed with the feedback materials, and published in 55+ News, a monthly newspaper that has a circulation of more than 40,000 in Milwaukee County. During these sessions, Advisory Council members provided a brief overview of the Plan goals and then solicited feedback in each of the goal areas, along with questions regarding any missing areas of concern.

Turnout at these public hearings was admittedly thin and written feedback yielded approximately 25 responses. Yet, the themes of collaboration, communication, and equitable distribution of services were confirmed by the comments received. As a result, no significant changes were made to the proposed Plan goals, which were edited and passed in a final version by the Area Aging Council and the Commission on Aging in October.

These goals follow in the next section.

Goals for the Plan Period

Aging Network Vision Statement

In twenty years, the composition of society in Milwaukee County will be enriched by a greater number of older adults across a wide range of generations, perspectives, and experience. These older adults will enjoy broad knowledge of services, supports, and opportunities that easily connect them with their peers, are easy to access, and are coordinated among many different provider groups.

The Aging Network will improve the health and well-being for all older adult residents of Milwaukee County by acknowledging and overcoming structural racism, promoting health equity, improving communication and collaboration, and addressing all dimensions of wellness.

Aging Network Goals

Topic A: Health Equity

Goal I: In alignment with Milwaukee County Strategic plan, identify and eliminate barriers to service for people of color and intentionally create more inclusive, equitable, and culturally appropriate services.

Goal 2: Make information and services dementia friendly and fully accessible and available to older adults with disabilities and older adult residents with limited English language proficiency. Adopt the National Standards for Culturally and Linguistically Appropriate Services in Health (CLAS Standards).

Goal 3: Identify at least one social determinant of health that negatively affects older people of color and develop a Network-level strategy to reverse the inequity.

Topic B: Coordination and Communication

Goal 1: Create communication and outreach strategies that more effectively reach older adults, particularly discreet communities of color, tribal members, veterans, and individuals who are homeless or in temporary shelter. Leverage existing contracts to partner with agencies that work with these communities or develop new relationships.

Goal 2: Convene the Aging Network on a regular basis to provide opportunities for referral, collaboration, sharing of best practices, and mutual learning. Develop protocols that allow easier dissemination of information and referrals through a decentralized service delivery system.

Goal 3: Increase connections to older adults by leveraging increased collaboration within the Department of Health and Human Services (DHHS) and dedicate specific funding in the budget to communication and outreach strategies.

Topic C: Dimensions of Wellness

Goal 1: Address threats to mental health and loneliness experienced by older adults by attending to their Emotional, Spiritual and Social Wellness through readily accessible programs and services that enable them to cope with life's challenges, connect with other people, and improve their mental and emotional health. Ensure that DHHS Behavioral Health Division services are responsive to issues facing older adults. Partner with other healthcare entities in the Aging Network to improve the availability of services addressing mental health and loneliness.

Goal 2: Enrich the ability of older adults to pursue lifelong learning, engage in compensated or volunteer work that is meaningful to them, share their gifts and talents with others, and manage their financial resources. Ensure that opportunities are community-based, locally available, increase equity, respect personal choice and community culture, and promote personal growth. Develop or extend program opportunities in each of these areas: financial, vocational, and educational.

Goal 3: Promote wellness through the development of, and equitable access to programs, services, facilities, and recreational opportunities that improve older adults' ability to make healthy lifestyle choices and promote engagement with the natural world. Provide education on the relationship between sound nutrition, social engagement, regular exercise, and good health. Improve equitable access and utilization of Milwaukee County's parks and recreation assets for older adults. Expand access to healthy food and recreational opportunities throughout the Aging Network.

Older Americans Act [OAA] Title III Goals

Advocacy

The OAA provides that "the Area Agency on Aging serve as the advocate and focal point for older individuals within the community by. . . monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals."

2022-24 Goal Ideas	SMART Measures
Health Equity	
Build a base of advocates across the County to expand influence and ensure representative voice with all local and state representatives.	By 2024 have a representative from each State Legislative District in Milwaukee County and/or Milwaukee County Supervisory District on the Advocacy Committee.
Identify and advocate for policy change that will advance racial equity and improve health and well-being among older adults at the federal, state, and local levels.	In 2022 research and identify at least one policy to advance racial equity for older adults at each level. In 2023 engage in community education and build a constituency for policy change. In 2024 advocate with policymakers to successfully implement proposed policy changes.
Collaboration & Communication	
Expand our common cause on public policy issues with other nonpartisan older adult groups, such as labor unions, retirees, or AARP.	Partner with at least one other older adult advocacy group to host an annual reception for Milwaukee County's local and state legislators.
Dimension of Wellness	
Hold the Senior Statesmen program each year and convene all senior statesmen on a regular basis to carry advocacy messages to their legislators and policymakers (Intellectual/Spirit).	All Senior Statesmen participants demonstrate an increased understanding of the public policy process. At least 50% of Senior Statesman engage in advocacy within 6 months of attending program.

Social Support

OAA authorizes a wide range of Supportive Services to assist older individuals that promote or support social connectedness and reduce negative health effects associated with social isolation and any other services necessary for the general welfare of older individuals.

2022-24 Goal Ideas	SMART Measures
Health Equity	
Increase participation of Minority Business Enterprises in contracting with vendors for older adult services.	Eliminate at least two policies that place barriers on Minority Business Enterprise participation in the contracting process.
Encourage all vendors to attain representation in ownership, governing boards, management, and staff that reflects the diversity of the older adult population in Milwaukee County.	Require vendors to report the percentage of ownership, governing board, and employee composition by race and ethnicity on an annual basis.
Implement Culturally and Linguistically Appropriate Services standard in all programs.	Implement CLAS standards in DHHS programs and include requirement in all contracts by 2024.
Collaboration & Communication	
Expand telephone reassurance program/ maintain pandemic levels. Increase opportunities that foster peer-to-peer connections.	Maintain or increase levels of telephone reassurance calls made in 2020-21. Create one new peer-to-peer companionship program with at least 50 participants.
Provide programming that addresses access to and use of technology. Support the extension of broadband services and awareness of financial support for internet and wireless telecommunication services.	Develop a promotional campaign to promote financial support programs for cell phone and internet service access. Include technology education & support as a required component of socialization programming.
Dimension of Wellness	
Increase access to financial counseling, preretirement, money management. Increase assets available to older adults of color.	Develop connections to existing programs or partner to develop a new program assisting 100 older adults, particularly people of color, to save, build assets and manage their finances.
Improve employment and volunteer opportunities for older adults. (Social, Vocational)	Identify and enhance opportunities offered through the Senior Employment Program and Retired Senior Volunteer Program or develop new program to do so. Double participation by older adults in employment & volunteer programs.

Senior Centers

The OAA provides for the provision of "multi-purpose senior centers" through which a wide range of supportive social services can be delivered to "secure and maintain maximum independence and dignity . . . for older individuals." The Area plan shall, where feasible, give special consideration to designating multipurpose senior centers as a focal point for comprehensive service delivery.

2022-24 Goal Ideas	SMART Measures
Health Equity	
Provide periodic screening, testing, and preventative healthcare services (ensure care is culturally competent and addresses conditions for which black older adults are at greater risk) at senior centers in partnership with local healthcare providers.	By 2024 at least three Milwaukee County operated senior centers, including two with a majority of participants of color, regularly offer providers to administer periodic screening, testing, and preventative healthcare services.
Ensure that all senior centers are fully accessible to older adults with disabilities.	By 2024 all Milwaukee County senior centers meet the Architectural Barriers Act standards.
Communication & Collaboration	
Explore the feasibility of public-private sector partnerships to create new senior centers combined with other uses such as housing.	Approach at least three private entities to partner in the creation of new centers that will increase access for all seniors; diversify programming to appeal to future generations; and achieve racial equity.
Establish a dedicated presence on the Internet and social media by offering virtual & social media programming. Provide training, support, and access to computers and mobile devices to participants to ensure they can access enhanced programming.	Demonstrate an increased presence on social media through website hits and virtual program participation. By 2024, 75% of senior center participants will indicate they feel competent accessing Internet & social media.
Collaborate to ensure Senior Companions, Foster Grandparents, RSVP, and Senior Employment programs are available for MC senior center participants.	By 2024, hold annual events at each senior center for RSVP, Senior Companions, Foster Grandparent, and Senior Employment.

