

**Kenosha County
Plan for Older People
2013-2015
DRAFT 8-31-2012**

Kenosha County Department of Human Services
Division of Aging and Disability Services
8600 Sheridan Road
Kenosha, Wisconsin 53143
262-605-6646

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| Approval of the Kenosha County Plan for Older People 2013-2015 |
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This plan represents the intent of the county to assure that older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of county, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2013-2015.

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

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

Signature, and Title of the Chairperson of the Commission on Aging
Date

Signature, and Title of the Authorized County Board Representative
Date

SECTION 1 - ORGANIZATION AND STRUCTURE OF THE AGING UNIT

Section 1-A Overview of the Aging Unit

Mailing Address (If different from Executive Summary)

Kenosha County will continue to work with our many community partners to creatively meet the needs of our growing aging population within limited budgets.

Hours of Operation

Kenosha County intends to continue its core aging services, listed below. It will also address service improvements in the state-required focus areas of Home and Community Based Services, Older Americans Act Services, Emergency Preparedness, Evidence Based Prevention Programs, Alzheimer's Services and Family Caregiver

Helpful Telephone Numbers and Email Addresses

Telephone: 262-605-6646

Toll Free: 1-800-472-8008

TTY: 262-605-6663

Elderly Benefit Assistance

Disability Benefit Assistance

After Hours: 262-657-7188

Congregate Nutrition

Transportation

Outreach

Chronic newspaper

Senior Center (western county)

