ADRC

Aging & Disability Resource Center Advisory Committee

Jefferson County Human Services Department
Health/Human Services Conference Room
1541 Annex Road
Jefferson, WI 53549

Tuesday, May 6, 2013
1:00 PM

Committee Members: Carol Battenberg, Ellen Haines, Dan Krause, Jim Mode, Georganne Mortensen, Carolyn Niebler, Earlene Ronk, Darlene Schaefer & Connie Stengel

1. Call to Order

2. Roll Call

3. Certification of Compliance with Open Meetings Law

4. Review Agenda

5. Public Comment

6. Approval of 4/1/2014 Minutes

7. Communications
    a. Letter from the Greater WI Agency on Aging Resources: Jefferson County 2013 Aging Unit Self-Assessment
    b. Letter from the Greater WI Agency on Aging Resources: 2013 Aging Unit Assessment for Elderly Nutrition Program

8. Advocacy/Legislative Updates
    a. Family Care Expansion
    b. Governor Signs Silver Alert Bill into Law
    c. 2015 Federal Budget Proposals to significantly reduce or cut Senior Corp, RSVP, Foster Grandparent Program, and Senior Companion Program and flat funds Older Americans Act (OAA) programs and services

9. Disability Benefit Specialist Report by Sandy Free

10. ADRC Report
    a. Results of Customer Surveys by Analytic Insight: Caregivers & private pay Individuals

11. Senior Farmer's Market Nutrition Program

12. 2/28/2014 Nutrition Program On-Site Assessment

13. 2013 Senior Dining Program Report - Final

14. Set next meeting date and possible agenda items

15. Adjourn

The Committee may discuss and/or take action on any item specifically listed on the agenda

Individuals requiring special accommodations for attendance at the meeting should contact the County Administrator 24 hours prior to the meeting at 920-674-7101 so appropriate arrangements can be made.

Aging & Disability Resource Center Advisory Committee
Minutes of Meeting

Tuesday, April 1, 2014

Call to Order

The meeting was called to order by Ronk at 1:00 p.m.

Roll Call

Present: Ellen Haines, Jim Mode, Earlene Ronk, Chair, Darlene Schaefer, Connie Stengel and Dan Krause

Also Present: Sharon Olson and Denise Grossman, ADRC staff, Sandy Torgerson, Economic Support and Susan Konkel, Dementia Care Specialist

Certification of Compliance with Open Meetings Law

Olson certified compliance.

Review Agenda

The agenda was reviewed. The 2/28/14 Nutrition Program on Site Assessment and Senior Dining Program Report will be tabled until May Meeting.

Public Comment

None

Approval of 03/4/14 Minutes

A motion to approve the 03/04/2014 minutes was made by Stengel and seconded by Schaefer. The motion passed unanimously.

Communications

None

Advocacy

None

Health Insurance Market Place Update: Sandy Torgerson, Economic Support Supervisor

To date, there have been over 8 million applications taken by the Federally Funded Marketplace for private insurance coverage mandated by the Federal government in the United States. Jefferson County has received over 750 applications transferred from the FFM as being potentially eligible for Badgercare. We were required to process these applications within 30 days. Everyone eligible for Badgercare is now eligible under one plan that aligns with private coverage and that is the Standard Plan. Badgercare income and expense guidelines are also now aligned with IRS income guidelines and expenses. Jefferson County has been proactive in contacting customers that may be losing Badgercare eligibility to facilitate access to the FFM for private insurance. We have a Certified Application Counselor on

staff to assist individuals in making that transition. She has been taking 4-6 applications per day. These applications have been taking approximately 1 ½ hours to complete. Phone calls received by the Southern Consortium Call Center have increased in volume from approximately 8,000 in January to 12,000 in March, 2014 due to the new changes and increased caseload.

Elder Benefit Specialist Report: Denise Grossman, Elder Benefit Specialist

Between 01/01/2013 and 12/31/2013, the Elder Benefit Specialist program served 803 clients and reported 1635 contacts. These efforts translated into a total monetary impact of $2,172,116 in recouped federal/state/other dollars for Jefferson County's elderly residents!