Expand access to Milwaukee County parks in which senior centers are located (Environmental, Physical).	By 2024 sponsor at least 2 recreational events on the Milwaukee County park grounds/assets in which each MC senior center is located.
Dimensions of Wellness	
Lifelong learning programs address all dimensions of wellness s/a culinary, performing arts, financial mgt & intellectual pursuits (Intellectual, Vocational).	By 2024 develop new programming for the MC senior centers in two of eight dimensions of wellness that are not currently addressed.
Modify the Milwaukee County senior centers to accommodate new programming.	By 2024 accommodate new programming with needed updates to senior centers.

Nutrition

The OAA Nutrition Programs include the Congregate Nutrition Program and the Home-Delivered Nutrition Program. These programs are meant to 1) reduce hunger and food insecurity, 2) promote socialization, 3) promote health and well-being, and 4) delay adverse health conditions. The intent is to make community-based nutrition services available to older adults who may be at risk of losing their independence and their ability to remain in the community. The OAA Nutrition Programs also provide a range of related services including nutrition screening, assessment, education, and counseling.

2022-24 Goal Ideas	SMART Measures
Health Equity	
Increase service to residents of color and increase opportunities for Minority Business Enterprises by partnering with locally owned restaurants and organizations in neighborhoods of color.	Increase congregate dining services to participants of color by 20% more than 2019 levels. Partner with at least one additional Minority Business Enterprise to provide meals for MCDA nutrition programs.
Communication & Collaboration	
Understand the prevalence of malnutrition among participants within the home delivered meal program and provide in-home nutrition counseling to those determined at nutritional risk.	Administer the Enhanced Determine malnutrition screening tool to all home delivered meal recipients and offer in-home nutritional counseling to all participants at risk through the Meals on Wheels program.
Dimensions of Wellness	
Reduce the prevalence of nutritional risk among congregate dining participants, with specific emphasis on communities of color, by developing new community partnerships or programs that will provide in-person or virtual nutritional education and demonstrations at meal sites (Physical, Intellectual).	Reduce the prevalence of nutritional risk by 10% among congregate dining participants. Develop two new partnerships to provide in-person or virtual nutrition education or cooking demonstrations on a quarterly basis.

Wellness

The OAA funds Health Promotion and Disease Prevention programs that promote health and wellness of older individuals by supporting healthy lifestyles and behaviors. OAA also funds activities that address disease management and preventive services to assist older adults to maintain their quality of life and potentially avoiding more costly medical interventions.

2022-24 Goal Ideas	SMART Measures
Health Equity	
Expand the reach of the Stepping-On Evidence- Based Falls Prevention Program [EBPP] within communities of color to decrease the risk of injury and death from falling for older adults of color.	Develop specific marketing tools to draw interest towards the program from residents of color. Utilizing new marketing tools, recruit new participants to join Stepping-On classes, increasing participation of residents of color in Stepping-On classes by 20% in each year.
Collaboration & Communication	
Strengthen the network of agencies working toward better health for older adults. Increase connections among the network to expand the reach of Evidence-Based Prevention Programs.	Work with community partners to host a second MKE Wellness Symposium in 2022. During the event share information about the evidence-based prevention programs and how partner agencies can host or become trained leaders.
In order to attract new and hard to reach audiences, expand the offering of Evidence Based Prevention Programs through virtual courses and mailed toolkits.	In 2022 and 2023, expand marketing and promotion efforts of newly developed virtual and mailed tool kit offerings among community networks and partners. By the end of 2024, complete an evaluation of these new formats and their effectiveness in reaching new audiences.
Dimension of Wellness	
Rebuild the network of trained facilitators for the Stepping-On Falls Prevention program by partnering with the Milwaukee County Falls Prevention Coalition to reach past and new partners from organizations including health systems, public health, senior housing, or the community (Physical)	By 2024 identify at least three new partners to train a minimum of six people as Stepping On facilitators who will each host a minimum of three workshops.

Caregiver Support

The OAA funds services and supports to assist family caregivers. These services and supports may include information and referral, individual counseling, support groups, training, and respite care. Caregiver assessments are also included to identify specific needs and barriers to caregiving, including support services to older relative caregivers of children and young adults with severe disabilities.

2022-24 Goal Ideas	SMART Measures
Health Equity	
Increase awareness of services available to support caregivers living in neighborhoods with residents who are predominantly people of color.	Develop culturally appropriate presentations and promotional materials in English, Spanish, and Hmong on available caregiver support resources, qualification process, and network providers. Hold 6 programs in 2023-24 in locations attracting residents of color.
Expand caregiver support / respite provider network within communities of color.	By 2024 add at least three new Minority Business Enterprise respite providers.
Collaboration & Communication	
Provide education to health care professionals and social service agencies, including all Federal Qualified Healthcare Centers, who work with older adults about the availability of caregiver support services and how to make a referral.	Develop presentation for healthcare & social service professionals on caregiver support. Identify champions w/i the health and social service systems serving older adults. Deliver presentations to all FQHCs, four major healthcare systems, and three major family and children social service agencies.
Establish a Caregiver Council through the Commission on Aging that advises and supports the Commission in providing caregiver support, particularly regarding OAA Title IIIE programs.	Determine composition of Caregiver Council, including caregivers and provider agencies. Appoint Select Committee or modify bylaws to establish Caregiver Council. By 2024 convene regular meetings of the Council.
Dimension of Wellness	
Assist families to identify and implement opportunities for self-care (Emotional).	Offer two Powerful Tools for Caregiving classes each year.
Develop social engagement opportunities for caregivers (Emotional, Social, Spiritual).	Identify gaps and provide five new social engagement opportunities by partnering with community groups or congregations.

Long Term Support

2022-24 Goal Ideas	SMART Measures
Health Equity	
Provide more options for low cost or sliding scale supportive home care services for older adults, particularly for those not functionally eligible for publicly funded Long Term Care but who cannot afford private pay services long-term.	In 2022, assess need for types of supportive home care. By 2023, identify funding mechanism to provide additional supportive home care services. By 2024 offer additional supportive home services through at least one MBE to at least 30 older adults.
Collaboration & Communication	
Provide housing assistance in the form of short-term case management for older adults with urgent affordable housing needs, particularly those who are at risk of homelessness.	Develop responsive short term care management program for older adults and funding mechanism. Partner with Milwaukee County Housing Division to provide targeted interventions for older adults and referrals for short term case management.
Dimension of Wellness	
Provide short term case management services for general needs that are not met through other services for older adults not enrolled in a publicly funded Long Term Care program, or prior to such enrollment (Physical, Emotional, Financial).	In 2022, assess need for short term case management. By 2023, identify funding mechanism to provide short term case management. By 2024 offer additional short term case management to 30 non-HCBS enrolled older adults.

Transportation

2022-24 Goal Ideas	SMART Measures
Health Equity	
Expand access to cultural assets and recreation sites, particularly for residents of color who would not otherwise have an opportunity to travel to parks, cultural attractions, and recreational sites.	Provide rides to cultural assets and recreational opportunities to at least 200 residents of color each year through Specialized Transportation program for older adults.
Collaboration & Communication	
Establish an Inter-agency Transportation Coordination Council and Advisory Committee to coordinate transportation services for older adults, veterans, and residents with disabilities.	Engage stakeholders in support of establishment of Transportation Coordination Council (TCC). County Board passes resolution to establish TCC. TCC convenes and forms Advisory Committee.
Increase education and communication regarding available transportation options for older adults, particularly for those without access to a vehicle.	Develop a guide on available transportation options for older adults in Milwaukee County and make this guide available through the ADRC.
Dimension of Wellness	
Expand access to cultural assets and recreational opportunities (Physical, intellectual, spiritual).	Provide at least 1,200 rides each year to cultural assets and recreational opportunities.

Local Goals

2022-24 Goal Ideas	SMART Measures
Health Equity	
Provide assistance with home repair/modification for low-income older adult homeowners and renters with disabilities not enrolled in publicly funded Long-Term Care programs. Services could include building ramps, accessible entryways, installing bathroom grab bars, etc.	In 2022, assess need for home repair/modification services. By 2023, identify funding mechanism & provider network to provide home repair & modification services. By 2024 offer home repair/modification services to at least 30 low-income older adults not enrolled in a publicly funded Long Term Care program.
Collaboration & Communication	
Create a stronger collaboration between Milwaukee County Parks, Milwaukee Public Libraries, Milwaukee Public Schools, UW-Extension, and UWM-OSHER, to extend more recreational, lifelong learning, and socialization opportunities.	Identify community partners/ provider agencies in the Aging Network in Milwaukee County and invite participation in an Aging Network convening. Identify structure for Aging Network meetings. Convene Aging Network, including agencies not funded through OAA, at least once in 2023 & 2024.
Dimension of Wellness	
Provide a network of volunteers or provide subsidized employment opportunities for individuals who would help older adults not enrolled in a publicly funded Long-Term Care program, particularly those living alone, with services such as simple maintenance, appliance and home repair, shoveling, yardwork, decluttering, packing and moving (Social, Environmental, Financial).	Assess need for types of home chore services by older adults in Milwaukee County, particularly those living alone. Identify community organizations to help develop network of volunteers to provide home chore services. By 2024 assist at least 30 older adults with home chores services.