Chore Services

Friendly Visitor

Prevention Programs

Community Resource Information

Information, Assistance and Access

Information and Assistance

Long Term Care Options Counseling

Eligibility screening for long term care

Equipment Loan Closet

Long Term Care

Respite

Alzheimer's Services

Home Delivered Meals

Family Caregiver Support

Special Needs Assistance Program

Long Term Care Workforce Project

Short term care coordination

Care transitions coordination

Adult Protective Services

Elder Abuse Investigation and Services

Protective Service

Protective Placement

Guardianship

Volunteer Guardianship

Mission of the Aging Unit

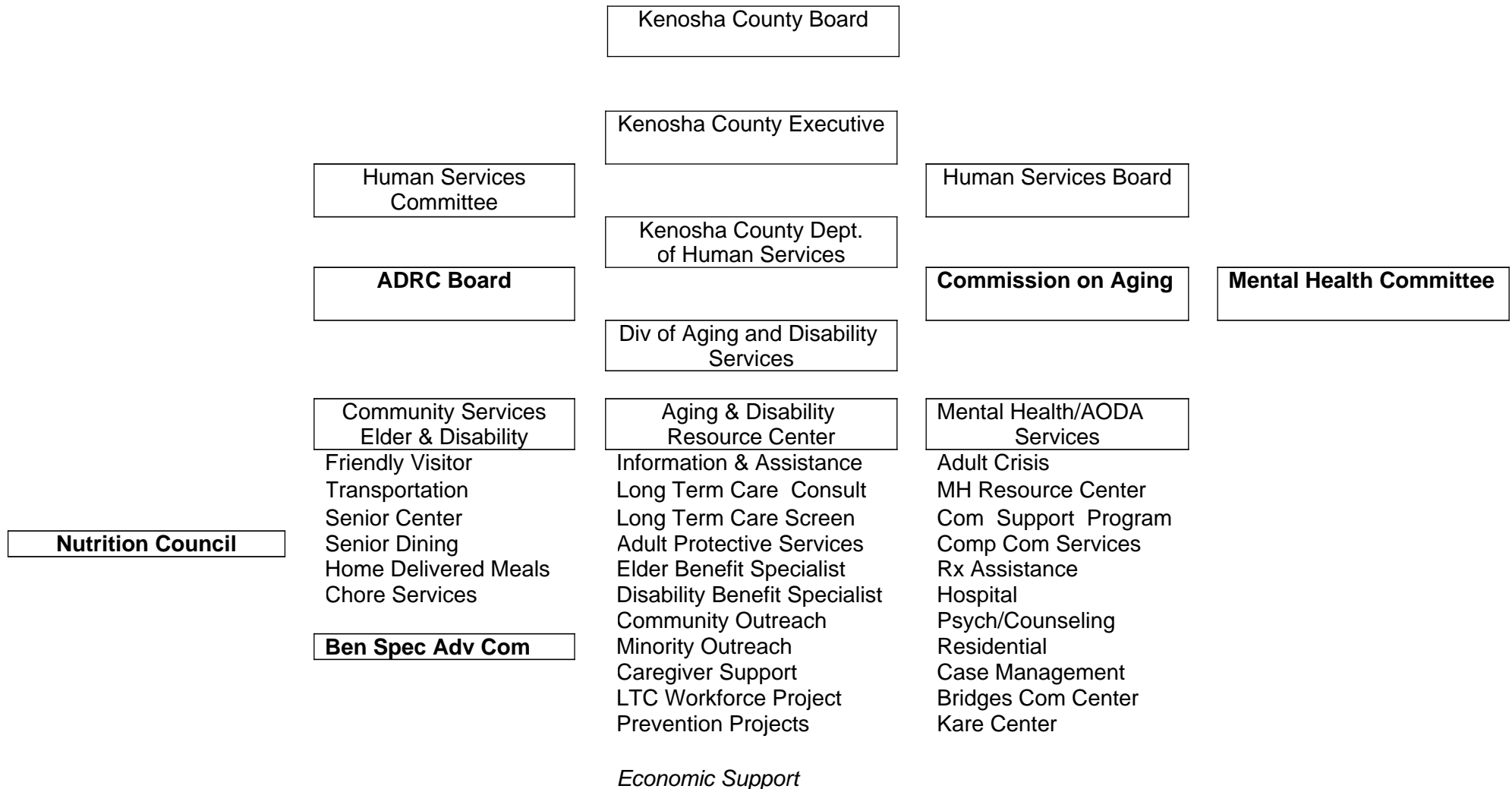
MISSION

The Division of Aging and Disability Services is driven by the goals to inspire hope, to provide help, to facilitate and advocate for quality of life among older persons, persons with disabilities and those challenged by mental illness or alcohol and other drug abuse.

Address of the Aging Unit

Kenosha County Aging & Disability Resource Center
8600 Sheridan Road
Kenosha, Wisconsin 53143

Section 1-B Organizational Chart of the Aging Unit : Kenosha County



Section 1-B continued Staff Organization: Kenosha County Division of Aging & Disability Services

Shaded positions located at Aging & Disability Resource Center

LaVerne Jaros, Director
Division of Aging &
Disability Services

Office Support
3.5 FTE

Carolyn Feldt
Manager
Elder and Disability Services

James Truchan
Manager
Mental Health & Protective
Services

Fiscal
2.0 FTE

**Information,
Assistance, & Access**

Rachel DeWildt, Sup
IAA Staff 13.0 FTEs

Benefit Assistance

Janice Erickson, EBS, 1.0
Diana Martinson, EBS 1.0
Shelly Rudy, DBS, .60
Lori Bourque, DBS, .60

Adult Protective Services

Rebecca Dutter, Supervisor
APS Workers, 5.0 FTE
Guardian Prog .5 FTE

Mental Health Services

Community Services

Outreach

Paula Clark, 1.0
Arely Ortiz, .5
La Tierra Piphus, .5

Prevention

1.0 FTE
Renee Foy

Projects

Long Term Care Workforce .5
Mobility Manager 1.0

Section 1-C Statutory Requirements for Aging Units

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

| | |
|--|------------------|
| 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 or tribal government with the primary purpose of administering programs for older individuals of the county or tribe. | |
| 2. A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county. | 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 |
| 1. For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors, composed of supervisors and, 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 (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 |
| 3. 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/tribe have a full-time aging director as required by law? | Yes |

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| Section 1-D Membership of the Policy-Making Body |
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Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units. “Members of a county/tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms.” **In the case of county board/tribal council members the requirement is 3 consecutive 2-year terms.**

| Official Name: Kenosha County Commission on Aging | | | |
|---|-------------------------|-------------------------|------------------------------|
| | Age 60 and Older | Elected Official | Year First Term Began |
| Seymour Adler | X | | 2008 |
| Lillian Brown | X | | 2011 |
| John Calamari | | | 2008 |
| Ruth Fangameier | X | | |
| Julie Rae Friedman | X | | 2008 |
| Sandra Riese | X | | 2008 |
| Herschel Ryales | X | | 2012 |
| Martha Sanchez | X | | 2008 |
| Mike Underhill | | X | 2011 |
| | | | |
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| Section 1-E Membership of the Advisory Committee |
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If the aging unit has an advisory committee, listed below are the members of the advisory committee. **Not Applicable**

