

County Aging Plan Instructions FY 2022–2024



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

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Timeline of Aging Plan Development

The aging plan development and review process should follow the below timeline.

- Gather preliminary ideas and input from the public. At least two distinct methods of input collection should be used and noted on the Community Engagement Report form. (January–May 2021)
- Develop a draft plan addressing each of the aging plan goals and objectives. The plan should be developed in partnership with the community, Older Americans Act (OAA) consultant, advisory committee, and policy-making body. Members of the policy-making body and community should have a reasonable amount of time to review and offer suggestions on the plan prior to it being sent to the area agency on aging (AAA). (May–July 2021)
- Submit draft plan goals and Community Engagement Report to the AAA and revise as needed based on AAA feedback. **(Due: July 23, 2021)**
- Present draft plan to advisory committee and policy-making body. (August–September 2021)
- Collect feedback on draft plan by holding formal public hearings and other outreach. (September–October 2021)
- Revise as needed based on public feedback and resubmit to the AAA if significant changes were made. (September–October 2021)
- Present final plan to policy-making body for approval. (September–October 2021)
- Submit final plan to AAA for final approval. **(Due: November 5, 2021)**

Resource

[Aging Plan Timeline](#)

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Executive Summary

The executive summary must capture the essential points of the plan concisely. Ideally, the information should be presented in the same order as in the larger document itself.

Summarize as follows:

- What is the aging unit as an organization?
 - Mission
 - Vision
 - Values
- What does the aging unit provide for the community?
- What was learned through community engagement?
- What are the current challenges and needs of the community?
- What is the long path vision of the aging unit?
- Describe the leadership of the aging unit
 - Aging unit director
 - Policy-making body (commission on aging) chairperson
 - Advisory committee chairperson (if applicable)

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Context

The context sets the stage for the aging plan and describes the issues to be addressed in the rest of the document. The context conveys a clear understanding of the current and future service and support needs of the county's older adults and the issues, challenges, and opportunities facing the aging unit. When responding to this section, please detail the sources of information used to develop this plan. (Sources of information may include data from public health, the hospital system, Census, and county surveys.)

The aging plan context answers these questions:

- What are the age trends for older adults in the county?
- What needs have been identified through community engagement or other analysis?
- How do the needs differ across race and ethnic groups, rural and urban, income levels, and generations?
- How is the aging network organized to support older adults?
- What are the critical issues and future implications for aging services in the community?
- What are the resources and partnerships? (Describe how resources are shared and how partners interact to meet the needs of older adults.)

The aging plan context must include the following to answer the above questions:

- Current population of older adults the aging unit serves.
- Distribution of urban and rural areas.
- Relevant social and economic characteristics such as age (especially 60+), race, and poverty. This information will be needed to write effective goals.
- Population projections for age 60+ by 2030 and 2040.

In addition, we strongly encourage aging units to use the following resources to analyze gaps in current programming and services:

- Diversity and ethnicity of OAA program participation in the core programs of nutrition, health promotion, and caregiver support. (Use Social Assistance Management System (SAMS) demographic report function to do comparisons.)
- Additional services (for example, affordable housing, transportation, and mental health supports) older adults need as noted in the public engagement process.

Resources

- [Data Resources for Writing the Context Section](#)
- [Wisconsin County Population Projections by Age Groups](#)
- Department of Health Services: [Demographics of Aging in Wisconsin](#)
- Review the local county health plan. Information from the [local health department](#) can be assistive with aging plan development.

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Community Involvement in the Development of the Aging Plan

This section of the plan should provide evidence of a commitment by the aging unit to engage with the public in the development of the aging plan. A cornerstone of the OAA is that older adults have full participation in the planning and operation of community-based services. People in the community must be afforded opportunities to be part of the planning, express their ideas and concerns about current supports and services, and state their needs for the future.

Advisory committee members should also play a significant role in the development of the aging plan. They should be considered a resource to reach community members about the supports and services they see as essential.

The aging unit should use a variety of methods to gather input prior to writing the aging plan. Some methods may include listening sessions (virtual or face-to-face), community conversations, focus groups, interviews, and surveys. At least two methods must be used to gather public input.

Due to the COVID-19 public health emergency, the aging unit should seek guidance from their local health department on holding public hearings during 2021.

The community engagement section should:

- Describe methods used to collect qualitative information from community members.
- Specify how engaging community members, the advisory committee, and policy-making body in the planning process influenced and informed plan development.
- Include supporting documentation (for example, community survey results, written and/or verbal submissions, and community conversation summaries) that depicts input collected from community members.
- Use the [Community Engagement Report](#) to explain how the aging unit gathered information and ideas from the public prior to developing the plan. Attach this report as an appendix to the aging plan.