Coordination Between Title III and Title VI

The Milwaukee County Commission on Aging understands that the coordination of services between the county aging unit and tribal members is essential to maximize efforts toward health equity within our aging programs. The Older Americans Act (Sec. 306 (6)(G) and (11)(A)(B)(C)) requires aging agencies, to the maximum extent possible, to conduct outreach activities to inform Native Americans of programs and benefits under the OAA and to coordinate services provided under Title III with those services provided under Title VI.

Although Milwaukee County is not home to any one tribe, there are more than 450 older Native Americans from many different tribes residing in the county. The Indian Council of the Elderly (ICE) was established to coordinate services for older tribal members. This Council has membership from the Apache, Choctaw, Menominee, Ojibwe, and Oneida/Stockbridge nations. The primary direct service of ICE is the All Nations Senior Center and congregate meal program for Indian elders at the Wgemas Campus of the Forest County Potawatomi in Milwaukee. The refractory was remodeled in 2019 as the meal site.

The Commission on Aging provides funding to ICE to operate the senior center and to provide congregate meals and an outreach social worker visits the site on a regular basis to offer assistance with programs and services. A member of ICE has traditionally served on the Commission on Aging. However, since the untimely death of the last representative in 2019, the Commission has not had a representative from the American Indian community. The meal program supervisor is a member of the Nutrition Council.

The Gerald Ignace Indian Health Center has been a partner in offering evidence-based health promotion programs such as Healthy Living with Diabetes and Stepping On.

The 2022-24 Area Plan Survey instrument was distributed at both the ICE meal site and at the Ignace Indian Health Center. In addition, the Aging Advisory Council staff liaison met with the ICE Board of Directors to solicit input on the AAA Plan in August. A questionnaire regarding ways to increase collaboration between the AAA and tribal agencies was sent to: South Eastern Oneida Tribal Services, Ho-Chunk Elder Services, and the Potawatomi HIR Wellness Center without result. The Aging Unit will continue to make efforts to expand its reach to other organizations and tribal services to coordinate our services and raise awareness of our Aging Plan and services.

Organization, Structure and Leadership of the Aging Unit

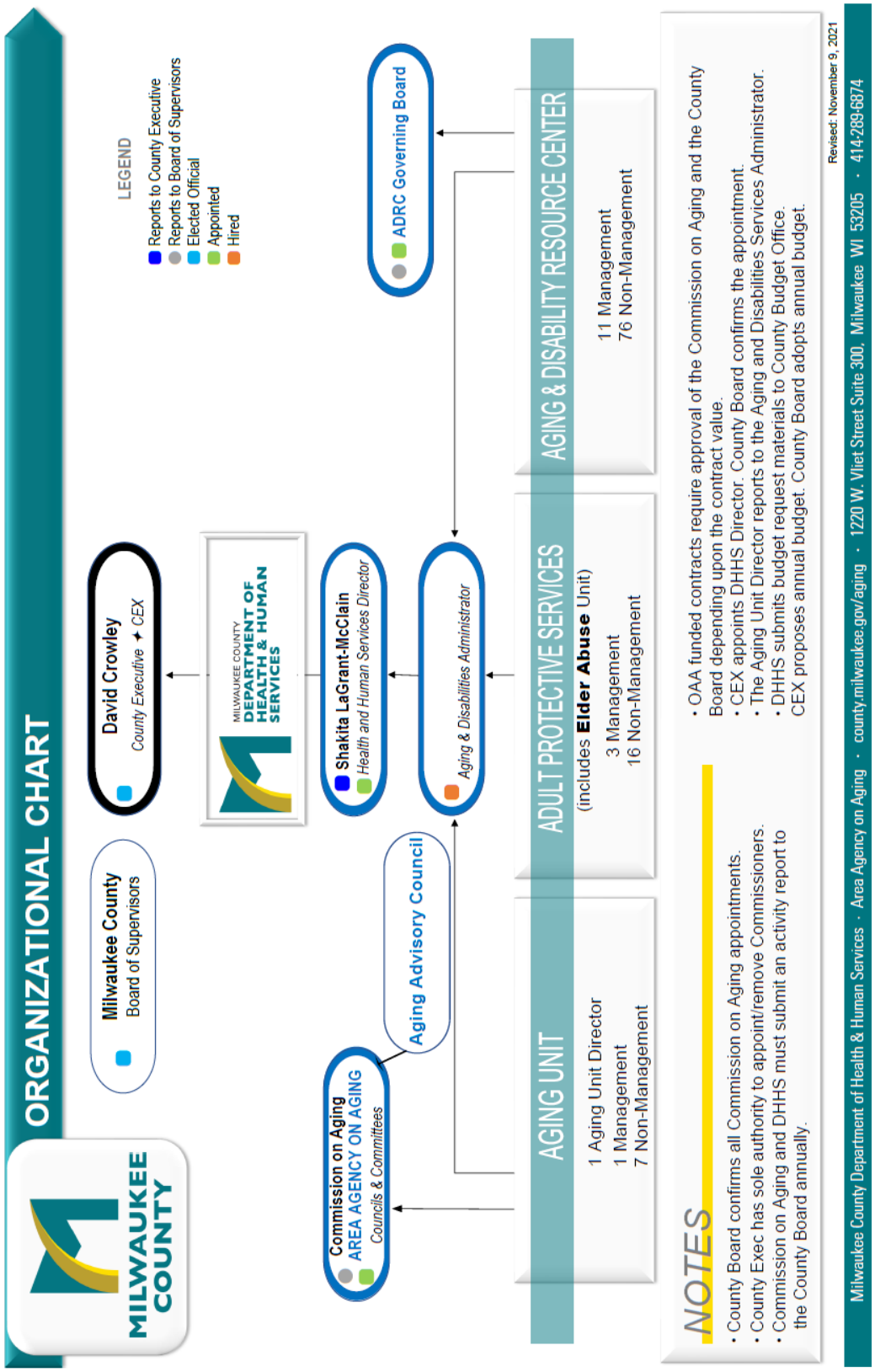
Primary Contact to Respond to Questions About the Aging Plan

Jon Janowski, Director
Milwaukee County DHHS Aging Unit
1220 W. Vliet Street, Suite 302
Milwaukee, Wisconsin 53205
Jonathan.janowski@milwaukeecountywi.gov
414-379-3569