In 2013, The EBS served a 12 month stint on an Advisory Committee to the Second Harvest Foodbank to target FoodShare outreach to people aged 60+ in a sixteen county service area in an effort to brainstorm effective and efficient senior outreach strategies. The outcome noted a 12% increase in EBS FoodShare cases in Jefferson County in 2013.

EBS continues to serve on the Board of Directors for the Conexiones Latinas group and regularly submits articles about Medicare and other public benefits for seniors in the publication of their quarterly newsletter. The newsletter is printed in Spanish and is widely distributed in the Hispanic communities of Jefferson, Rock, Walworth and Dodge Counties. The EBS program has worked with 14 Spanish speaking seniors in fiscal 2012-2013 and hopes to add 1-2 clients in fiscal 2014.

The EBS program also recruited 2 additional volunteers for the "Seniors Out Speaking" project (supported by a $3000 national grant from the Medicare Rights Center). These two volunteers expanded the SOS with presenting monthly "Medicare Minutes" and joined six returning volunteers who helped with SOS and also as SHIP counselors by assisting at Medicare Workshops during the busy Annual Enrollment period in the Fall. Combined, these volunteers donated 130 hours of assistance during the fiscal year.

ADRC Report

Review and Discuss Inclusion/Exclusion Policy for Website: Olson shared the Inclusion/Exclusion Guidelines. The ADRC uses the SAMS IR Database program to store the most current information about services and community resources and that data is also available to the community as it is available on the ADRC website known as Assistguide. The ADRC is working on a policy revision. There will be a new version of the SAMS Database within the next month or so. Olson answered questions on who is included in the Resources and she explained that the ADRC has the authority to add and edit providers who are located in Jefferson County, for example if a Day Care provider opens their business in Jefferson County, we can then add that service to the SAMS registry. We send a SAMS I & R Provider report for their contact person to fill out and return. In that report, the provider will list their services and serving area, which can include surrounding counties. We have an obligation to add those counties served into that record so when a consumer who is looking for services will have all the options available in their search. For example, using the above Day Care provider example, they may provide services to Jefferson Dodge, Waukesha and Dane Counties due to their location and transportation that is available. If every county added that provider, there would be four listing on this one provider that would be cumbersome for people to navigate.

Olson gave a few examples on requests that we receive that are not services that would be on our website, for example a request to add a provider to give consumer quotes on rental insurance
Olson shared information on the Moving Forward – Your Future Workshop that was held on March 21st at the MATC in Watertown. The Jefferson County Transition Network held its first Moving Forward – Your Future Workshop. The program is intended for students with disabilities who need transition from the high school environment to work or college. Classes throughout the day included: social media, independent living, college preparation, employment skills, community resources and self-advocacy, assistive technology and team building. Olson stated that it was a very successful workshop, surveys were very positive and supportive of hosting this type of event again.

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Olson shared that the ADRC applied for and was approved to provide the Senior Farmer's Market Nutrition Program for Jefferson County. It is unknown at this time how many vouchers will be available. The ADRC may have to create new material/handouts for this and there is to be recipes, Haines shared that she may have some for the ADRC to use.

Adult Protective Services: 2013 Year End Abuse/Neglect Statistics

Olson shared the APS Report for 2013. There were a total of 28 investigations for Adults-at-Risk (people between the ages of 18 and 59) and 86 for Elder Adults-at-Risk, (people over the age of 60).

Type	Adults 18-59	Elders
Self-Neglect	5	30
Financial Exploitation	5	23
Neglect by other(s)	2	16
Emotional Abuse	3	5
Physical Abuse	4	3
Sexual Abuse	2	1
Treatment w/o consent	0	0
Unreasonable Confinement or restraint	1	0
Other	6	8
Total	28	86

2014 Dementia Summit, Part II

Sue Konkel shared that on May 13th, the ADRC will host its second public meeting on dementia, the Dementia Summit, Part II. This event will highlight the work being done across the county to build Dementia Friendly Communities and to encourage the development of dementia capable organizations. Most of the ADRC staff are Certified Dementia Practitioners and under the need to early detection/intervention in order to help people with dementia live successfully in their own homes and communities. Sue discussed that after the first summit, subcommittees' were developed to work on projects.

