

# **Kenosha County Aging Plan 2016-2018**

## **TABLE OF CONTENTS**

- 1. Verification of Intent**
- 2. Executive Summary**
- 3. Organization and Structure of the Aging Unit**
- 4. Context**
- 5. Public Involvement in the Development of the County Aging Plan**
- 6. Goals for the Plan Period**
- 7. Coordination Between Titles III and VI**
- 8. Budget**
- 9. Compliance With Federal and State Laws and Regulations**
- 10. Assurances**
- 11. Appendices**

## **1. Verification of Intent**

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 2016-2018.

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 Kenosha County Executive      Date

## **2. Executive Summary**

The Kenosha County Division of Aging and Disability Services looks forward to continued collaboration with our many community partners as we embrace the opportunities and challenges of our growing aging population.

### **Kenosha County intends to continue its core aging services:**

Information and Assistance  
Long-Term Care Options Counseling  
Eligibility screening and enrollment for long term care waiver programs  
Short-term care coordination  
Elderly and Disability Benefit Assistance  
Dementia Support and Services  
Family Caregiver Support  
Senior Dining  
Home-Delivered Meals  
Transportation  
Outreach  
Long-Term Care Workforce Project  
My Life newspaper  
Senior Center (western county)  
Friendly Visitor  
Elder Abuse Investigation and Services  
Adult Protective Services and Guardianship  
Prevention Programs  
Equipment Loan Closet  
Community Resource Information

### **This plan also describes how Kenosha County will address state-required focus areas and local goals determined by the Kenosha County Commission on Aging:**

Involvement of Older People in Aging-Related Program Development and Planning  
The Elder Nutrition Program  
Services in Support of Caregivers  
Services to People with Dementia  
Healthy Aging  
Locally-identified needs

<b>3. Organization/Structure: Kenosha Co Division of Aging &amp; Disability Services 3-A Mission Statement and Description</b>
--

<b>MISSION</b>
----------------

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.
--

<b>ADDRESS OF THE AGING UNIT</b>
----------------------------------

<b>Kenosha County Aging &amp; Disability Resource Center 8600 Sheridan Road Kenosha, Wisconsin 53143</b>
--

<b>Mailing Address (If different from above)</b>
--

<b>Same</b>
-------------

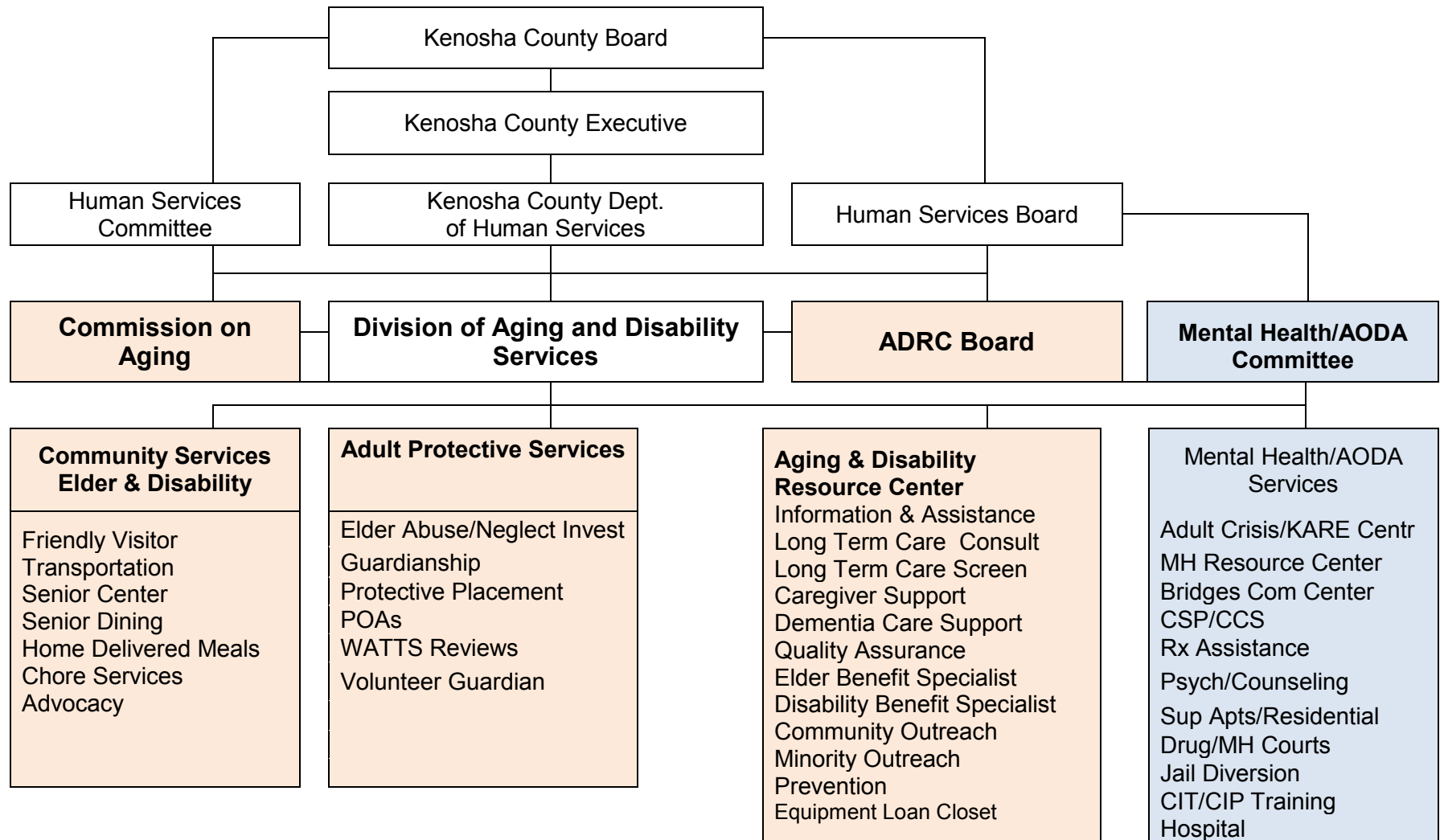
<b>Hours of Operation</b>
---------------------------