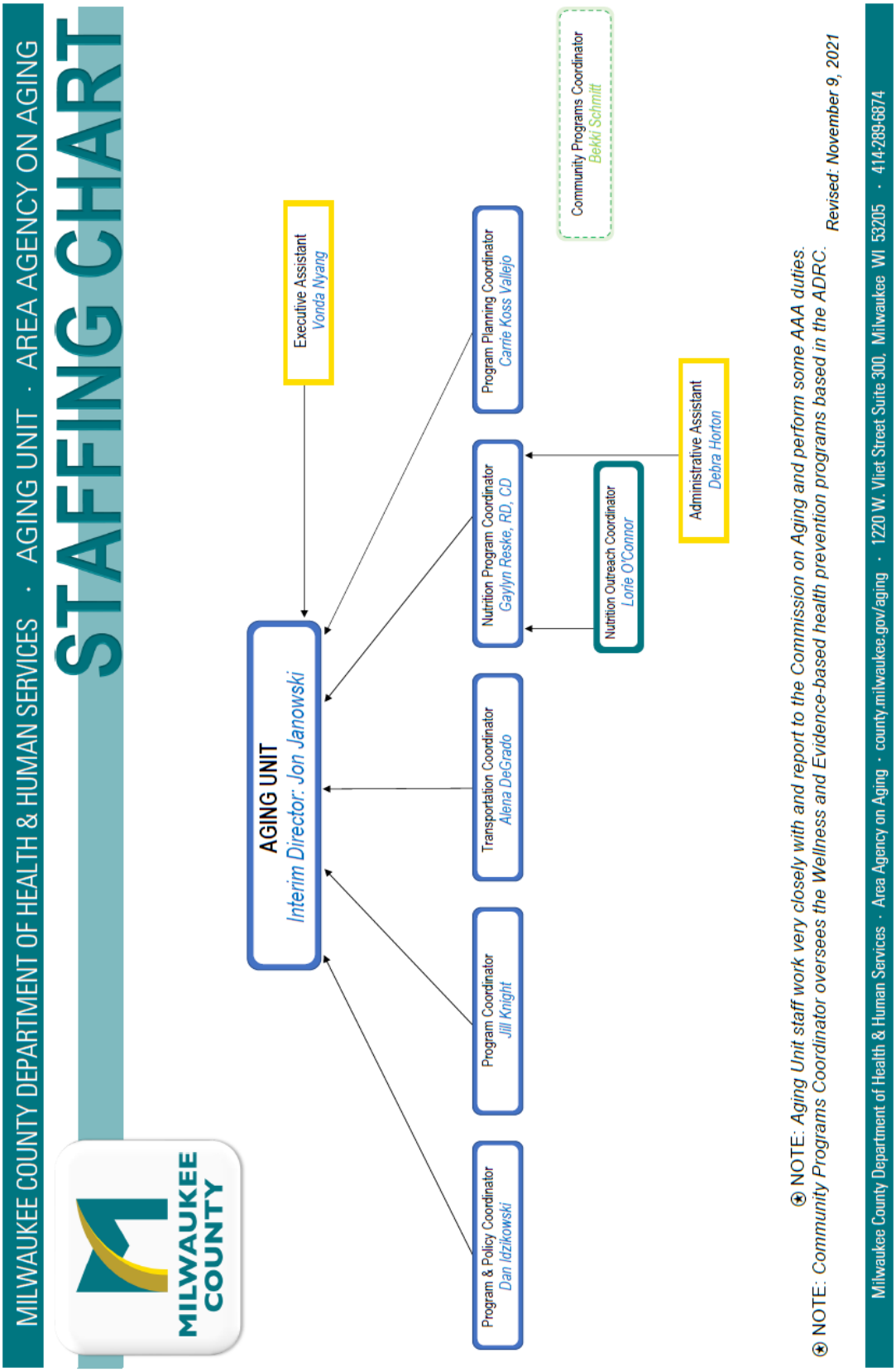
Statutory Requirements for the Structure of the Aging Unit

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.	
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	X
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	Circle One (Yes) No

Organizational Chart of the Area Agency on Aging and Aging Unit



Staff of the Aging Unit



Name: **Jon Janowski** Job Title: Director Telephone Number/Email Address: 414-379-3569 jonathan.janowski@milwaukeecountywi.gov
Brief Description of Duties: Responsible for the overall administration of the Aging Unit; participate in advocacy activities at the local, state, and federal level; Liaison to County Board of Supervisors, County Executive's Office, and other elected officials. Lead staff for Commission on Aging (Area Agency on Aging) activities.
Name: **Vonda Nyang** Job Title: Executive Assistant Telephone Number/Email Address: 414.391-9201 Vonda.Nyang@milwaukeecountywi.gov
Brief Description of Duties: Provides full administrative support to the Aging Unit, including the Aging Unit Director and its staff, as well as the Commission on Aging and its standing committees.
Name: **Gaylyn Reske** Job Title: Senior Dining Program Director Telephone Number/Email Address: 414-639-5199 gaylyn.reske@milwaukeecountywi.gov
Brief Description of Duties: Coordination and administration of all IIIC-funded programs and activities, including congregate and home-delivered meal programs as well as nutrition education. Data collection and assessments. Lead staff for Nutrition Council activities.
Name: **Carrie Koss Vallejo** Job Title: Program and Planning Coordinator Telephone Number/Email Address: 414-897-6133 carrie.vallejo@milwaukeecountywi.gov
Brief Description of Duties: Oversee all Aging Unit contract activities, including all III-B, III-C, III-D, and III-E funded contracts; Lead staff for Commission on Aging Service Delivery Committee. Research and data collection support; Lead staff for SAMS data and NAPIS reporting activities.
Name: **Daniel Idzikowski** Job Title: Program and Policy Coordinator Telephone Number/Email Address: 414-639-5751 Daniel.Idzikowski@milwaukeecountywi.gov
Brief Description of Duties: Coordinate legislative and advocacy activities, including staffing COA Advocacy Committee; Lead staff for development of Area Plan, including staff to COA Advisory Council; Coordinate all SHIP/MIPPA grant activities; Lead staff for COA Select Committee on Senior Centers; oversight of III-B funded legal services and Elder Benefit Specialist services, including outreach activities.
Name: **Jill Knight** Job Title: Program Coordinator Telephone Number/Email Address: 414-469-5330 jill.knight@milwaukeecountywi.gov

Brief Description of Duties: Monitor various III-B, III-E, AFCSP, SCSP, and County tax levy funded programs, including Late Life Counseling, Outreach to LGBT Seniors, Social Programming in the 53206 Zip Code, Telephone Reassurance, Alzheimer Counseling and Community Support, Social Programming at County-Owned Senior Centers, Coordination of Neighborhood Services, Family Support for Aging and Persons with Developmental Disabilities, and Family Caregiver Support and Alzheimer's Disease Direct Services.
Name: **Alena DeGrado** Job Title: Transportation Coordinator Telephone Number/Email Address: 414-639-4030 Alena.DeGrado@milwaukeecountywi.gov
Brief Description of Duties: Transportation subject-matter expert in Aging Unit and coordinator of all transportation service activities; train DHHS staff on transportation resources; Liaison to various transportation stakeholder groups within and outside of Milwaukee County; Oversee all transportation service contracts (funded by IIIB, BCA, and S.85.21 funds) in Aging Unit.
Name: **Lorie O'Connor** Job Title: Nutrition Outreach Coordinator Telephone Number/Email Address: 414-207-5873 lorie.oconnor@milwaukeecountywi.gov
Brief Description of Duties: Lead outreach staff for all III-C funded outreach activities.
Name: **Debra Horton** Job Title: Secretarial Assistant Telephone Number/Email Address: 414-391-9254 Debra.Horton@milwaukeecountywi.gov
Brief Description of Duties: Provide overall secretarial support for Senior Nutrition Program inclusive of preparing meal program site reports and donation deposit reports, updating spreadsheets, and tallying surveys and other forms to compile statistics and related reports.

Aging Unit Coordination with ADRCs

In 2020 the Milwaukee County Executive included a proposal in his Recommended Budget that the Aging Resource Center and Disability Resource Center be combined into one entity that serves the entire county. That proposal, which was also endorsed by the Milwaukee County Commission on Aging, was unanimously supported by the Milwaukee County Board of Supervisors as part of the 2021 Adopted Budget.
Since then, the Milwaukee County Department of Health and Human Services has been in the process of planning for the full integration of these resource centers. In September, 2021, DHHS submitted its completed ADRC application to the Wisconsin Department of Health Services.

On October 1, 2021, the Milwaukee County Executive submitted his 2022 Recommended Budget to the Milwaukee County Board of Supervisors. The Recommended Budget included a proposal that makes further organizational changes within DHHS, including the creation of a new Aging and Disability Services Division that would include three distinct units: the Aging Unit, the Aging and Disability Resource Center, and the Adult Protective Services Unit. This proposed structure would ensure that, while the Aging Unit and ADRC will be separate units within a new departmental division, there will be constant collaboration between these two entities. Among the areas of collaboration between the Aging Unit and ADRC will be:

Outreach services – Beginning in January 2022, all aging and disability outreach services will be coordinated within the Wellness Unit that will be one unit within the newly integrated ADRC. As they currently do, outreach staff will continue to collaborate with Aging Unit staff on all marketing and communication strategies aimed at promoting all aging services, resources, and events. Outreach staff will continue to be included in all Aging Unit operations, including Commission on Aging meetings, Older Americans Act funding conversations, and Aging Unit team meetings.

Elder Benefit Specialist services – Currently, and moving forward after the ADRC integration takes effect, the Program and Policy Coordinator (PPC) position within the Aging Unit will continue to regularly work with the ADRC's Elder Benefit Specialist to coordinate Medicare trainings and connect the EBS to the county-wide SHIP collaborative that is coordinated by the PPC. These collaborations will continue as County staff and community partners continue an intensive effort to raise awareness of Medicare benefits (including Medicare savings plan options).