Set next meeting date and possible agenda items

The next meeting will be on May 6, 2014. Discussion will include Senior Dining Report and Nutrition Program on-Site Assessment.

Adjourn

A motion to adjourn was made by Mode, seconded by Stengel and passed unanimously.

Respectfully submitted,

Sharon Olson, Supervisor
Aging & Disability Resource Center

Resource Database Inclusion/Exclusion Guidelines

Performance Goal: To support individuals in accessing comprehensive, up-to-date information about available resources.

The Aging & Disability Resource Center (ADRC) of Jefferson County uses the Beacon I/R resource database to store the most current information about available services and community resources. The database is updated at least every six months or as needed. The ADRC of Jefferson County relies on the Inclusion/Exclusion Guidelines developed by the Office of Resource Center Development on 9/4/08. When inclusion requests don't clearly meet the guidelines, it is the ADRC's policy to present the information to the Aging & Disability Resource Center Advisory Committee for their input and guidance.

In general, the following resource information is collected and stored in Beacon:

- Information on programs that are provided by, funded by or licensed by a federal, state or local government agency.
- Non-profit agencies providing a community service.
- Organizations (such as churches, social clubs and professional organizations) which, offer a service to the community at large.
- Proprietary organizations which offer services in the area of health, mental health, recreation, education, home maintenance, arts and culture, to the general public.
- Housing establishments, for-profit, commercial, private, governmental, or not-for-profit.
- Self-help/support groups.
- Hospitals, health clinics, specialized care centers.
- Professional organizations (especially those organizations in the social service field). These may include: Counseling/psychiatry; Medical; Dental; Legal; Advocacy groups.

Organizations will be excluded from the database if they deny services based on age, gender, race, religion, national origin, disability or sexual orientation.

Inclusion in the database is a privilege not a right and organizations may be refused to be included. An organization may request reconsideration by writing or calling the ADRC; these requests can be submitted to:

Aging & Disability Resource Center
1541 Annex Road
Jefferson, WI 53549
920-674-8734 (Main)
920-674-7603 (fax)

Disclaimer: Inclusion does not imply endorsement and omission does not indicate disapproval.

March 28, 2014

Earlene Ronk, Chair, ADRC Advisory Committee
Aging & Disability Resource Center of Jefferson County
1541 Annex Road
Jefferson, WI 53549

Re: Jefferson County Aging Unit Self-Assessment

Chair Ronk,

I am writing in regard to the 2013 aging unit plan self-assessment you submitted to the Greater Wisconsin Agency on Aging Resources, Inc. Thank you for the information you provided. Your self-assessment is reviewed to gauge your progress as well as your agency's compliance with the Wisconsin Elders Act.

Compliance with the Wisconsin Elders Act
You have been found to be in compliance with the Wisconsin Elders Act as an aging unit with a full-time aging unit director and a Commission on Aging following the appropriate term limits and composition.

Activities to Help Older People Advocate for Themselves
Thank you for the information you provided regarding local advocacy efforts. As you know, aging units have a responsibility to advocate for older adults as well as empower them to advocate for themselves. Involving your Commission on Aging through education and letter writing is a great way to broaden the knowledge and voice of the people you serve. We encourage you to continue work on the Senior Statesmanship program and are glad you held a session in 2013. Your process improvement project about expanding the knowledge of the avenues for advocacy is a unique project that can help individuals advocate for themselves. I will be interested in what you find out the results.

As the Older Americans Act reauthorization and funding for aging programs is debated, advocacy by the aging network—especially older persons—will play a vital role in impacting the process and outcome.

Significant Accomplishments & General Observations
Overall, there were significant accomplishments in 2013. Part of growth is continually planning for improvement which your are doing through the Process Improvement projects. You are showing increases in dining center attendance and are adjusting marketing based on what you have learned so far.

The initiative developed by the I-Team on Elder Abuse has good curriculum and we encourage you to continue to promote this training to other agencies or businesses in your community. As you know, Elder Abuse is tragic and preventable. Community education is a great way to begin to combat it.