Resources

Greater Wisconsin Agency on Aging Resources [Community Engagement Materials](#)

- Creating a Community Engagement Strategy
- Involving Board Members in Community Engagement
- Tips for Using Virtual Engagement
- Community Engagement Sample Questions
- Community Engagement Report

Public Hearing Requirements

Before submitting the aging unit draft plan to the AAA, the aging unit must conduct one or more public hearings. Public hearings are an additional opportunity to collect feedback and comments to improve the draft plan. The aging unit should make a sincere effort to solicit participation from older adults by scheduling the hearings at times and in locations where it is convenient for the public to participate, including virtual platforms. Public hearings are separate from the community engagement collection done prior to drafting the plan. Make reasonable efforts to give people who provided input prior to completing the draft plan an opportunity to review and comment during a public hearing.

Public hearings must conform to the following minimum requirements:

Time of the Hearing

Schedule public hearing(s) to allow sufficient time for the aging unit to make any modifications or revisions to the plan based on the comments received at the hearing(s).

Public Notice

- Begin official public notification (through public notice processes) at least two weeks prior to the hearing. Public notices commonly appear in newspapers.
- Include the date, time, location, and subject of the hearing in the public notice. In addition, indicate the location and hours that the plan is available for examination.
- Post an official public hearing notice in a local newspaper and/or online newspaper publication and at least one of the following: aging unit newsletters, radio announcements, television announcements, social media, and written notices sent to agencies, organizations, and individuals known to have an interest in the plan.
- Post copies of the notice at nutrition sites and senior centers, at minimum.
- Post both written and spoken announcements in languages other than English, where appropriate.
- Include a copy of the public hearing notice in the public hearing report and attach as an appendix to the aging plan.
- Make an effort to use other sources for communication regarding the public hearing. Consider using Facebook, mailings, or flyers in grab-n-go meals or at meal sites.

Location and Number of Hearings

- Chose public hearing locations that are convenient and accessible to older adults including people with disabilities, and large enough to accommodate all who wish to attend.
- Hold hearings at several locations in the county and in conjunction with meetings of local aging organizations. Consider holding hearings at nutrition program dining centers, senior centers, and through virtual public meetings.
- Avoid holding hearings in conjunction with regular policy-making body and advisory committee meetings.
- Hold hearings in each of the counties the aging unit (if multi-county) serves.
- Make accessibility provisions when people with hearing or visual impairments, or limited English proficiency are expected to attend.
- Consider holding virtual hearings to address public health concerns.

Opportunity for Comment

Allow adequate time at the hearing for interested parties to comment on the plan. In addition, give individuals the option to submit their comments in writing.

Summary of Public Hearing Comments

- Summarize public hearing comments and record in the [Public Hearing Report](#).
- Attach [Public Hearing Report](#)(s) to the appendices of the aging unit plan.
- Indicate changes made to the draft version of the plan as a result of input collected during the public hearing.

Note: The public hearing process takes place after the draft plan is written. It is separate from the initial community engagement process that takes place prior to writing the draft plan.

Resources

- [Publication of Legal Notices](#)
- [Public Hearing Help Sheet](#)
- [Public Hearing Report](#)

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Goals for the Plan Period

This section describes both the goals and supporting measurable activities the aging unit will do during the planning period 2022–2024.

The Bureau of Aging and Disability Resources (BADR) statewide approach to the upcoming aging plan cycle emphasizes the needs expressed by older adults and their caregivers through local community engagement or public input activities. This approach also frames the three-year plan period in the larger context of creating a long path vision for the evolution of aging and disability programs and services. To that end, we encourage robust local conversation around how we want our systems to look in 10, 20, or 30 years.

After determining the long path goals for each of the content areas, aging units must describe at minimum of two measurable strategies the aging unit will carry out within the planning period to move toward the larger long path goals. Each of the strategies should meet SMART-IE criteria: the strategy must be **s**pecific or **s**trategic, **m**easurable, **a**chievable or **a**ctionable, **r**ealistic, and **t**ime-bound. Aging units should also consider if goals are inclusive and **e**quitable, considering all people that could be served within the county.

Another consideration for goal writing: the aging unit may have concurrent primary goals addressing one or more goal requirements. In other words, it is possible to have the same goal for two required content areas. It is also acceptable to have a goal that addresses racial equity or person-centered activities within one of the content areas.

For this three-year plan, we will be requiring goals for each of the four funded OAA Title III programs, and goals to advance four values that shape program development in the aging network. Note that there may be some overlap in these goals, as illustrated in the examples below.