Monday-Friday 8:00 am-5:00 pm After Hours Coverage by Crisis Hotline
---

<b>Helpful Telephone Numbers and Email Addresses</b>
--

<b>Telephone: 262-605-6646</b> <b>Toll-Free: 1-800-472-8008</b> <b>TTY: 262-605-6663</b> <b>After Hours: 262-657-7188</b> <b>Fax: 262-605-6649</b> <b>E-Mail: <a href="mailto:adrc@co.kenosha.wi.us">adrc@co.kenosha.wi.us</a></b> <b>Web site: <a href="http://www.adrc.kenoshacounty.org">http://www.adrc.kenoshacounty.org</a></b>
---

### 3. Organization and Structure of the Kenosha County Division of Aging & Disability Services 3-B Organizational Chart



### **3. Organization/Structure: Kenosha Co Div of Aging & Disability Services 3-C Aging Unit Coordination with ADRCs**

The Kenosha County Division of Aging and Disability Services (Kenosha County's Aging Unit) is responsible for, integrated with and co-located with its Aging and Disability Resource Center. Some services such as Senior Dining, Home Delivered Meals, Friendly Visitor and Western Kenosha County Senior Center are contracted and operate from a different site.

Kenosha County benefits from the oversight and input of both a Commission on Aging and an ADRC Board.

### 3. Organization and Structure: Kenosha Co Div of Aging & Disability Services 3-D Statutory Requirements for the Structure of the Aging Unit

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

<b>Organization:</b> The law permits one of three options. Which of the following permissible options has the county chosen?	<b>Check One</b>
1. An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	X
2. A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	
3. A private nonprofit corporation, as defined in s. 181.0103 (17).	
<b>Organization of the Commission on Aging:</b> The law permits one of three options. Which of the following permissible options has the county chosen?	<b>Check One</b>
1. 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.	
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.	
<b>Full-Time Aging Director:</b> 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?	<b>Yes</b>



### 3. Organization and Structure: Kenosha Co Div of Aging & Disability Services 3-E Membership of the Policy-Making Body

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 of the County Aging Unit's Policy-Making Body (list below)			
Name	Age 60 and Older	Elected Official	Year First Term Began
Herschel Ryales, Chair	X		2012
Lillian Brown	X		2011
Rick Dodge	X	X	2012
Janice Erickson	X		2015
Ruth Fangemeier	X		2011
Julie Rae Friedman	X		2015
Daniel Neururer	X		2014
Carol Ann Schaufel	X		2014
Vacant			
Vacant			
Vacant			

**3. Organization and Structure: Kenosha Co Div of Aging & Disability Services  
3-G Staff of the Aging Unit**

**Section 1-F Staff Responsible for Core Functions**

**Name:** LaVerne Jaros, FTE: 1.0, **Job Title:** Director

**Telephone Number/email Address:** 262-605-6612/ laverne.jaros@kenoshacounty.org

**Brief Description of Duties:**

Overall administration of Division of Aging & Disability Services budget and services, including Older Americans Act programs, ADRC 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/carolyn.feldt@kenoshacounty.org

**Brief Description of Duties:**

Management of ADRC functions and administrative support, aging programs, and specialized transportation services.

**Name:** Rachel DeWildt, FTE: 1.0, **Job Title:** Supervisor, Information, Assistance & Access

**Telephone Number/email Address:** 262-605-6626 rachel.dewildt@kenoshacounty.org

**Brief Description of Duties:**

Supervises all IA&A staff and the Family Care/MA Wavier enrollment process.

**Name:** TBD, FTE: 1.0, **Job Title:** Supervisor, Benefit Specialist Services

**Telephone Number/email Address:** 262-605-6603/ \_\_\_\_\_@kenoshacounty.org

**Brief Description of Duties:**

Directs outreach and services for older adults about all benefit issues.

**Name:** Melissa Meier, FTE: 1.0, **Job Title:** Director of Senior Services, KAFASI

**Telephone Number/email Address:** 262-658-3508, mmeier@kafasi.org

**Brief Description of Duties:**

Responsible for congregate, home-delivered, volunteer transportation, Daybreak, Westosha senior center programming.