ADRC Information and Assistance staff will continue to be the first connection point to older adults and their families when they call for resource or service help. Staff from the Aging Unit and ADRC I&A staff will particularly continue working together so that customers have the latest information regarding eligibility for and scope of Aging Unit contracted services.

Other project collaboration – The Aging Unit and ADRC staff will continue to collaborate on other projects such as:

Increasing awareness of COVID-19 resources, which may include working on additional COVID-19 vaccine outreach grants (such as the recently completed 2020-2021 ADRC vaccination outreach grant funded through DHS).

Reviewing progress of 2022-2024 Area Plan goals (particularly in the area of goals related to long-term care, evidence-based prevention programs, and transportation services).

Jointly sharing updates and resources with the ADRC Governing Board, Commission on Aging (including its standing committees), and other public boards and commissions to highlight aging issues and trends.

Working with IT staff at the County to develop a shared CRM system that would improve staff capacity to manage and direct communications to all stakeholders.

Role of the Policy-Making Body

MILWAUKEE COUNTY COMMISSION ON AGING

The **Commission on Aging** is a 16-member governing and planning body. Its members are appointed by the County Executive and confirmed by the County Board of Supervisors. The Commission is responsible for developing and implementing a coordinated system of community-based services for Milwaukee County residents aged 60 and older. The Commission on Aging serves as the Area Agency on Aging for Milwaukee County.

The Commission has a number of committees, councils, and workgroups which are summarized below. Each Commissioner is encouraged to participate in at least one standing committee or council.

Committees

The **Executive Committee** consists of the Chairs of the standing committees and one "at large" member from the Commission on Aging. This committee may act in the name of the Commission.

The **Advocacy Committee** advocates on local, state, and federal issues concerning older adults.

The **Service Delivery Committee** reviews proposals for home and community-based service contracts and recommends funding awards. This committee also reviews program and service assessments.

The **Wellness Committee** serves to educate and promote health and wellness among older adults using the foundation of the eight dimensions or wellness.

The **Select Committee on Senior Centers** reviews past studies on senior centers and charts a path forward to envisioning the future for Milwaukee County senior centers and senior center programming in the County.

Councils

The **Advisory Council** develops and monitors the Area Aging Plan for Milwaukee County, conducts special studies, and holds public hearings on topics of concern to older adults.

The **Nutrition Council** functions as an advisory body providing recommendations and support and assistance and serves as a liaison between senior meal programs and the public.

Membership of the Policy-Making Body

MILWAUKEE COUNTY COMMISSION ON AGING

COMMISSIONER INFORMATION	PHONE NUMBER(S)	Committee / Council
Lily Alvarado Greenfield, WI 53220 Lily.Alvarado@milwaukeecountywi.gov 1st Term Exp. 7/2024	C: 414.791.0617 W: 414.263-5450	
Ronald "Ron" Byington Oak Creek, WI 53154 Ronald.Byington@milwaukeecountywi.gov 2nd Term Exp. 4/2023	H: 414.376.6640	Wellness Committee
John K. Griffith, Secretary Milwaukee, WI 53205 John.Griffith@milwaukeecountywi.gov 2nd Term Exp. 4/2023	H: 414.769.7002	Secretary, COA/ Executive Committee Chair, Advocacy Committee Advisory Council
Jason Haas Milwaukee County Supervisor, 14th District Milwaukee, WI 53233 Jason.Haas@milwaukeecountywi.gov 2nd Term Exp. 11/2023	W: 414.278.4252	Advisory Council Advocacy Committee Select Committee on Senior Centers
Richmond Izard Brown Deer, WI 53209 Richmond.Izard@milwaukeecountywi.gov 1st Term Exp. 6/2022	414.737.2167	Wellness Committee
Amber Miller Milwaukee, WI 53228 Amber.Miller@milwaukeecountywi.gov Term Exp. 1st 11/2022	H: (262) 960.0997 W/C: (608) 949.4312	Vice Chair, COA Executive Committee Chair, Service Delivery Committee

COMMISSIONER INFORMATION	PHONE NUMBER(S)	Committee / Council
Gloria Miller Milwaukee, WI 53216 Gloria.Miller@milwaukeecountywi.gov 1st Term 12/2022	414.915.2955	Chair, Wellness Committee
Elliott L. Moeser, Ph.D. Glendale, WI 53214 Elliott.Moeser@milwaukeecountywi.gov 1st Term Exp. 6/2023	H: 414.352-5624	Legislative Officer Executive Committee Advocacy Committee Service Delivery Committee
Gloria Pitchford-Nicholas, Ed.D. Milwaukee, WI 53209 Gloria.PitchfordNicholas@milwaukeecountywi.gov 1st Term 12/2022	H: 414.228.1413 C: 414.795.8199	Chair, Senior Centers Select Committee Service Delivery Committee
Bettie A. Rodgers, J.D., M.S.W. Milwaukee, WI 53211 Bettie.Rodgers@milwaukeecountywi.gov 2nd Term Exp. 4/2022	H: 414.963.4740	Chair, COA Executive Committee
Leonor Rosas Milwaukee, WI 53221 Lenor.Rosas@milwaukeecountywi.gov 1st Term Exp. 6/2024	414.467.7596	Advisory Council Service Delivery
Shirley Sharp Milwaukee, WI 53209 Shirley.Sharp@milwaukeecountywi.gov 1st Term 8/2022 (resigned eff. 11/2021)	C: 414.915.1167	Advocacy Committee Advisory Council
Cherie Paust Swenson Milwaukee, WI 53208 Cherie.Swenson@milwaukeecountywi.gov 1st Term Exp. 3/2024	262.309.3690	Advisory Council Wellness Committee

COMMISSIONER INFORMATION	PHONE NUMBER(S)	Committee / Council
Janice Wilberg, Ph.D. Milwaukee, WI 53211 Janice.Wilberg@milwaukeecountywi.gov 1st Term Exp. 10/2023	414.313.3788	Chair, Advisory Council Service Delivery Committee
VACANT – 11/2025		
VACANT – 11/2025		

Role of the Advisory Council

MILWAUKEE COUNTY AGING ADVISORY COUNCIL

The Commission on Aging, as the Area Agency on Aging, established an Advisory Council. The council carries out advisory functions which further the area agency's mission of developing and coordinating community-based systems of services for all older persons in the planning and service area. The council advises the Commission relative to:

(1) Developing and administering the area plan;

(2) Conducting public hearings;

(3) Representing the interest of older persons; and

(4) Reviewing and commenting on all community policies, programs and actions which affect older persons with the intent of assuring maximum coordination and responsiveness to older persons.

Composition of council. The council include individuals and representatives of community organizations who help to enhance the leadership role of the Commission in developing community-based systems of services.

As evidenced by the agenda minutes and timeline included in the appendices, the Advisory Council led the development and approval of this 2022-24 Area Aging Plan for Milwaukee County. The Advisory Council:

- Designed and approved an Area Plan survey;
- Facilitated three listening sessions;
- Met with discreet groups of residents;
- Interpreted demographic and survey data presented to it;
- Reviewed and approved the proposed goals submitted by all of the other committees and councils of the Commission on Aging;
- Developed a vision statement for the Aging Network with its own goal categories of Health Equity, Communication and Coordination, and the Dimensions of Wellness that will serve the Network well into the future; and
- Held four public hearings on the Proposed Area Aging Plan goals; and
- Recommended the Plan for Adoption by the Commission on Aging

The Advisory Council held open meetings at least monthly, as well as hosting and had a wide range of public participation in this process. The various other councils and committees of the Commission on Aging developed proposed goals in each of the required areas under Title III of the Older Americans Act:

- Advocacy (III Admin): Advocacy Committee (August 2, 2021)
- Social Supports (IIIB): Service Delivery Committee (June 13, 2021)
- Nutrition (IIIC): Nutrition Council (July 27, 2021),
- Evidenced Based Preventative Programs & Wellness (IIID): Wellness Committee (July 19, 2021),
- Caregiver Support (IIIE): Caregiver Task Force (July 23, 2021)

All of these actions were ratified by the full Commission on Aging:

- Aging Network Vision & Network Goals ( )
- OAA Title III and Local Goals ( )
- Area Aging Plan (November 19, 2021)

At the same time, the Advisory Council continued to monitor the Aging Unit's progress in implementing the 2019-21 Area Aging Plan goals and will work in the coming years to align itself with Milwaukee County's strategic vision to become the healthiest county in Wisconsin by achieving racial equity.