Goals to Enhance Programs

At least one goal is required to address an emerging need, a quality issue, or a gap in the services system in **each** of the following program areas:

1. Title III-B Supportive Services
2. Title III-C Nutrition Program
3. Title III-D Health Promotion
4. Title III-E Caregiver Support

Goals to Advance Values

5. At least one goal is required to **enhance ongoing community engagement** with aging plans and program operations so that they build a sense of ownership and commitment by the community.

6. At least one goal is required to **address progress within one or more program area** toward **person-centered services**, maximizing consumer control and choice. This may include efforts to expand choice and participant direction in specific Title III programs. One example might be a goal to introduce a choice-based restaurant model as part of the congregate meal program. The person-centered services goal can be a stand-alone goal or met in either the Title III-B, Title III-C, Title III-D or Title III-E.
7. At least one goal is required to **address a barrier to racial equity within one or more program area**. This may include efforts to expand the racial equity or inclusiveness of specific Title III programs. One example might be a goal to move closer to equitable distribution of aging services to reflect county demographics. The racial equity goal can be a stand-alone goal or met in either the Title III-B, Title III-C, Title III-D or Title III-E.
8. At least one goal is required to increase local aging and disability network participants' **knowledge and skills related to advocacy**. This may include efforts to educate older adults about policy making or legislative processes, sometimes known as "Senior Statesman" training. The advocacy goal can be a stand-alone goal or met in one or more of the goals for Title III-B, Title III-C, Title III-D or Title III-E.

Counties may choose to develop a goal(s) to address a local priority. Goals should be developed as a result of input from the policy-making body, advisory committee, and the public. Local priorities should also be identified in the executive summary and/or context sections. Examples may include marketing, advocacy, training or developing volunteer capacity.

Note: To the greatest extent possible, **all of the above goals should address local needs** as defined by the community, by program participants, or by stakeholder groups such as local aging commissions, advisory councils, or boards. BADR would like to see goals that will result in quality program improvements. Some aging plan goals may represent systemic changes that the aging unit did not hear during community engagement or public input events. Staff may also be aware of issues or community concerns from day-to-day work, the result of looking at other sources such as SAMS data, or past work with county health or mental health departments. BADR recognizes that aging plan goals are not representative of all of the work aging units do in the community. However, the goals described in the aging plan should be representative of best efforts to deliver services that address the needs of older adults in the community.

Resource

To assist with this process, aging units may choose to use the [Goal Development Worksheet](#)

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Coordination Between Title III and Title VI

The coordination of services between the county aging unit, tribal aging unit and tribal members is essential to maximize efforts toward health equity within our aging programs.

The Older Americans Act (Sec. 306 (6)(G) and (11) (A)(B)(C)) requires aging agencies, to the maximum extent possible, to conduct outreach activities to inform Native Americans of programs and benefits under the OAA and to coordinate services provided under Title III with those services provided under Title VI.

Most counties in Wisconsin have tribal members within their service area. Some counties have tribal lands within the county but are not considered reservation lands. It is the expectation of the OAA that every county will conduct outreach activities to inform tribal members of the supports and services available to them.

When the county service area includes reservation lands and a tribal aging unit is present, the county aging unit will describe how they'll work together with the tribal aging unit to coordinate and ensure the provision of services to tribal elders.

Provide a narrative describing outreach efforts and/or collaboration to increase coordination between Title III and Title VI programs.

Resources

- [County and Tribal Coordination](#)
- [Services for Native Americans \(OAA Title VI\)](#)

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Organization, Structure and Leadership of the Aging Unit

Primary Contact to Respond to Questions About the Aging Plan

Provide contact information for the primary person who will respond to questions and comments about the aging unit and three-year plan.

Organizational Chart of the Aging Unit

Provide an organizational chart, which clearly depicts the place of the aging unit, the policy-making body, and (where applicable) the advisory committee, in relation to the county government. (Not-for-profit aging units will not include their relationships to county government in the organization chart.) The chart should be sufficiently detailed to explain the relationship between the aging unit and the county board. For example, does the commission on aging report directly to the county board, or is the commission subordinate or advisory to another county committee? The chart should also indicate where each Title-III program is managed and the positions to carry out the roles and responsibilities.

Resource

[Aging Unit Organizational Chart Template](#)

Staff of the Aging Unit

Provide the required information on the people employed as the aging unit director, nutrition director, program nutritionist (including under contract), lead information and assistance specialist, benefit specialist, health promotion coordinator, family caregiver coordinator, transportation coordinator, and other aging unit staff (as applicable). Please recall that Wisconsin Statutes Chapter 46.82 (The Wisconsin Elders Act) requires a full-time aging director. State policy requires this to be “one” FTE (cannot be equivalent FTE). Information on other staff may also be included at the discretion of the aging unit. If the aging unit is integrated with the aging and disability resource center (ADRC), please show both staffs.