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| Section 1-F Staff Responsible for Core Functions |
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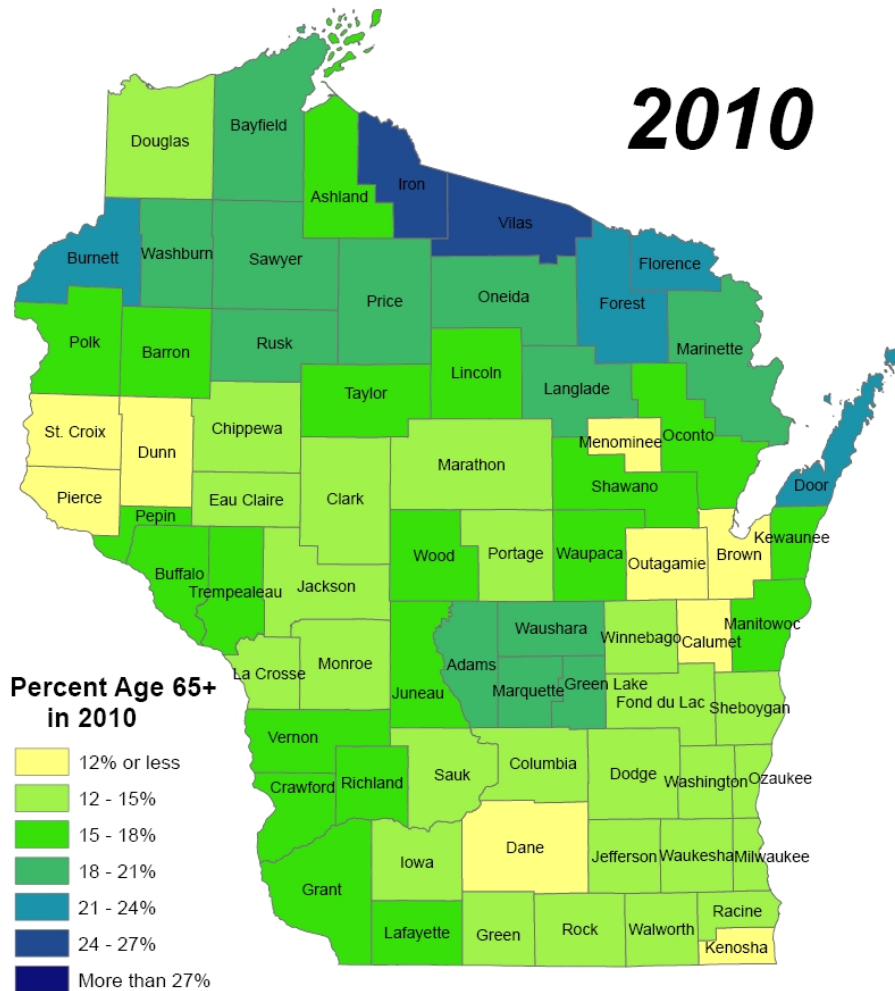
| |
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| Name: LaVerne Jaros, FTE: 1.0, Job Title: Director Telephone Number/email Address: 262-605-6612/ ljaros@co.kenosha.wi.us |
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|---|--|
| Brief Description of Duties: Overall administration of Division of Aging & Disability Services budget and services, including Older Americans Act programs, the Aging & Disability Resource Center and Mental Health, AODA and Adult Protective Services. | |
| Name: Carolyn Feldt, FTE: 1.0, Job Title: Manager, Elder & Disability Services Telephone Number/email Address: (262) 605-6611/cfeldt@co.kenosha.wi.us | |
| Brief Description of Duties: Oversees ADRC functions, aging programs, coordination of Economic Support services at the ADRC, and specialized transportation services. | |
| Name: Rachel DeWildt, FTE: 1.0, Job Title: Supervisor, Information, Assistance & Access Telephone Number/email Address: 262-605-6629/ rdewildt@co.kenosha.wi.us | |
| Brief Description of Duties: Supervises all IA&A staff and the Family Care/MA Wavier enrollment process. | |
| Name: Janice Erickson, FTE: 1.0, Job Title: Coordinator, Elder Benefit Specialist Services Telephone Number/email Address: 262-605-6603/ jerickso@co.kenosha.wi.us | |
| Brief Description of Duties: Directs outreach and services for older adults about all benefit issues. | |
| Name: Lauren Zielsdorf, FTE: 1.0, Job Title: Director, Meals on Wheels and More Telephone Number/email Address: 262-658-3508 x116 mealsonwheels@kafasi.org | |
| Brief Description of Duties: Responsible for congregate, home-delivered, volunteer transportation, Daybreak, Westosha senior center programming. | |
| Name: Kathy Hinks, FTE: 1.0, Job Title: Caregiver Support Specialist Telephone Number/email Address: 262-605-6667 khinks@co.kenosha.wi.us | |
| Brief Description of Duties: Manages resource directory, administers the NFCSP program, coordinates support group information, loan closet and CareLink newsletter. | |
| Name: Rebecca Dutter, FTE: 1.0, Job Title: Adult Protective Services Coordinator Telephone Number/email Address: 262-605-6630 rdutter@co.kenosha.wi.us | |
| Brief Description of Duties: Coordinates agency response for abuse and neglect referrals, guardianship requests and institutional annual reviews. | |
| Name: Renee Foy, FTE: 1.0, Job Title: Coordinator, Health & Wellness Programs Telephone Number/email Address: 262-605-6650 renee.foy@kenoshacounty.org | |
| Brief Description of Duties: Coordinates evidence based health and wellness programs. | |

Kenosha County Aging Plan Section 2 - Context

Demographic Summary - Geography

Kenosha County's population is 166,426 according to the U.S. Bureau of the Census 2010, 2.9% of Wisconsin's total population. The number of people 65 and older in Kenosha County is 18,769 or 11.2%, smaller than Wisconsin's 65+ cohort at 13.7% and less than other counties in southeastern WI or counties of similar sizes.