**Name:** Kathy Ford, FTE: 1.0, **Job Title:** Caregiver Support Specialist

**Telephone Number/email Address:** 262-605-6667 kathy.ford@kenoshacounty.org

**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 rebecca.dutter@kenoshacounty.org

**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

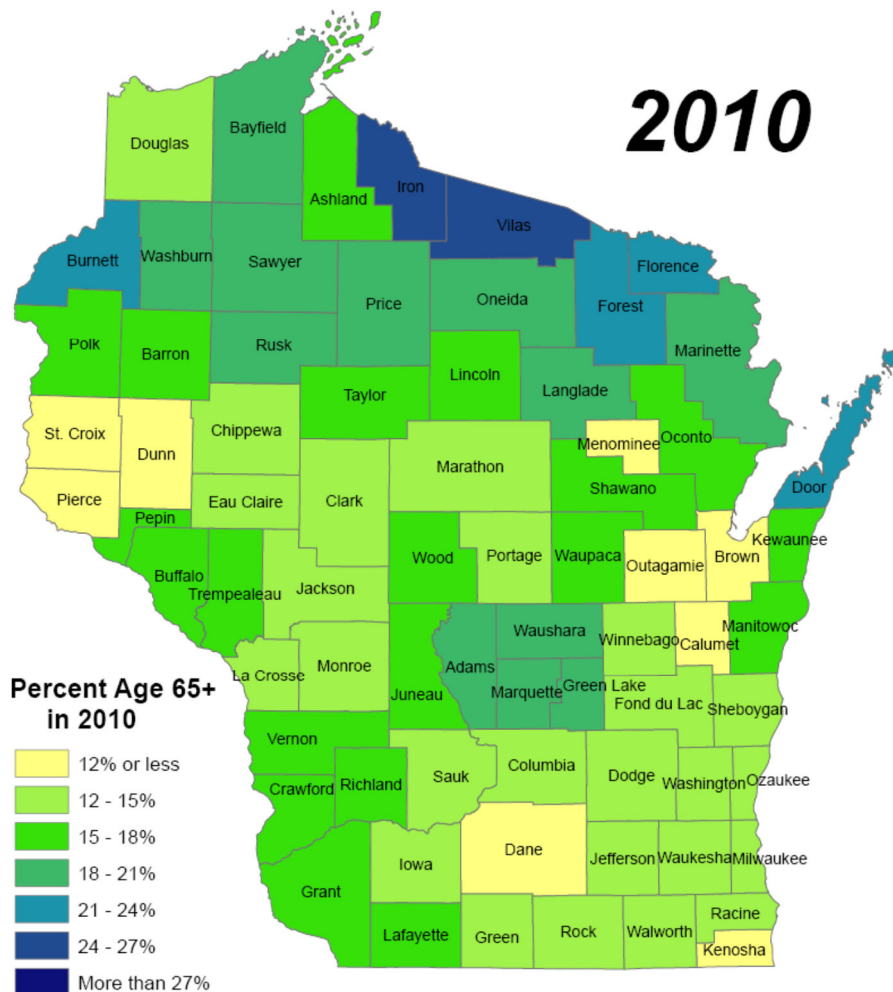
**Brief Description of Duties:**

Coordinates evidence based health and wellness programs.

## 4. Context

### Demographic Summary – Geography

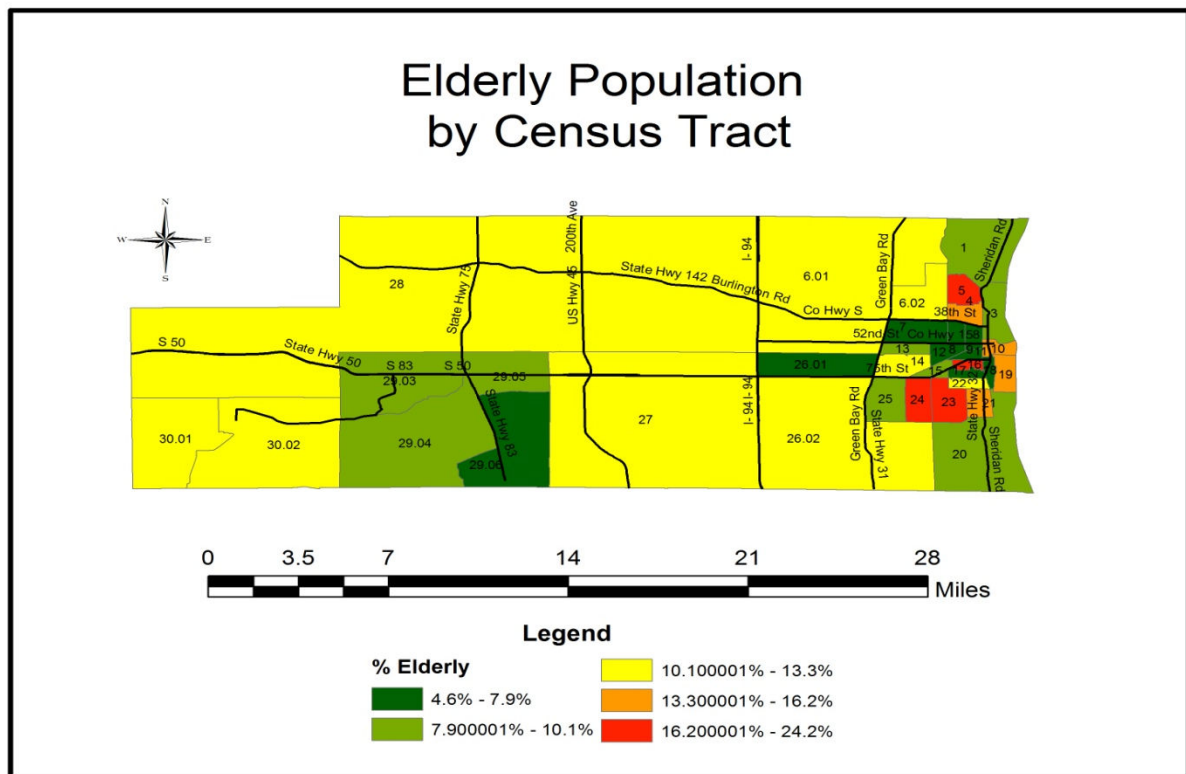
According to the American Community Survey 2008-2012 5-Year Estimates, Kenosha County's population was 166,373 accounting for 2.9% of Wisconsin's total population. People aged 60 and older in Kenosha County were 26,369. New population estimates released effective July 2013 show Kenosha County's population growth at 0.8% from 2010. Kenosha's percentage of persons age 65+ is 11.8% which is a smaller percentage than Wisconsin's 65+ cohort at 14.1% and is less than neighboring counties or those of similar sizes.



Geographically, 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 similar 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, 2.5% identify as Black and 3% as Hispanic.

Although generally seniors mirror the overall population distribution with the same percentages living east and west of the interstate, there is variation in where people live 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; most other areas saw growth. Where 64% of the county's seniors lived in the City in 2000, now 58% are city residents.