Milwaukee County Aging Advisory Council

*Commissioner; **Chair & Commissioner; ***Vice Chair, ****_ex officio_ as CoA Chair

Name / Email	City	Zip	Phone	Healthcare Provider	Veterans Health	Veteran	SocSer Provider	Private Sector	Vol. Sector	Elected Official	General Public	60 or Older	Minority	Participant	Caregiver
Barbara Bechtel	Brown Deer	53223						X		X	X			X	
barbbechtel@yahoo.com			414-355-6030												
Ruth Bevenue	Milwaukee	53216									X	X		X	
rabevenue@yahoo.com			414-873-5000												
Patricia Dunn	Milwaukee	53208						X		X	X	X		X	
fpatriciadunn@me.com			414-810-8886												
John Griffith*	Milwaukee	53205				X		X		X	X			X	
mkegriff@gmail.com			414-769-2002												
Gene Guszkowski***	Wauwatosa	53213					X			X	X				
ergusz@agarch.com			414-431-3131												
Jason Haas*	Milwaukee	53207							X						
Jason.Haas@milwaukeecountywi.gov			414-639-4524												
Debra Jupka	Milwaukee	53211								X	X			X	
djjupka@gmail.com			414-429-0640												
James Kimble	Milwaukee	53209								X	X	X		X	
kimjayl@aol.com			414-264-7105												
Sally Lindner	Milwaukee	53208						X			X			X	
lindnersa@aol.com			414-774-0740												
Nia Norris	Milwaukee	53233					X					X			
ncnorris@wisc.edu			414-219-5159												
Patti Pagel	Milwaukee	53233		X		X									
Patti.Pagel@aurora.org			414-219-5261												
Leonor Rosas*	Milwaukee	53221									X	X		X	
leonor07sananto@yahoo.com															
Cherie Swenson*	Milwaukee	53208					X								
Cherie cpjswenson@icloud.com															
Jan Wilberg**	Milwaukee	53211						X		X	X				
jwilberg@wi.rr.com			414-313-3788												
Amanda Weiler	Milwaukee	53204						X							
aweiler@unitedwaygmwc.org			414-263-8116												
Barbara Wyatt-Sibley	Milwaukee	53212						X			X	X		X	
bjwyattsibley@aol.com			414-264-9888												
Bettie Rodgers****	Milwaukee	53211					X				X	X		X	
brodgerslaw@hotmail.com			414-963-4740												

Timeline for 2022-24 Area Aging Plan Approval

The Wisconsin DHS Bureau of Aging and Disability Resources granted a waiver to the Milwaukee County Division on Aging for the submission of their Aging Plan for 2022-2024. The Aging Plan will be due no later than February 11th, 2022.

The following factors were considered in the approval.

- Milwaukee County Department on Aging has provided the BADR a clear timeline for review of their aging plan by their governing bodies.
- Draft final goals have been provided to BADR prior to the final submission.

BADR looks forward to reviewing to the final Milwaukee County Department on Aging plan document and attachments.

The proposed Area Aging goals were posted on our website. The goals in brief were translated into Spanish and Hmong and distributed to these language groups as well as posted on our AAA plan webpage. The final version of the goals will be approved by the Aging Advisory Council during their meeting on Wednesday, October 13th at 1:30 p.m.

The full plan has not yet been completed. Staff are working to complete the other required narrative sections that provide context for the plan vision and goals. The 2022-2024 Milwaukee County Area Aging Plan approval process, the timeline is as follows:

- **Wednesday, October 13, 2021**: Aging Advisory Council approves final plan goals and sends them to the Commission on Aging.

- **Friday, October 29th, 2021**: The Commission on Aging adopts final plan goals.

- **Wednesday, November 10th, 2021**: The Aging Advisory Council receives and approves a final draft of the full Area Aging Plan, which will be forwarded to DHS.

- **Friday, November 19th, 2021**: The Commission on Aging adopts the Area Aging Plan and forwards it to the County Board of Supervisors for approval of the County Aging Unit Plan. In Milwaukee County the Aging Unit plan is subsumed within the broader Area Aging Plan. The Commission on Aging has authority to approve the AAA plan, while the County Board retains authority to approve the County Aging Unit plan.

- **Thursday, February 3, 2021**: The Milwaukee County Board of Supervisors formally votes to adopt the Milwaukee County Aging Unit plan.

- The Commission on Aging (as the Area Agency on Aging) formally submits the final approved 2022-24 Milwaukee County Area Aging plan to the Wisconsin DHS Office on Aging.

Budget

Service / Expenditure Category	Title III Expenses	NSIP Expenses	Cash Match Expenses	In-Kind Match Expenses	Other Federal Expenses	Other State Expenses	Other Local Expenses	Program Income Expenses	Total Cash Expenses	Total Expenses - Inclulding In-Kind
01-Administration	$ 18,627.00	$ -	$ 107,228.00	$ -	$ 321,683.00	$ -	$ -	$ -	$ 447,538.00	$ 447,538.00
02-Personal Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
03-Homemaker	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
04-Chore	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
05-Home-Delivered Meals	$ 3,151,720.00	$ 405,377.00	$ -	$ 350,191.00	$ 1,496,820.00	$ 400,000.00	$ -	$ 939,009.00	$ 6,392,926.00	$ 6,743,117.00
06-Adult Day Care/Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
07-Case Management	$ 6,150.00	$ -	$ -	$ 683.00	$ -	$ -	$ -	$ -	$ 6,150.00	$ 6,833.00
08-Congregate Meals	$ 752,364.00	$ -	$ -	$ 83,596.00	$ -	$ -	$ -	$ -	$ 752,364.00	$ 835,960.00
09s-Nutrition Counseling	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10p-Assisted Transportation	$ 147,965.00	$ -	$ -	$ 16,441.00	$ -	$ -	$ -	$ -	$ 147,965.00	$ 164,406.00
11p-Transportation	$ 369,897.00	$ -	$ -	$ 198,177.00	$ 84,750.00	$ 1,351,440.00	$ -	$ -	$ 1,806,087.00	$ 2,004,264.00
12-Legal Services	$ 155,946.00	$ -	$ -	$ 32,470.00	$ 78,100.00	$ 184,195.00	$ -	$ -	$ 418,241.00	$ 450,711.00
13s-Nutrition Education	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
14-Information and Assistance	$ 62,383.00	$ -	$ 126,965.00	$ 6,931.00	$ -	$ 30,000.00	$ -	$ -	$ 219,348.00	$ 226,279.00
23a-Health Promotion - Evidence-Based	$ 87,282.00	$ -	$ 29,094.00	$ -	$ -	$ -	$ -	$ -	$ 116,376.00	$ 116,376.00
23b-Health Promotion - Non-Evidence-Based	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
15s-Outreach	$ 86,953.00	$ -	$ -	$ 13,298.00	$ -	$ 32,732.00	$ -	$ -	$ 119,685.00	$ 132,983.00
16a-Public Information	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
17c-Counseling	$ 19,778.00	$ -	$ -	$ 3,334.00	$ -	$ 10,222.00	$ -	$ -	$ 30,000.00	$ 33,334.00
17t-Training	$ 8,217.00	$ -	$ -	$ 913.00	$ -	$ -	$ -	$ -	$ 8,217.00	$ 9,130.00

48-Support Groups	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
18-Temporary Respite Care (III-B)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
19s-Medication Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
20-Advocacy Leadership Development	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
21s-Insurance/Benefits	$ -	$ -	$ -	$ -	$ 38,533.00	$ -	$ -	$ -	$ 38,533.00	$ 38,533.00
24-Assistive Devices/Technology	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
31-Volunteer Guardianship - DANE ONLY	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
33-Consumable Supplies	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
38-Home Repair and Modifications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
40-Home Security and Safety	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
42c-Recreation/ Socialization	$ 85,292.00	$ -	$ 942,867.00	$ 13,814.00	$ -	$ 39,033.00	$ -	$ -	$ 1,067,192.00	$ 1,081,006.00
50-Visiting	$ 22,662.00	$ -	$ -	$ 2,518.00	$ -	$ -	$ -	$ -	$ 22,662.00	$ 25,180.00
64-Caregiver Case Management	$ 225,685.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 225,685.00	$ 225,685.00
6501s-Caregiver Counseling	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6502s-Caregiver Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6503s-Caregiver Support Groups	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ 50,000.00
66a-Respite Care, In Home	$ 24,844.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 24,844.00	$ 24,844.00
66b-Respite Care, Facility Based Day	$ 25,560.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 25,560.00	$ 25,560.00
66c-Respite Care, Facility Based Overnight	$ 69,699.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 69,699.00	$ 69,699.00
67-Supplemental Services	$ 4,500.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,500.00	$ 4,500.00
69-Information & Assistance (Access Assistance)	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ 50,000.00
68-Information Services	$ 50,000.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ 50,000.00
7500-Administration	$ -	$ -	$ -	$ -	$ -	$ 59,721.00	$ -	$ -	$ 59,721.00	$ 59,721.00
7502-Adult Day Care	$ -	$ -	$ -	$ -	$ -	$ 29,527.00	$ -	$ -	$ 29,527.00	$ 29,527.00