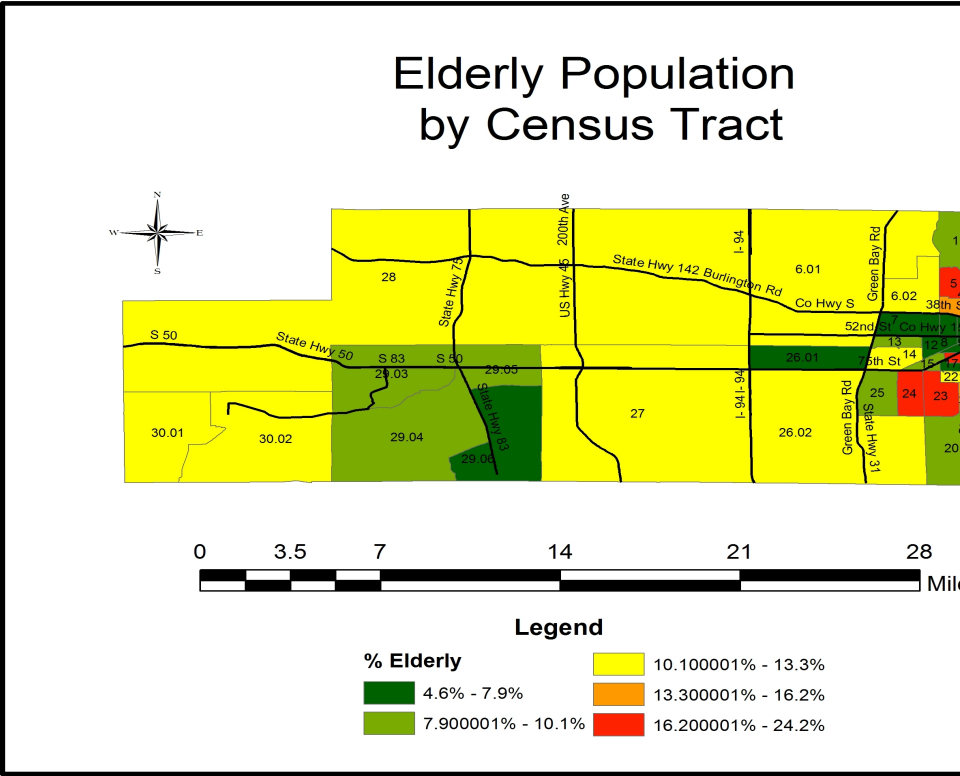


Kenosha County is characterized as an urban area east of Interstate 94 and a rural setting west of I-94. About 30% of the land mass is east of I-94 but houses approximately 77% of both the general and elderly populations. The other 23% of the population live in the remaining 70% of the county.

This distribution is not true for minority seniors: 98% of the Black elders and 92% of the Hispanic elders live in the urban section. Of people over 65, 6.6% identify as Black and 11.8% as Hispanic - larger percentages than Wisconsin's average.

Kenosha County Aging Plan Section 2 - Context Contd.

Although generally seniors mirror the overall population distribution living east and west of the interstate, there is variation when drilled down to a smaller, census tract level. On the map below, three areas stand out with more than 16% elderly - perhaps due to several senior housing units located there. Salem Township is notably younger with some areas having less



than 8% of its population 65+.

Areas also saw changes in population growth in the decade between the 2000 and 2010 census. The overall population grew 11.3%, with the 65+ cohort growing by 8.3%. The City of Kenosha dropped by about 300 people where most areas saw growth. Sixty-four percent of the county’s seniors lived in the City in 2000, now fifty-eight percent are city residents.

| Census Year | Brighton | Bristol | Kenosha | Paddock Lake | Paris | Pleasant Prairie | Randall | Salem | Silver Lake | Somers | Twin Lakes | Wheatland | Total |
|-------------|----------|---------|---------|--------------|-------|------------------|---------|-------|-------------|--------|------------|-----------|--------|
| 2000 | 131 | 559 | 11,034 | 279 | 215 | 1,771 | 261 | 767 | 241 | 978 | 704 | 307 | 17,247 |
| 2010 | 183 | 690 | 10,745 | 251 | 246 | 2,532 | 408 | 1,059 | 239 | 1,236 | 680 | 408 | 18,677 |
| % Change | 39.7% | 23.4% | -2.6% | -10.0% | 14.4% | 43.0% | 56.3% | 38.1% | -0.8% | 26.4% | -3.4% | 32.9% | 8.3% |

Demographic Summary - Income

Kenosha County's median household income overall has historically been higher than the state's median income and is still true in the 2010 census. Although the median income for homes with a head of household over age 65 has fluctuated above and below the state average in recent years, the Kenosha estimate for 2005 was as much as 10% higher than the state. That gap has narrowed to zero in 2010 with Kenosha senior household incomes being virtually the same as the state's.

| 2010 | |
|-----------|----------|
| Wisconsin | Kenosha |
| \$51,598 | \$54,430 |

| 2005 | | Householder 65 years and over | 2010 | |
|-----------|----------|-------------------------------------|-----------|----------|
| Wisconsin | Kenosha | | Wisconsin | Kenosha |
| \$27,240 | \$29,955 | | \$32,115 | \$32,083 |

| Median Household Income 2010 | Wisconsin | Kenosha |
|--|-----------|----------|
| Total, householders of all ages: | \$51,598 | \$54,430 |
| Householder under 25 years | \$26,635 | \$28,162 |
| Householder 25 to 44 years | \$57,865 | \$61,687 |
| Householder 45 to 64 years | \$63,948 | \$67,479 |
| Householder 65 years and over | \$32,115 | \$32,083 |
| <i>Source: U.S. Bureau of the Census, American Community Survey, 2006-10 Five-Year Estimates, Table B19049, 12/2011.</i> | | |

The elderly poverty rate has stayed virtually the same for Kenosha County, at 6%, in the last three decades: 1990, 2000, 2010. The national poverty threshold is very close to the SSI low-income limits. For persons age 65+, Social Security and SSI income will keep most seniors above the poverty designation. However, for a single individual, the SSI limit is about \$90/month below the poverty threshold of \$10,458. For a couple, the SSI benefit is slightly above at \$14,160. Therefore, the 6% of seniors in poverty are likely single individuals on SSI, or people with low income but cash assets over \$2,000, or people unaware of the SSI benefit. There may be a higher percentage of people in poverty in the 55-64 age group.