#### City/Village/Township Residency of persons age 65+

Census Year	Brighton	Bristol	Kenosha City	Paris	Pleasant Prairie	Randall/Twin Lakes	Salem/Silver Lake/Paddock Lake	Somers	Wheatland	Total
2000	131	559	11,034	215	1,771	965	1,287	978	307	17,247
2010	183	690	10,745	246	2,532	1,088	1,549	1,236	408	18,677
% Change	39.7%	23.4%	-2.6%	14.4%	43.0%	12.7%	20.3%	26.4%	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 (5 yr estimates)	Wisconsin	Kenosha
Total, householders of all ages:	\$52,627	\$55,117
Householder under 25 years	\$26,183	\$28,881
Householder 25 to 44 years	\$58,554	\$61,918
Householder 45 to 64 years	\$64,947	\$67,779
Householder 65 years and over	\$34,164	\$34,199
Source: U.S. Bureau of the Census, American Community Survey, 2008-12 Five-Year Estimates, Table B19049, 1/2014..		

The elderly poverty rate stayed virtually the same for Kenosha County, at 6%, in the last three decades: 1990, 2000, 2010. The new 5 yr estimates put it at 7.1%. 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 7% 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: 23.5% Kenoshans without compared with 18.1%. For having some education beyond high school, 32% of Kenosha seniors compare to 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: 37% compared to 19%. (2 of 5 women live alone compared with 1 of 5 men.)

## Service Needs - Transportation

Despite an increase in medical wheelchair trips made possible by the Medicaid brokerage change in 2011, transportation continues to rank high on a review of unmet needs. The ADRC's 2012 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

## Health of Kenosha County's Older Adults

### Disability

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

<b>Disability Age 65+</b>	<b>Wisconsin</b>		<b>Kenosha</b>	
<b>Total age 65+*</b>	749,135		18,066	
<b>Age 65+ with any disability</b>	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 and Older Adults

Falls among older persons are a serious concern as they are a leading cause of injuries leading to emergency room visits, hospitalizations, nursing home admissions, loss of mobility, loss of independence and death. Kenosha County has one of the highest rates of emergency room visits and hospitalizations for falls. Responding to a new question in the 2014 Kenosha County Community Health Survey 11% of persons 60+ reported having fallen and injured themselves at home.

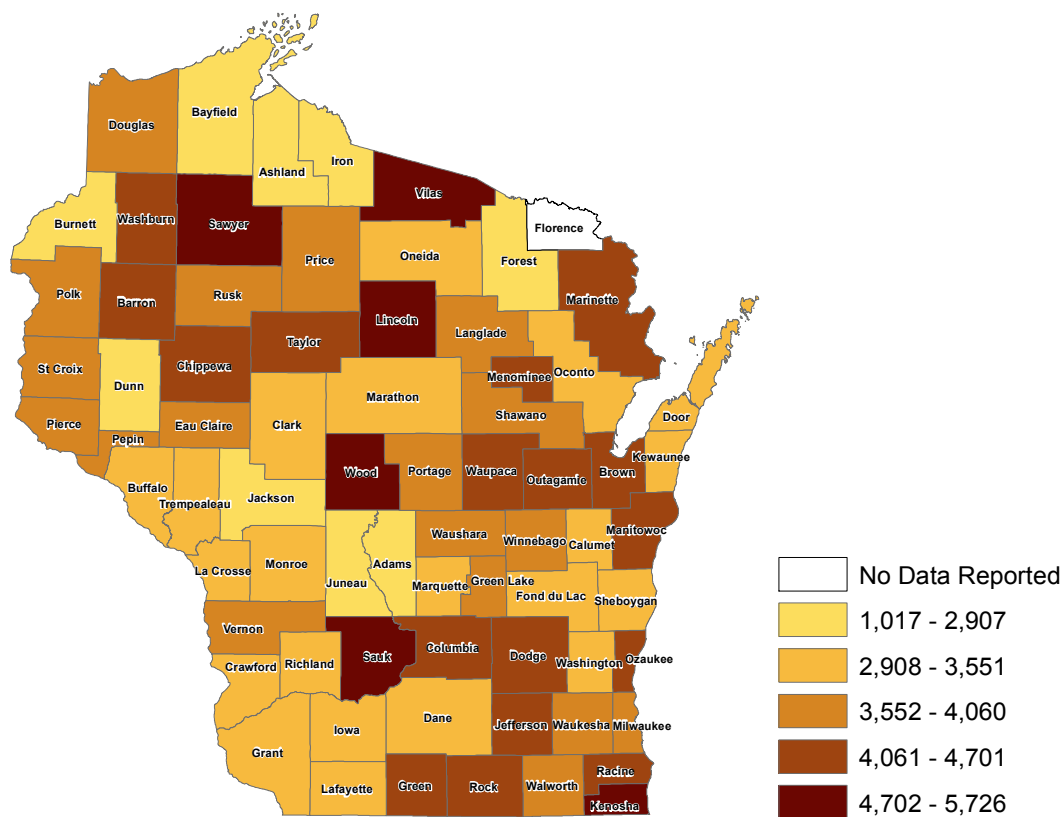
### Kenosha County Hospitalization and ED Visits of Persons 65+ Due to Falls

Source: Wisconsin Interactive Statistics on Health

	2009	2010	2011	2012	2013
<b>ED Visits</b>	907	911	1028	1024	1150
<b>Hospitalizations</b>	511	481	503	433	469
<b>% of ED Visits</b>	56%	53%	49%	42%	41%
<b>Kenosha County ranking among Wisconsin counties for <u>ED visits</u></b>					<b>1</b>
<b>Kenosha County ranking among WI counties in <u>deaths</u> due to falls</b>					<b>19</b>