7502-General Respite	$ -	$ -	$ -	$ -	$ -	$ 218,322.00	$ -	$ -	$ 218,322.00	$ 218,322.00
7502-Homemaker/Chores	$ -	$ -	$ -	$ -	$ -	$ 2,577.00	$ -	$ -	$ 2,577.00	$ 2,577.00
7502-In-Home General Care	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7502-In-Home Personal Care	$ -	$ -	$ -	$ -	$ -	$ 24,844.00	$ -	$ -	$ 24,844.00	$ 24,844.00
7502-Overnight Facility Care	$ -	$ -	$ -	$ -	$ -	$ 69,698.00	$ -	$ -	$ 69,698.00	$ 69,698.00
7504-Other Goods and Services	$ -	$ -	$ -	$ -	$ -	$ 82,801.00	$ -	$ -	$ 82,801.00	$ 82,801.00
7506-Outreach	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7508-Public Awareness	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7510-Support Group	$ -	$ -	$ -	$ -	$ -	$ 50,000.00	$ -	$ -	$ 50,000.00	$ 50,000.00
7514-Case Management	$ -	$ -	$ -	$ -	$ -	$ 59,721.00	$ -	$ -	$ 59,721.00	$ 59,721.00
Elder Abuse	$ -	$ -	$ -	$ -	$ -	$ 447,783.00	$ -	$ -	$ 447,783.00	$ 447,783.00
Total:	**$ 5,475,524.00**	**$ 405,377.00**	**$ 1,206,154.00**	**$ 722,366.00**	**$ 2,019,886.00**	**$ 3,092,616.00**	**$ -**	**$ 939,009.00**	**$ 13,138,566.00**	**$ 13,860,932.00**

In preparing these budgets the AAA/aging unit has assumed the same allocations from the Bureau of Aging and Disability Resources received in the final 2021 award. The actual allocations may differ. **The budget for the first year of the plan is submitted on the Excel worksheet labeled "2022 AAA/Aging Unit Budget in the Appendix."**

All of the budget pages follow the same general format. Expenditure categories are listed in the first column. Revenue categories are listed in the adjacent columns. Finally, the far right column on each budget page ("Total Budget") consists of the sum of all the revenue category columns to the left of the "Total Budget" column. Include all revenue sources that support the activity/service. Rows blocked out indicate the service cannot be supported by the funding source.

Transfer Requests

The budget worksheet will also serve the purpose of capturing allowable transfers of funds that agencies may request in order to tailor the operation of their programs.

- Agencies may transfer up to 20% of their Title III-C1 funds to Title III-C2.
- Agencies may transfer up to 20% of their Title III-C2 funds to Title III-C1.
- Agencies may transfer up to 15% of their Title III-C nutrition funds to Title III-B.

Agencies may request to transfer additional funds beyond the 20% limitation between Title III-C1 & C2 as well as beyond the 15% limitation from Title III-C to Title III-B. These transfer requests beyond the stated limitations will be allowed to the extent that the Bureau of Aging and Disability Resources can accommodate them within our statewide restrictions under the OAA.

Title III-C1 allocations may only be used to report expenses for: Congregate Meals, Nutrition Counseling, Nutrition Education, Evidence-Based Health Promotion and Self-Directed Care.

Title III-C2 allocations may only be used to report expenses for: Home Delivered Meals, Nutrition Counseling, Nutrition Education, Evidence-Based Health Promotion and Self-Directed Care.

The Title III-C1 tab will be used to designate funds an agency may wish to transfer to either Title III-B or Title III-C2 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the Title III-C1 worksheet tab. Similarly, the Title III-C2 tab will be used to designate funds an agency may wish to transfer to either Title III-B or Title III-C1 activities within the constraints outlined above, these amounts should be indicated on the relevant expenditure category line in the first column of the Title III-C2 worksheet tab.

Calculating Match

Use the examples below to calculate the local match requirement.

Most OAA programs require a matching share of one (1) dollar of cash or in-kind match for every nine (9) dollars of federal money. This means that ten percent of the combined sum of the Bureau of Aging and Disability Resources allocation and local funding allocation for the program must be in the form of match.

For example, if a grantee/provider has a program with a total cost of $10,000, the recipient would request $9,000 (ninety percent) in federal funds and the matching share would be $1,000 (ten percent).

Total costs of program	$ 10,000	
Matching share (ten percent)	x .10	
	$ 1,000	Matching share
Total costs of program	$ 10,000	
Federal/state share (ninety percent)	x .90	
	$ 9,000	Federal share
Matching share (ten percent)	$ 1,000	
+ Federal share (ninety percent)	+ $ 9,000	
Total program costs	$ 10,000	

From a different perspective, if a grantee/provider knows the amount of federal money available to the project and is developing a budget using that figure, the following process is used to determine the amount of matching share needed:

$ 9,000	Federal funds
÷ 9	Divided by 9
$ 1,000	Matching share

The matching share may be cash, in-kind, or a combination of both. See below for specific match requirements for each program.

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*Dollars listed in any given budget page may not be shown elsewhere on another budget page. The **only** exception is the Summary Budget, which summarizes all other budget pages.*

Expenditure Categories-Definitions

1. Administration - General management functions of the agency, which cannot be directly allocated to a cost center, related to the management and administration of funds from the Bureau of Aging and Disability Resources.
2. Personal Care - Providing personal assistance, stand-by assistance, supervision or cues for people having difficulties with one or more of the following activities of daily living (ADLs) such as: bathing, dressing, toileting, getting in/out of a bed or chair, eating or walking.
3. Homemaker - Providing assistance with routine household tasks to people having difficulty with one or more of the following instrumental activities of daily living (IADLs): preparing meals, managing medications, managing money, doing light housework, shopping, traveling, or using a telephone..
4. Chore - Providing assistance with non-continual household tasks to people having difficulty with one or more of the following instrumental activities of daily living (IADLs): doing heavy housework and outside chores.
5. Home-delivered Meals – A meal provided to an eligible individual in his/her place of residence. The meal meets the requirements of the OAA and state policy.
6. Adult Day Care/Adult Day Health - Provision of care for functionally impaired older adults in a non-residential, supervised, protective, and congregate setting during some portion of a day (fewer than 24 hours). Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medication assistance and home-health aide services for adult day health. Older adults served require supervision but do not require institutionalization.
7. Case Management - Person-centered approach to providing assistance with care coordination for older customers and/or their caregivers in circumstances where the older person is experiencing diminished functional capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or informal caregivers. Activities of case management include learning the customer's strengths, assessing the customer's needs, developing care plan that ensure the safety and well-being of the customer, authorizing and coordinating services among providers that support the customer's needs, monitoring service provision and the customer's health and welfare, and providing ongoing reassessment of needs.