Demographic Summary - Education/Living

Kenosha seniors are less likely to have a high school diploma than seniors state-wide: 26% compared with 21%. Thirty-two percent of Kenosha seniors have some education beyond a high school diploma, compared with 36% of seniors state-wide.

Kenosha seniors live alone at about the same rates as their state counterparts, 29%, but that varies significantly by gender: women are almost twice as likely to live alone as men: 36% compared to 19%. (2 of 5 women live alone compared with 1 of 5 men.)

Kenosha County Aging Plan Section 2 - Context Contd.

Health Of Kenosha County's Older Adults

Kenosha County's seniors appear to have more disability than Wisconsin seniors overall.

Disability

| Disability Age 65+ | Wisconsin | | Kenosh a | |
|---------------------------------------|-----------|-----------|-------------|-----------|
| Total age 65+* | 749,135 | | 18,066 | |
| Age 65+ with any disability | 246,161 | 32.9 % | 7,025 | 38.9 % |
| With a hearing difficulty | 106,531 | 14.2 % | 3,449 | 19.1 % |
| With a vision difficulty | 40,081 | 5.4% | 1,107 | 6.1% |
| With a cognitive difficulty | 50,232 | 6.7% | 1,128 | 6.2% |
| With an ambulatory difficulty | 147,865 | 19.7 % | 4,685 | 25.9 % |
| With a self-care difficulty | 49,778 | 6.6% | 1,498 | 8.3% |
| With an independent living difficulty | 63,858 | 8.5% | 2,404 | 13.3 % |

*Total persons age 65+ for whom disability information is available. Source: US Census Bureau, 2010 American Community Survey

Falls

Kenosha County has one of the highest rates of emergency room visits and hospitalizations for falls.

457 Kenosha County older adults, persons with disabilities and their caregivers responded to a recent needs assessment. Responses indicated that people have difficulty with falls and concerns about safety after hospital discharge (14% of respondents indicated “falls” as a post hospital difficulty). Fear of falling was one of the three biggest concerns or issues people are facing.

Overall Health

Kenosha County ranks at the bottom among Wisconsin counties in self-reported scales:

| | Wisconsin | Kenosha |
|---------------------------|-----------|---------|
| Poor or fair health | 12% | 14% |
| Poor physical health days | 3.3 | 3.5 |
| Poor mental health days | 3.0 | 4.0 |

The Kenosha County Community Health Survey, March, 2012 indicates a drop in self-reported health status among all ages.

| | 2003 | 2005 | 2008 | 2011 |
|--------------|------|------|------|------|
| Excellent | 30% | 20% | 19% | 14% |
| Very Good | 33% | 34% | 35% | 36% |
| Fair or Poor | 12% | 15% | 15% | 19% |

“Health issues” was the most frequently reported (22%) concern cited in the needs assessment.

Aging network listening sessions also revealed that there are many older people in Kenosha County who are depressed. Studies have shown significant correlation between well-being and positive health care outcomes. Emotional Well Being Data collected from 258 Meals on Wheels and Friendly Visitor clients in 2011 by Kenosha Area Family and Aging Services as follows.

Clients Self Reporting 10 or more days

| | |
|-------------------|-----|
| Feeling Depressed | 25% |
| Feeling Anxious | 34% |
| Not enough sleep | 30% |

Clients reporting how many days they felt healthy Being

| | |
|------------|-----|
| 0 days | 76% |
| 1-10 days | 15% |
| 11-20 days | 6% |
| 21-30 days | 3% |

Clients Self Reporting 15 or more

| | |
|-------------------|-----|
| Feeling Depressed | 17% |
| Feeling Anxious | 22% |
| Not enough sleep | 19% |

Clients Rating of their Emotional Well

| | |
|-----------|-----|
| Excellent | 6% |
| Very Good | 22% |
| Good | 29% |
| Fair | 34% |
| Poor | 9% |

Health Behaviors

Some of Kenosha's health behaviors are worse than the Wisconsin or national average.

| | National | Wisconsin | Kenosha |
|---------------------|----------|-----------|---------|
| Adult smoking | 17% | 20% | 23% |
| Adult obesity | 28% | 29% | 29% |
| Physical inactivity | 23% | 23% | 23% |
| Excessive drinking | 16% | 24% | 23% |

Clinical Care

Kenosha County has a shortage of primary care physicians and mental health providers.

| | Wisconsin | Kenosha |
|-------------------------|-----------|----------|
| Primary care physicians | 744:1 | 1,391:1 |
| Mental health providers | 8,437:1 | 32,869:1 |

Kenosha County Aging Plan Section 2 - Context Contd.

Eight percent of needs assessment respondents who indicated they needed additional services specifically cited primary or specialty doctors. Another recent survey targeting Latino elders and persons with disabilities found that access to care for many Latino elders is compounded by language barriers, lack of insurance and lack of transportation.

The needs assessment also found that many older people have difficulty managing their medications after hospital discharge (18% of post hospitalization difficulties related to managing medication), leading to increased incidents of re-admission. State and national research has found that many older adults are not doing well in managing their many medications, leading to serious complications.