### Number of Falls-related Injury Visits to Emergency Departments per 100,000 population Ages 65 and Older

Source: Wisconsin Department of Health Services, Wisconsin Interactive Statistics on Health



### Kenosha County EMS Falls Data

	2011	2012	2013
<b>Transported</b>	1126	1027	1136
<b>Not Transported</b>	268	239	258
<b>% Not Transported</b>	24%	23%	23%
City of Kenosha	1021	926	967
Pleasant Prairie	124	109	130
Twin Lakes	48	57	54
Salem	71	69	78
Bristol	29	28	39
Somers	49	52	83
Silver Lake	47	23	34
Paris	4	3	5



**Quality Improvement  
Organizations**  
Sharing Knowledge, Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES



30-day, all-cause readmission rates between  
April 1, 2012-March 31, 2013

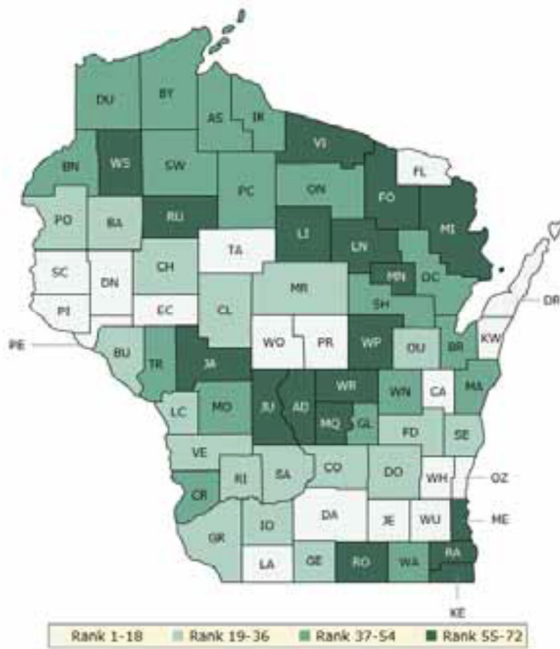
Medical Condition	Kenosha Community			All Wisconsin Hospitals		
	Denom	Numer	Rate (%)	Denom	Numer	Rate (%)
Nursing Home Falls	209	25	11.96%	6,914	940	13.60%
All Falls	350	48	13.71%	13,220	1,790	13.54%

This material was prepared by MetaStar, the Medicare Quality Improvement Organization for Wisconsin, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 10SOW-WI-CT-13-102.

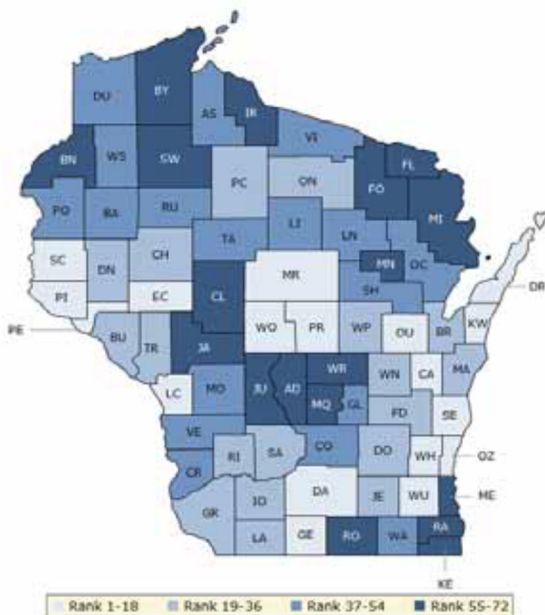


## Overall Health

Kenosha County's health rankings foreshadow high levels of chronic conditions in advanced age. 2015 Wisconsin County Health Rankings and Roadmaps show **Kenosha County near the bottom of the state—64<sup>th</sup> among 72 counties for health outcomes.**



Relative to **health factors**, Kenosha County ranks 65<sup>th</sup> out of 72 counties.



Source: Wisconsin County Health Rankings and Roadmaps

Despite improvements Kenosha County ranks in the bottom fourth of Wisconsin counties in self-reported health outcomes and health factors scales.

**Length of Life 57th out of 72**

**Quality of Life 68th out of 72**

Adults reporting:	Wisconsin	Kenosha
Poor or fair health	12%	13%
Poor physical health days	3.2	3.3
Poor mental health days	3.0	3.8

**Health Behaviors 55th out of 72**

Adults reporting:	Wisconsin	Kenosha
BMI>30	29%	31%
No leisure physical activity	21%	22%
Access to physical activity	83%	94%
Excessive Drinking	24%	23%
Smoking	18%	21%

Source: 2015 Wisconsin County Health Rankings and Roadmaps

The 2014 Kenosha County Community Health Survey based on a telephone survey indicates a continuing increase in people who report their overall health as fair or poor.

	2003	2005	2008	2011	2014	WI 2012	US 2012
Excellent	30%	20%	19%	14%	18%		
Very Good	33%	34%	35%	36%	33%		
Fair or Poor	12%	15%	15%	19%	21%	14%	17%

**Well Being /Mental Health**

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		Clients Self Reporting 15 or more days:	
Feeling Depressed	25%	Feeling Depressed	17%
Feeling Anxious	34%	Feeling Anxious	22%
Not enough sleep	30%	Not enough sleep	19%
Clients reporting # days they felt healthy		Clients Rating overall Emotional Well Being	
0 days	76%	Excellent	6%
1-10 days	15%	Very Good	22%
11-20 days	6%	Good	29%
21-30 days	3%	Fair	34%
		Poor	9%

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

	Wisconsin	Kenosha
Mental health providers	623:1	1,075:1
Primary care physicians	1,215:1	2,210:1

The percent of Kenosha County adults receiving clinical prevention interventions has improved in some areas and declined in others according to the Kenosha County Community Health Survey.