8. Congregate Meals - A meal provided to an eligible individual in a group setting which promotes socialization of older individuals. The meal meets the requirements of the OAA and state policy.
9. Nutrition Counseling - Provision of individualized guidance to older individuals or their caregivers who are at nutritional risk, because of their health or nutritional history, dietary intake, medications used or chronic illness. Counseling is provided on-on-one by a registered dietitian, in accordance with state policy, and addresses options and methods for improving nutritional status.
10. Assisted Transportation - Provision of assistance, including escort, to a non-ambulatory person who has difficulties (physical or cognitive) using regular vehicular transportation. Includes rides on predetermined routes and rides provided upon customer request.
11. Transportation - Provision of transportation for an ambulatory person from one location to another. Does not include any other activity. Includes rides on predetermined routes and rides provided upon customer request.
12. Legal/Benefit Assistance - Provision of legal or benefit advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.
13. Nutrition Education - A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a program nutritionist. May include cooking demonstrations, educational taste-testing, audio-visual presentations, lecture, or small group discussions. Printed materials may be used as the sole education component for home-delivered meal program participants, if necessary.
14. Information and Assistance - A service that provides current information on opportunities and services available; assesses the problems and capacities of the individuals; links the individuals to the opportunities and services available; to the maximum extent practicable, ensures that the individuals receive the services needed, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.
15. Outreach - One-on-one contacts with older adults or their caregivers initiated by an agency or organization to encourage their use of existing services and benefits. Does not include a group activity that involves a contact with several current or potential customers/caregivers (see Public Information definition). Does not include

comprehensive assessment of need, development of a service plan, or arranging for service provision (see Case Management definition).

16. Public Information - Contacts with a group of older adults, their caregivers, or the general public, to inform them of service availability or provide general program information. Examples include but are not limited to health fairs, publications, newsletters, brochures, caregiver conferences, publicity or mass media campaigns, and other similar informational activities in accordance with state policy.

17. Counseling - Provision of professional advice, guidance, and instruction, either on a one-time or ongoing basis to an older individual and/or family members who are experiencing personal, social, or emotional problems. May be provided by telephone or in person by paid, donated and/or volunteer staff that has been professionally trained. Includes emotional support, problem identification and resolution, skill building, grief counseling, mental health counseling, etc. Does not include nutrition or legal counseling (See Nutrition Counseling and Legal Assistance definitions). Does not include support group activities (peer led) or training (See definitions for Support Groups and Training).

    Training - Provision of formal or informal opportunities for individuals to acquire knowledge, experience, or skills. Includes individual or group events designed to increase awareness; promote personal enrichment, for example, through continuing education; to increase or gain skills in a specific craft, trade, job or occupation. May include use of evidence-based programs, be conducted in-person or online, and be provided in individual or group settings. This does not include staff training. It does not include nutrition education, health promotion programs or activities, or information and assistance (see definitions for Nutrition Education, Health Promotion Programs, Health Promotion Activities, and Information and Assistance).

18. Temporary Respite Care - A service which provides a brief period of relief or rest for caregivers. May include in-home respite or facility-based respite (either during the day or overnight on a temporary basis).

20. Advocacy/Leadership Development - Contacts made to monitor, evaluate, and comment on all laws, policies, programs, taxes, and service systems which affect older individuals. Includes participation in hearings, contacts with national, state and/or local representatives, etc. to promote benefits and opportunities for older individuals. Includes contacts that enhance the ability of older people to advocate for themselves and for other older people. Does not include services provided by an attorney or person under the supervision of an attorney.

21. Other - All services other than those listed above. This category should be used on a limited basis as the National Aging Program Information System (NAPIS) does not recognize other services. Prior to using "Other" contact the AAA for technical assistance.
22. Not Available
23. Health Promotion (Evidence-Based) - Programs that meet ACL/AoA's definition for an evidence-based program. Evidence-based programs promote health and wellbeing; reduce disease, disability, and/or injury; and/or extend the length or quality of life for adults 60 years old or older.

Title III-B Supportive Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-B of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-B funds.

There is a 10% minimum non-federal matching share requirement.

Unless you have received a waiver:

- **There is a 7% minimum for Access to Services.**
- **There is a 6% minimum for In-Home Services.**
- **There is a 5% minimum for Legal/Benefit Assistance.**

Title III-C1 Congregate Meals Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C1 of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C1 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-C2 Home-Delivered Meals Budget

This budget represents the AAA's proposed budget for funds received from Bureau of Aging and Disability Resources under Title III-C2 of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C2 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-D Disease Prevention and Health Promotion Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-D of the OAA. Also included are local

matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-D funds. AAAs must support evidence-based health promotion disease prevention programs with these funds.

Note: This funding source includes a requirement that they be used only for health promotion and disease prevention programs that have been scientifically proven effective with the older adult population, with results published in a peer-reviewed journal; have been effectively implemented in a community setting; and have replication guidelines (protocols) available to the public.

There is a 10% minimum non-federal matching share requirement.

Title III-E Family Caregiver Support Program

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-E of the OAA. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-E funds.

There is a 25% minimum non-federal matching share requirement.

AFCSP-State Alzheimer's Family and Caregiver Support Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability under the State Alzheimer's Family and Caregiver Support Program (AFCSP). Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State AFCSP funds.

Note: If AFCSP funds are used as match for the federal Title III-E Family Caregiver Support Program show the AFCSP funds in the local cash match column on the Summary Budget according to the services expenditure category funded with the AFCSP/Title III combination. AFCSP funds that are not used as match are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the AAA is not the designated AFCSP agency.

State Elder Benefit Specialist Services Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Benefit Specialist (EBS) Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State EBS Program funds.
There is a 10% minimum non-federal matching share requirement.

State Elder Abuse Direct Service Budget

This budget represents the AAA's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Abuse Direct Service Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Elder Abuse Direct Service funds.

Note: State Elder Abuse Direct Service funds are placed in the "Other" expenditure category on the summary budget.
Note: This budget does not apply if the AAA is not the designated elder abuse agency.

State Senior Community Services Program Budget

This budget represents the AAA's proposed budget for funds received from Bureau of Aging and Disability Resources under the State Senior Community Services Program (SCSEP). Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State SCSEP funds.
There is a 10% minimum non-federal matching share requirement.

Other Budget

This budget represents the AAA's proposed budget for funds for aging services other than resources related to the federal and state funds received from the Bureau of Aging and Disability Resources. Examples of such funds might include Department of Transportation 85.21 (federal and state) funds, United Way funds (not used as match elsewhere), and other federal, state, and local funds.

Note: If any funds from Title III of the Older Americans Act are involved in the provision of a service, including supportive and administrative services, the non-Title III funds must be reported on the appropriate Title III budget page.

Summary Budget

This budget represents the overall budget of the AAA. It presents a concise picture of how the agency proposes to budget the state/federal funds it receives from the Bureau of Aging and Disability Resources -Office on Aging, as well as the match, program income, and other sources of funds available to the agency which relate to the state/federal funds from the Bureau of Aging and Disability Resources.

Also included are all other federal, state, and local funds, which flow through the agency's books and are used to serve older people.

Area Agency on Aging Administrative Operations Budget

This budget outlines the proposed administrative operations budget of the AAA. It does not include funds that the AAA proposes to use for special projects.

Priority Title III-B Federally Required Services Budget

Section 307 (a)(22) of the OAA requires that a minimum percentage of Title III-B funds be allocated within planning and service areas to provide certain federally required services.

The percentage for each category of service (access, in-home, and legal/benefit assistance) equals the amount of Title III-B funds budgeted for the service category divided by the total Title III-B funds available to the planning and service area.

Calculating Match

Refer to the specific match requirements for each program above.

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*Dollars listed in any given budget page may not be shown elsewhere on another budget page. The **only** exception is the Summary Budget, which summarizes all other budget pages.*

Verification of Intent

The purpose of the Verification of Intent is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan.

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

November 10, 2021

Janice Wilberg, Ph.D. Date
Chair, Milwaukee County Aging Advisory Council

November 10, 2021

Bettie Rodgers, MSW, JD Date
Chair, Milwaukee County Commission on Aging

Marcelia Nicholson Date
Chair, Milwaukee County Board of Supervisors

Compliance with Federal and State Laws and Regulations Assurances

On behalf of Milwaukee County, we certify that the Milwaukee County Area Agency on Aging (Commission on Aging) and the Aging Unit Director (DHHS Division on Aging) has reviewed Assurances of Compliance with Federal and State Laws and Regulations and assures activities identified within this document and the aging unit plan will be carried out compliance with Federal and State laws.

November 10, 2021

Bettie Rodgers, MSW, JD — Date
Chair, Milwaukee County Commission on Aging

Jon Janowski, MPA — Date
Director, Milwaukee County DHHS Division on Aging

Marcelia Nicholson — Date
Chair, Milwaukee County Board of Supervisors

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 confidentially 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 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 agency shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

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

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

(9) (A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal

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

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

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13) provide assurances that the Area Agency on Aging will
(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 to provide benefits and services to older individuals, giving priority to older individuals

identified in paragraph (4)(A)(i); and in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

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

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

Wisconsin Elders Act

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

Wisconsin Statutes Chapter 46.82 Aging unit.

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

(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.

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