The percent of older people in Kenosha receiving clinical prevention interventions has declined according to the recent report of the Kenosha County Community Health Survey.

| | | | | | |
|--|------|------|------|------|-----|
| Kenosha County | 2003 | 2005 | 2008 | 2011 | |
| Flu Vaccination (past year—65 and older) | | 69% | 54% | 73% | 68% |
| Pneumonia (ever—65 and older) | 56% | 69% | 73% | 62% | |
| Prostate Cancer Screening (within 2 yrs 40+) | | | 63% | 71% | 61% |
| Colonoscopy (within 10 yrs 50+) | | | 64% | 58% | |
| Mammogram (within 2 yrs 40+) | 78% | 75% | 72% | 74% | |
| Bone Density scan (65+) | | 78% | 71% | 74% | |

SERVICE NEEDS

Transportation

Transportation access to medical appointments changed significantly for members of the Medicaid program last year. The state contracted with a private firm, Logisticare, to coordinate all Medicaid-funded non-emergency transportation for persons not in a nursing home or other managed care health plan. For southeastern WI, access to wheelchair-accessible medical transportation improved since there were no certified SMV providers prior to the change. However, complaints abound regarding access and quality and advocates continue to closely monitor the transition challenges.

Despite an increase in medical wheelchair trips, transportation continues to rank high on a review of unmet needs. The ADRC's recent Needs Assessment identified the following requests for improved transportation access:

- Weekend and evening bus service
- Broader bus service area
- Public transportation that crosses county lines
- More door-to-door service
- Advance notice requirements
- Accessible taxi service
- More rural service
- Transportation for non-ADA-eligible persons

Kenosha County Aging Plan Section 2 - Context Contd.

Long Term Care

Kenosha County has nine of Wisconsin's 400 nursing homes with 1,087 licensed beds, proportionate to our percent of the state's general population but a little higher than our percent of the state's elderly population. Eligible Kenosha County residents with long term care needs have additional options including two care management organizations providing Family Care, two providing Partnership Program services and the self-directed option of IRIS.

Our needs survey, focus groups and data base indicate the following needs.

- Day time activity
- Respite
- Transportation
- Financial assistance for homemaker/supportive home care services

There is also a need for more marketing of the Kenosha County Aging and Disability Resource Center as the place to go for information and consultation about long term care and other services options.

Caregivers

The Kenosha County Caregiver Coalition is in the process of conducting a needs assessment targeting family caregivers. From our other sources we know that current needs include:

- Affordable respite care
- Daytime activities

The availability and continuity of paid caregivers continues to be a challenge. Turnover of long term care staff in residential and community based care is high due to several factors including insufficient pay and benefits. In Wisconsin nursing homes in 2005 the average turnover rate was 34 percent for RNs, 41 percent for LPNs, and 53 percent for Nursing Assistants.

Where Older Kenoshans Go For Information

Our needs assessment found that the primary sources for information to be:

- Kenosha News
- Mail (postal)
- Television stations
- Free weekly papers

Our Latino survey indicated newspapers and church being primary sources of information.

Position of Aging Unit

The Kenosha County Division of Aging and Disability Services, in collaboration with its many community partners is well positioned to maximize community resources and available outside funding. It is located in the Aging and Disability Resource Center along with Adult Protective Services, Benefit Specialists and Economic Support Workers who work with older and disabled persons.

Maintaining a separate office and identifiers the ADRC is in the same building as Veterans Services and Health Division with excellent building and technical support.

The division facilitates several community coalitions that enhance overall services for older adults: Caregiver Coalition, Falls Coalition, Long Term Care Workforce Alliance, Hispanic Outreach Committee, Aging Consortium.

Kenosha County Aging Plan Section 3 - Planning Process

Section 3-A Planning Process Used in the Development of this Plan

Planning for the 2013-15 Kenosha County Plan for Older People involved several steps.

Community feedback was solicited and received through three distinct efforts.

- **Unmet Needs Report:** On an ongoing basis, Information and Assistance staff record “unmet needs” identified during any contact with a caller. Unmet needs are tracked through the client database and defined as a need for which there is currently no program to assist, or a need for which there is only an inadequate resource.
- **Focus Groups:** Between February 19 and March 23, 2012, four listening sessions took place facilitated with the staff from the ADRC and the University of Wisconsin Extension Kenosha County. Sessions sought input from professionals related to the availability and accessibility of services, concerns faced by persons with disabilities and older adults and suggestions for improvement of the long term care programs.
- **Consumer Surveys:** Between February 17 and April 16, 2012, approximately 2,000 surveys were distributed throughout the county to all target populations using a variety of distribution strategies. 455 surveys were returned and tabulated with the support of the Carthage College Office for Research and Evaluation Services (CORES).

Meetings with Commission on Aging and ADRC Board

The Commission on Aging and the ADRC Board played an integral part in contributing to the development of the consumer survey by clarifying questions and making recommendations for distribution. They also reviewed all feedback at several meetings during the spring and early summer of 2012.