<b>Kenosha County</b>	<b>2003</b>	<b>2005</b>	<b>2008</b>	<b>2011</b>	<b>2014</b>	<b>WI</b>
Flu Vaccination (past year—65+)	69%	54%	73%	<b>68%</b>	<b>62%</b>	
Pneumonia (ever—65 and older)	56%	69%	73%	<b>62%</b>	<b>68%</b>	
Colonoscopy (within 10 yrs 50+)				64%	<b>58%</b>	66%
Mammogram (50+within 2 yrs )	79%	85%	76%	81%	<b>76%</b>	80%
Bone Density scan (65+)			78%	71%	74%	80%

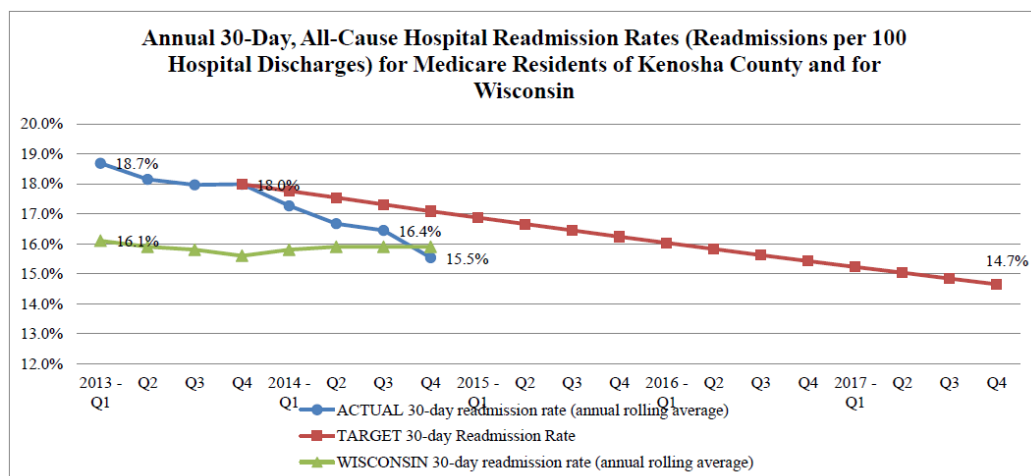
## Long Term Care

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. Significant changes may occur in these programs as a result of the 2015-2017 Wisconsin budget. Guiding consumers through these changes will be an important role of the Kenosha County Aging & Disability Resource Center.

Progress has been made in addressing consumer needs identified in a 2012 assessment but have not been alleviated. They include: day time activity, respite, increased transportation, financial assistance for homemaker/supportive home care services

## Hospital Re-Admissions

Hospital readmissions among older persons are costly and often avoidable. Kenosha County's Care Transitions Coalition and its members have initiated a number of efforts to reduce admissions. Since January 1, 2013 Kenosha has decreased it's readmission rate by 21% (from 18.7% to 15.5%)! 😊



## **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**

The 2015 state budget process highlighted the lack of awareness of Aging & Disability Resource Centers both locally and statewide. More effective marketing is needed of the ADRC as the place to go for information and consultation about long term care and other services options. The needs assessment identified the following sources as the primary means for learning about new events or services:

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

Respondents to the Latino survey indicated newspapers and church being their 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 Prevention Coalition, Long Term Care Workforce Alliance, Care Transitions Coalition, and the Aging Consortium.

## 5. Public Involvement in the Development of the County Aging Plan

Three public hearings are planned on the Draft Aging Plan. The hearings are combined with the Transportation Grant Applications planned for 2016.



# PUBLIC HEARINGS

**Wednesday, September 16, 2015**

12:30 p.m.

Westosha Community Center  
19200 93rd Street, Bristol

**Friday, September 18, 2015**

1 p.m.

Kenosha Senior Center  
6717 27th Avenue, Kenosha

**Tuesday, September 22, 2015**

2 p.m.

Community Library  
24615 89th Street, Salem

**Please join us for public hearings on  
Kenosha County's  
2016-2018**

**Aging Plan and Transportation Grants.**

Learn about existing services and future goals,  
meet Commissioners and share your  
ideas as we plan for the future.

Draft plan is available for review at:

Kenosha County Aging & Disability Resource Center  
8600 Sheridan Road, Kenosha, WI  
Monday-Friday, 8 a.m.—5 p.m.  
or anytime at [adrc.kenoshacounty.org](http://adrc.kenoshacounty.org)

A written summary of hearing comments will be included in final plan.

## 6. Goals for the Plan Period

### 6-A. Involvement of Older People in Aging-Related Program Planning

The Kenosha County Division of Aging and Disability Services routinely reports to and involves the Commission on Aging and the ADRC Board in aging related planning and program, and the Nutrition Advisory Council in planning relative to the Senior Dining and Home Delivered Meals programs. Seniors are alerted through a number of outlets about legislative issues affecting programs for older adults and persons with disabilities. *My Life* is a monthly publication by the Kenosha News and ADRC that reaches over 22,000 households and will be utilized more extensively to alert seniors to opportunities for involvement.