Resource

Please refer to the Aging Plan Template document

Aging Unit Coordination with ADRCs

Briefly describe the organizational arrangement that exists between the aging unit and ADRC. Include an indication of whether the aging unit is organizationally integrated with the ADRC or separate; whether the two are co-located; and whether the aging unit and ADRC serve a single county or multiple counties. Explain how the aging unit will collaborate and/or coordinate with the ADRC in carrying out the goals included in the aging unit plan.

Statutory Requirements for the Structure of the Aging Unit

This section refers to requirements in [Chapter 46.82 of the Wisconsin Statutes](#).

Consider if the county is in compliance with the law. If the aging unit is part of an ADRC the requirements of [46.82](#) still apply.

1. Choose the option that represents the organizational structure of the aging unit:
 - 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 or tribal department with the primary purpose of administering programs for older individuals of the county or tribe.
 - 3) A private nonprofit corporation, as defined in s. 181.0103 (17).
2. Choose one of the options for the composition of commissions on aging and advisory groups:
 - 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.
 - 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.
3. Confirm the aging unit has a full-time director as required by law. (The aging director cannot be equivalent FTE.) Yes/ No

State law does not permit a waiver of the requirements in this section. If a real or potential violation of the requirements of Chapter 46.82 exists, contact the AAA for assistance in arranging a corrective action plan. Failure to do so could result in non-approval of the plan and suspension of funding.

Resource

Please refer to the Aging Plan Template document

Role of the Policy-Making Body

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

Membership of the Policy-Making Body

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. List the membership of the aging unit's policy-making body.

Chapter 46.82 of the Wisconsin Statutes states that: "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 two consecutive 3-year terms." In the case of county board members, the requirement is three consecutive two-year terms (six years total).

In completing this roster of the policy-making body carefully consider whether the county is in compliance with the law. Completion of this roster is also a useful check if the aging unit is in compliance with the compositional requirements noted in the Statutory Requirements for the Structure of the Aging Unit above.

Resource

Please refer to the Aging Plan Template document

Role of the Advisory Committee

Where an aging unit has both an advisory committee (sometimes referred to as the advisory council) and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan. The evidence of this involvement should be listed as an attachment in the appendices and include, at minimum, meeting agendas and minutes related to the development, review and approval of the draft and final version of the aging unit plan.

Note: The advisory committee is the entity that must be in place when the policy-making body does not follow the Wisconsin Elders Act's rules for terms and membership. The commission is always the policy making entity for aging services in the county even if that group doesn't follow Elders Act rules. An example of this is a human services or county board. Quite often human services boards are the policy making entity (that is the commission) for aging services, but because human service boards do not follow the composition requirements of the Elders Act, an aging advisory committee has to be in place.

Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)).

Please list the membership of the advisory committee. The term “advisory committee” is referenced in the Elders Act of 1993. In some counties the advisory committee may be named the advisory council.

Chapter 46.82 (4) (b) (1) of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership. In completing this roster of the advisory committee, carefully consider whether the county is in compliance with the law. Completion of this roster is also useful to check if the aging unit is in compliance with the compositional requirements of the membership of the policy-making body. Please direct questions to the appropriate AAA.

Some aging units have combined their Aging Advisory Committees and ADRC Boards. This is acceptable if the county has followed the requirements of membership of the advisory committee 46.82 (4) (b) (1) and the ADRC 2021 Scope of Services V. Organizational and Procedural Standards. Additional guidance regarding combined ADRC Boards and Advisory Committees can be provided by the AAA.

Note: The nutrition advisory council, which is a requirement of the OAA for the Elder Nutrition Program, is a separate body from the advisory committee required by Chapter 46.82.

Resource

Please refer to the Aging Plan Template document

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Budget

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

Resource

Information related to transfer requests, calculating match, expenditure categories and service definitions will be provided by AAA fiscal staff.

Verification of Intent

The purpose of the Verification of Intent document is to show that county government has approved the plan. It further signifies the commitment of county government to carry out the plan. Copies of approval documents must be available in the offices of the aging unit.

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the AAA for approval. A draft plan must be submitted to the AAA during the month of July 2021 for review, prior to approval (see [Timeline](#), above).

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

Resource

Please refer to the Aging Plan Template document

Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson.

Resource

Please refer to the Aging Plan Template document

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Assurances

The assurances agreed to by this signature page must accompany the plan when submitted to the AAA and BADR.

The assurances need not be included with copies of the plan distributed to the public.

Resource

Please refer to the Aging Plan Template document

Appendices

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

Attach other documents that support the aging unit plan.

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