Public Hearings

- The plan is available for review at the Aging & Disability Resource Center office at 8600 Sheridan Road, Entrance D, Kenosha, WI during regular business hours Monday-Friday 8 a.m.-5 p.m. or anytime on our website at <http://adrc.kenoshacounty.org>.
- Comments were taken through Friday, August 18, 2012 from consumers, community members and other stakeholders via:
 - **Public Hearing** on Monday, August 13, 2012 at 1 p.m. Aging & Disability Resource Center office at 8600 Sheridan Road, Entrance D, Kenosha, WI Learn about existing services and future goals, meet Commissioners and have your comments heard.
 - **In writing or through the website** at <http://adrc.kenoshacounty.org>.

Kenosha County Aging Plan Section 3 Planning Process Contd.

Section 3-B Public Hearings, Comments, Changes

Public Notification Activities

1. **Newspapers:** A quarter-page announcement of the Public Hearing was published in the July 2012 Chronicle, the aging unit's newsletter mailed to approximately 11,000 senior households. A legal notice was published in the Kenosha News, Saturday, July 29, 2012.
2. **Senior Centers:** Public Hearing flyers were posted at both the Kenosha Senior Center and the Westosha Community Center beginning Monday, July 30, 2012.
3. **Senior Dining Sites:** Public Hearing flyers were posted at all sites beginning Monday, July 30, 2012.
4. **Commissioners:** Aging Commissioners set the date for the public hearing at their meeting on July 9 and were sent reminder flyers on Friday, July 27, 2012.
5. **Agencies, community network:** An eblast message was sent to Aging Consortium member list inviting members to attend the public hearing or comment on the plan online. Message was delivered to approximately 200 professionals.
6. **GWAAR:** An advance notice of the public hearing was sent to the GWAAR representative on July 26, 2012.

Comments

Details of the comments are included in the attached minutes. They included:

- Questions about meeting transportation needs particularly with the possible reduction in western county transit services.
- Questions about health data contained in the plan and a suggestion that data be further broken down by age.
- A question about medication reconciliation services for seniors
- A compliment for Kenosha County's Adult Protective Services' response time
- A suggestion that information be provided to seniors about safety relative to sliding glass doors.
- A suggestion that ADRC provide information to the elderly about scams and other risks as part of our outreach.

Goal 1

In order to reduce the number of preventable hospital readmissions within 30 days of discharge, the Aging & Disability Resource Center will implement a Care Transitions pilot project with at least one local hospital by the second quarter of 2013.

Goal 2

In order to offer thorough options counseling to elders in making their long term care decisions, the Aging & Disability Resource Center will revise its written processes and train its staff to be in accordance with the Options Counseling standards released by the Administration on Community Living by the first quarter of 2014.

Goal 3

So that older adults and their caregivers will become better informed about the Aging & Disability Resource Center, articles, ads or announcements will appear in the Kenosha News at least once per month and in an alternative local paper at least once per month. Newspapers were cited as the primary source of information in the 2012 needs assessment survey.

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| Kenosha County 2013-15 Aging Plan Section 4 - Statewide Focus Areas Contd Section 4-B Older Americans Act Programs |
|---|

Goal 1

To help assure that the Aging & Disability Resource Center is consistently identified as a unique entity offering a wide array of information, 95% of all material developed by staff or volunteers will have the ADRC logo displayed as measured by the Marketing Quality Improvement process.

Goal 2

To help assure that members of minority populations know about the information and services available through the Aging & Disability Resource Center, an advisory group will be formed of community and staff members regarding effective outreach venues for lesbian and gay seniors by June 2013. Two staff trainings will be conducted on culturally competent service to LGBT seniors within 2014.

Goal 3

To increase awareness of Senior Dining and to promote fitness and recreation, the aging unit will expand on its 2012 YMCA initiative and will offer at least two more meals at new health and recreation venues by December of 2013.

Goal 4

To provide stimulation and connect seniors with relevant information sources, the Senior Center without Walls phone sessions will present at least six educational opportunities on topics related to senior health and services in addition to the recreational topics in 2014.

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| Kenosha County 2013-15 Aging Plan Section 4 - Statewide Focus Areas Contd. Section 4-C Alzheimer's Disease |
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Goal 1

Older adults and their families will be able slow memory loss, receive earlier diagnosis and more effectively cope with the onset of dementia through more opportunities for education. By June, 2013 a plan will be developed in partnership with other organizations to offer at least four workshops a year in Kenosha for a targeted 100-120 older adults and families on topics relative to memory, dementia and related resources.

Goal 2

In order to encourage earlier diagnosis, the Aging and Disability Resource Center will begin use of a cognitive screen and protocol in conjunction with functional screens by January, 2014, expanding the offer of a screen to other consumers by 2015.

Goal 3

To slow the progression of memory loss a plan will be developed in 2014 for implementation in 2015 to offer through or in partnership with other organizations, at least four evidence-based memory improvement classes a year.

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| Kenosha County 2013-15 Aging Plan Section 4 - Statewide Focus Areas Contd. Section 4-D Emergency Preparedness |
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Goal 1

So that older adults are better prepared for emergencies or disasters, one-two permanent staff representatives will be identified and trained by December, 2013 to represent the aging unit and its consumers in county disaster planning efforts.

Goal 2

So that older adults are better prepared for emergencies, trained staff will offer at least two community educational opportunities for older audiences on emergency preparedness in 2014.