<b>Goal</b>	Increase involvement of older people in development and planning of age-related programs and initiatives.
<b>Objective 1</b>	Disseminate information about opportunities for involvement through <i>My Life</i>
Strategies	Solicit membership requirements and meeting schedules of appropriate organizations/ groups. Plan schedule of articles with <i>My Life</i> planning committee.
Outcomes	To achieve by December 31, 2016, a 20% increase over 2015 in the number of articles published in <i>My Life</i> * about opportunities for learning and involvement in local, state and/or national policy and planning affecting older adults.
<b>Objective 2</b>	Publish notice of Commission on Aging meetings in <i>My Life</i> in addition to normal legal notices.
Strategies	Confirm meeting dates and locations and submit to <i>My Life</i> one month in advance of publication.
Outcomes	By December 31, 2016 attendance by the public at Commission on Aging meetings will increase 5% over 2015.
<b>Objective 3</b>	Begin holding Commission on Aging meetings at off-site locations.
Strategies	Identify potential sites and arrange commission meeting in conjunction with special meeting topics.
Outcomes	By December 31, 2017 the Commission on Aging will have held at least three public meetings at off-site locations.
<b>Objective 4</b>	Hold a community-wide senior leadership summit
Strategies	Form planning committee, solicit support of other organizations, secure speakers, venue and other details.
Outcomes	By December 31, 2018 a senior leadership summit for at least 80 older adults, 75% of whom will report that as a result of their participation they feel more empowered and likely to take action relative to public policy.



### **6-B. The Elder Nutrition Program**

Senior Dining and Meals on Wheels support healthy nutrition and socialization and are the largest programs funded by the Older Americans Act. Nationwide, the number of meals served in congregate settings has been trending downward since the 1980s.

Kenosha County instituted new menu formats, added daily soups/salads, and opened satellite sites but the number of meals served is still slightly decreasing over 2014.

<b>Goal 1</b>	Increase average donation amount
Objectives	Maximize participant revenue by reinforcing the value of the program as worthy of financial support.
Strategies	Tell participants about the program's funding and donation goals via presentations and letters. Institute a practice at each site to regularly acknowledge and appreciation donation support.
Outcomes	Achieve an average donation of \$1.75 for the full year of 2016. (Average donation 2014: \$1.59. YTD for 2015: \$1.52.)
<b>Goal 2</b>	Increase participation at Senior Dining Sites.
Objectives	Broader participation and ownership of site activities
Strategies	Formalize and document welcoming practices for visitors at each site. Incorporate Bring a Guest passes as a standard practice with participants and collateral agencies.
Outcomes	Achieve 10% increase in unduplicated persons and 10% increase in meals served over 2014 figures for the year ending December 31, 2017. Target is 913 persons and 32,184 persons.
<b>Goal 3</b>	Increase knowledge of nutrition education.
Objectives	Increase awareness of nutrition's role in improved health.
Strategies	Develop 12-month program for nutrition education for Senior Dining and Meals on Wheels.
Outcomes	Nutrition education units for calendar year 2018 will increase by 50% for Senior Dining and by 100% for Meals on Wheels over 2015 figures.

### **6-C. Services in Support of Caregivers**

One-third of the US population provides unpaid care to another person, many with significant emotional, physical and financial stress. Kenosha County offers services for caregivers, including information and assistance, long term care consultation, dementia consultation, payment for short term respite, a rural caregiver support group, caregiver education and training, an equipment loan closet, enrollment in long term care programs. We facilitate a caregiver coalition to improve community support for unpaid caregivers and a long term care workforce alliance for recognition, recruitment and retention of care workers. The following goals are consistent with the aims of the Caregiver Coalition.

<b>Goal 1:</b>	Reduce isolation and increase support of family and informal caregivers.
Objective	Start a general (not dementia-specific) caregiver support group in the city of Kenosha with the help of the Caregiver Coalition.
Strategies	Through the Caregiver Coalition and caregiver mailing list identify facilitators, secure meeting location; develop marketing plan and other arrangements.
Outcomes	A caregiver support group will be functional by December 31, 2016
<b>Goal 2</b>	Reduce stress and increase confidence of family and informal caregivers.
Objectives	Diversify and expand marketing strategies for Powerful Tools for Caregivers classes.
Strategies	Analyze current referrals; conduct focus groups representing the diversity of caregivers to identify most effective messages and communication vehicles; meet with ADRC outreach team and Caregiver Coalition to incorporate suggestions.
Outcomes	By December 31, 2017 average enrollment in Powerful Tools for Caregivers classes will increase by 50% over 2014, from 8 to 12 average per class.
<b>Goal 3</b>	Increase knowledge of community resources by working caregivers.
Objectives	Secure commitments by employers for information dissemination to employee caregivers about community resources.
Strategies	Letters will be mailed and contacts made by Caregiver Coalition members to large area employers with options for increasing employee education; tools will be developed for options: newsletter, presentations, mailing, resource fairs, other.
Outcomes	By December 31, 2018 at least nine employee workplace presentations or resource fairs will be held for working caregivers.
<b>Goal 4</b>	Promote mutual satisfaction of carer/care receiver relationships
Objectives	Increase awareness of strategies for effective communication between caregivers and care receivers.
Strategies	Discuss education needs/opportunities with LTC Workforce Alliance. Identify or prepare articles for care receivers
Outcomes	By December, 2017 publish 2 articles in <i>My Life</i> on communication with caregivers and by December, 2018 conduct a communication training for care workers



## **6-D. Services to People With Dementia**

As our population ages, the number of individuals with Alzheimer's and other dementias will increase. It is estimated that those with dementia will double by the year 2030, impacting not only the individuals but their families and the community at large.

The Kenosha County Division of Aging & Disability Services and its community partners, provide/support many services for persons with dementia and their families: information and assistance, long term care consultation, eligibility and enrollment; memory screening, dementia consultation, memory care connections, LEEPS, short term respite, education, Dementia Tours and other services. Kenosha County's ADRC has a Dementia Care Specialist and has launched a dementia-friendly community project. With its partners, Kenosha County also plans to accomplish the following.