Goal 3

A campaign will be carried out by December, 2015 to increase the number of older adults with personal emergency preparedness plans, including the distribution of Files of Life and Personal Emergency Preparedness materials to 900 older persons, four articles in senior publications that reach over 10,000 senior households and a section of the ADRC website devoted to emergency preparedness.

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| Kenosha County 2013-15 Aging Plan Section 4 - Statewide Focus Areas Contd. Section 4-E Evidence-Based Prevention Programming |
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Goal 1

By January, 2014 forty people per year with chronic health conditions will complete *Living Well* classes that will be regularly scheduled at least four times a year in conjunction with health care partners.

Goal 2

The number of *Stepping On* classes will be expanded to at least three per year, with 30 older participants completing the class annually, who have a history of falls or fear of falling, by January, 2015.

Goal 3

Forty older persons will complete *Lighten UP* classes to be held at least four times a year to improve well-being, by January 2015

Goal 4

Fifty *Sure Step* in-home assessments will be conducted annually by trained health professionals for older persons at high risk of falls, beginning January 2013.

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| Kenosha County 2013-15 Aging Plan Section 4 - Statewide Focus Areas Contd. Section 4-F Family Caregiver Support |
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Information to Caregivers

Trained and certified Information, Assistance and Access (IAA) staff of the Aging & Disability Resource Center are the first contact for information to caregivers. A Caregiver Specialist facilitates a dementia caregiver support group and distributes the CareLink newsletter on-line and at libraries. Articles are put in the Senior Chronicle mailed to 11,000 senior households and the Kenosha-Racine Prime magazine. A resource database is accessible from our website. A directory and handouts with caregiver resources, a booklet on Hiring a Private Caregiver, and Alzheimer's Resource book are given out. Presentations are routinely given to community groups that include many family caregivers.

Assistance to caregivers in gaining access to services

Resource Center staff work with caregivers to identify needs which may be simple information and assistance, long-term care options counseling or assessing for eligibility Medicaid waiver programs. They will help individuals apply for services through NFCSP or AFCSP or other known dollars. Urgent service requests can be expedited to put in place within 24 hours.

Individual counseling, organization of support groups, and training to caregivers

IAA staff provide counseling often when doing long term care options counseling. Appointments are also scheduled at the ADRC with a representative of the Southeast WI Alzheimers Association. The Caregiver Support Specialist spends more time with caregivers who are having difficulty coping with the stresses of caregiving. Individuals may be encouraged to seek professional counseling and assisted with referrals. Lighten UP classes have been found beneficial by family caregivers in helping to focus on the positive aspects of their lives. There are two caregiver support groups in Kenosha County and one in Racine. Additionally our Caregiver Specialist is facilitating a telephone support group. Powerful Tools for Caregivers classes are offered at least twice a year.

Respite Care

The Caregiver Specialist arranges for respite services usually falling under four categories: in-home, day programs/adult day care, private pay reimbursement and out of home respite stays. 112 hours a year is the maximum amount of hours in the home. For private pay reimbursement we can approve 60 hours at \$10 per hour for the maximum of \$600. This amount was based on income tax law. For respite day programs we are able to approve up to 14 days. For most out of home respite stays they are approved for up to seven days. We work hard to empower the caregiver and recipient to determine the care and assistance they want.

Supplemental Services

The equipment loan closet at the ADRC is often utilized by family caregivers. Supplemental services are purchased with a \$500 maximum. In special circumstances and depending on funds available, exceptions will be made.

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| Kenosha County 2013-15 Aging Plan Section 5 - Local Focus Areas |
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In response to the 2012 Needs Assessments conducted by the aging unit, these local goals are aimed at the top-ranking unmet needs identified by the survey and focus group respondents.

Goal 1

To address an unmet need of transportation among Spanish-speaking elders, our Volunteer Transportation program will recruit a team of five bi-lingual drivers and a method for requesting and confirming ride matches in Spanish. A minimum of 20 trips/month will be provided to Hispanic elders via a Volunteer Transportation service by June 2015.

Goal 2

To help seniors maximize use of existing transportation resources to meet their travel needs, a travel training program will be implemented with city transit using the Mobility Manager and bus-savvy peers in 2014. At least four ambassadors will be trained to offer bus orientations.

Goal 3

To increase the opportunity for meaningful activity and respite for caregivers, the aging unit will partner with new or existing entities to add at least one new venue for day programs/activity for seniors within Kenosha County by 2015.

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| Section 7 - Budgets |
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See attached budget forms.

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| Compliance with Federal and State Laws and Regulations |
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On behalf of the county, we certify

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2013-2015. We assure that the activities identified in this plan will be carried out to the best of the ability of the county in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2013-2015.

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| Signature, and Title of the Chairperson of the Commission on Aging | Date |
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| Signature, and Title of the Authorized County Board Representative | Date |
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| Assurances |
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The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

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

2. Outreach, Training, Coordination & Public Information

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources 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 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 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 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 designated area agency on aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

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

5. Contributions for Services

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

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.

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

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by

the Bureau of Aging and Disability Resources through its designated area agency on aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

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

The applicant shall comply with all requirements of the Older Americans Act (PL 89-73).

18. Federal Regulations

The applicant shall comply with all federal regulations (45 CFR 1321) governing Older Americans Act funds and programs.

19. Wisconsin Elders Act

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.