<b>Goal 1</b>	Individuals and families will be better prepared to plan for current and future needs of persons at early stages of dementia.
Strategies	Increased marketing of dementia care services through <i>My Life</i> articles, caregiver coalition presentations, Alzheimer's Association, dissemination of dementia resources to medical professionals.
Outcomes	By December 31, 2016 there will be a 10% increase over 2014 in the number of consultations and Memory Care Connection interventions.
<b>Goal 2</b>	Increase understanding of dementia by persons who interact with the public.
Strategies	Community and employee in-person trainings, on-line training offerings, articles in <i>My Life</i> and other publications.
Outcomes	By December 2017, at least 250 employees, volunteers and others will report feeling more knowledgeable, prepared and confident in serving consumers with dementia as measured by pre and post questionnaires distributed to attendees of dementia education events.
<b>Goal 3</b>	Organizations that interact with the public will be better prepared to include and serve persons with dementia and their families.
Strategies	Meetings through Chambers of Commerce, individual contact, Clergy Summit, other. Self-assessment tools and consultations.
Outcomes	By December 31, 2018, 10 or more businesses or churches will make dementia-friendly environmental or service improvements determined by a survey of organizations three months after receiving dementia information and/or consultation.

---

## 6-E. Healthy Aging

Kenosha County through contracts with community agencies supports Senior Dining and Meals on Wheels, vital to the health and well being of many older adults. We have also initiated a number of programs to help older adults live healthier, safer and happier lives:

**Sure Step**

**Stepping On**

**Living Well**

**Healthy Living with Diabetes**

**Lighten UP**

**Comprehensive in-home falls risk assessment**

**Interactive falls prevention class**

**Chronic disease self-management class**

**Diabetes self-management class**

**Class to improve well being among older adults**

<b>Goal 1:</b>	Increase participation of older adults in <i>Living Well</i> and <i>Healthy Living with Diabetes</i> through improved integration with Older Americans and senior volunteer programs.
Objectives	1. Broader participation in and ownership of health and wellness programs. 2. Improved systems for marketing and referral through OAA and RSVP programs
Strategies	Assure baseline data for health and wellness programs. Implement a change project using the NIATx model of process improvement. Establish an integrated change team.
Outcomes	50% increase referrals from OAA and RSVP programs to the Health and Wellness classes by December 31, 2016.
<b>Goal 2</b>	Reduce falls by increased participation of older adults in <i>Stepping On</i>
Objectives	1. Develop referral systems with local hospitals of persons identified through falls risk assessments, to <i>Stepping On</i> and other programs. 2. Identify and implement effective strategies for increased involvement of isolated older adults in <i>Stepping On</i> .
Strategies	Assure system for tracking data on marketing activity and referrals. Meetings with hospital personnel. Establish a change team and implement a NIATx quality improvement project.
Outcomes	25% increase in <i>Stepping On</i> enrollments by December 31, 2017.
<b>Goal 3</b>	Increase physical activity among sedentary older adults to reduce risk of falls.
Objectives	The Falls Prevention Coalition will identify, choose and implement an evidence-based physical activity strategy appropriate for sustainability by trained volunteers.
Strategies	Broaden coalition membership; review and select program; identify sites such as senior housing, meal site, etc; Identify and train two or more coalition members to conduct training of volunteers; recruit and train volunteers; implement; evaluate.
Outcomes	Implement one evidence-based physical activity strategy by December 31, 2018.
<b>Goal 4</b>	Increase education about alcohol and drug use by older adults
Objectives	Arrange education opportunity/ies on older adults and alcohol/drug use.
Strategies	Discuss topic and speakers with Aging Consortium, Adventures in Life Long Learning and UWP Aging Well planning committee
Outcomes	At least 50 people will attend one or more workshops by December 31, 2018.

### **6-F. Local Priorities**

Through focused conversations with Aging Commissioners, staff, public hearing attendees and community partners, the following goals are defined:

<b>Goal 1:</b>	Train 33% of Care-A—Van, Volunteer and Western Transit bus drivers in dementia-sensitive service by the end of 2016.
Objectives	To increase safety and compassionate transit service by training the driver workforce in dementia awareness and passenger assistance techniques.
Strategies	Invite drivers to Virtual Dementia Tours, enlist training from Dementia Friendly Community Coordinator, identify written and video training materials for transit managers.
Outcomes	50 paid and volunteer drivers will be trained in dementia-sensitive service.
<b>Goal 2</b>	Enhance community participation by persons with hearing loss.
Objectives	Install hearing loop technology in strategic areas within ADRC. Provide information to churches, government and other organizations about hearing loop technology
Strategies	Assess ADRC needs, secure estimates, secure funding, install. Provide informational packet for presentation to other organizations.
Outcomes	Install hearing loop technology in ADRC reception and meeting rooms by December 31, 2017 and in at least one other public building by December, 2018.
<b>Goal 3</b>	Increase opportunities for persons who use a wheelchair to fish in Kenosha County.
Objectives	Collaborate to create an accessible fishing location in Kenosha County.
Strategies	Form planning group with interested stakeholders Meet with county and city officials to determine opportunities, challenges and costs Develop plan
Outcomes	By December, 2018 at least one accessible fishing location will be available to persons who use a wheelchair.

<b>7. Coordination Between Titles III and VI</b>
--

Not applicable to Kenosha County.

<b>8. Budget</b>
------------------

See attached Excel workbook for Kenosha County's 2016 budget.

## 9. Compliance With Federal and State Laws and Regulations

On behalf of the county, we certify

\_\_\_\_\_  
(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2016-2018. We assure that the activities identified in this plan will be carried out to the best of the ability of the tribe in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2016-2018.

\_\_\_\_\_  
Signature and Title of the Chairperson of the Commission on Aging      Date

\_\_\_\_\_  
Signature and Title of the Authorized County Board Representative      Date

## 10. Assurances

The applicant certifies compliance with the following regulations:

### 1. Legal Authority of the Applicant

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

### 2. Outreach, Training, Coordination, & Public Information

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources 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.
- 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 and services for older individuals of the county
- (4) A private corporation that is organized under ch. 181 and
- (5) 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 sub. 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.

## 11. Appendices