Congratulations on the successful expansion of the evidence based programs in your area and the significant achievements of the Dementia Care Specialist. The accomplishments of the Specialist along with community partners positions Jefferson County among the leaders in dementia friendly communities in Wisconsin. The breadth of services, Memory Care Connections, LEEPS and Project Lifesaver, help those with dementia and their families throughout the course of Alzheimer's disease and related dementias. We encourage you to share your experiences and best practices of this project.

You have identified caregiver supports as a high priority in the coming year. In 2013, you began making follow-up calls to caregivers and increased the amount of respite provided. For ideas to promote the use of funds for supplemental services, you can call the GWAAR Caregiver Team, Lyndsay DeKeyser and Jane Mahoney. The Caregiver Coalition has been heavily involved in the task groups of the Dementia Care Specialist grant. This is good, but as you recognize, the Caregiver Coalition is a unique entity that has a broader mission and purpose. I encourage you to reconvene the Caregiver Coalition meetings and invite Claire Culbertson to help reinvigorate the group.

You identified several new goals for 2014 at the end of the assessment. Those new goals can be added to your assessment document table under local priorities so it is easier to track and report on your progress through 2014. We recognize that not all the good works done every day in the aging unit are identified in the assessment, but know that these are just as important to those you serve. Thank you.

GWAAR staff are always available to provide technical assistance to help you meet your goals. We encourage you to visit the GWAAR website for materials, alerts and templates.

Sincerely,

Carrie Porter

Carrie Porter
OAA Consultant

cc: Sue Torum, Director, ADRC of Jefferson County

OFFICE of the GOVERNOR
Scott Walker

SCOTT WALKER
OFFICE OF THE GOVERNOR

GOVERNOR SCOTT WALKER ANNOUNCES FAMILY CARE EXPANSION IN NORTHEAST WISCONSIN
EXPANSION OFFERS MORE PEOPLE INDEPENDENCE, BETTER QUALITY OF LIFE, AND SAVES MONEY

Monday, April 21, 2014 - Press Release

Green Bay – Governor Scott Walker traveled to Options for Independent Living today to announce the expansion of Family Care in northeast Wisconsin. Previously, 57 counties offered Family Care services. This expansion allows seven additional counties to have access to the long-term care, offering independence and a greater quality of life, by allowing people to stay in their own homes longer.

"This is a win-win for the entire state, and people who are aging or who have physical or developmental disabilities," Governor Walker said. "The expansion of this program allows more people to stay in their homes, where they prefer to be. By extending Family Care services, they can have a better quality of life, more independence, and they can avoid the expense of moving into a nursing home before it's necessary."

The expansion includes Brown, Door, Kewaunee, Marinette, Menomonie, Oconto, and Shawano Counties. An analysis by the Department of Health Services (DHS) found expanding Family Care to the remaining counties could reduce long-term care costs by $34.7 million over ten years, and that the reduced costs will grow over time.

Established in 1998 as a redesign of Wisconsin's long-term care system, Family Care provides flexible, comprehensive care for people with physical, intellectual, and developmental disabilities. The goals of Family Care services are to: give individuals better choices about where they live and the types of services they receive in order to meet their goals; improve access to care; improve the quality of care through a focus on health and social outcomes; and create a cost-effective system for the future.

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SHARE

EVENT PHOTOS

(http://walker.wi.gov/sites/default/files/press-releases/4.21.14%20Family%20Care%20Expansion%204.JPG)

Silver Alert bill that 'will save lives' signed into law

Written by Doug Schneider Press-Gazette Media
Apr. 12, 2014 |

greenbaypressgazette.com

Gov. Scott Walker, seated, smiles at Claire Baeb, left, after signing the Silver Alert bill setting up an alert system for missing seniors Friday at St. Mary's Hospital.

Purchase Image Zoom

Gov. Scott Walker, seated, smiles at Claire Baeb, left, after signing the Silver Alert bill setting up an alert system for missing seniors Friday at St. Mary's Hospital. / Jim Matthews/Press-Gazette Media

Senior citizens, advocates and government leaders hailed the "Silver Alert" bill signed into law in Wisconsin Friday as a potential life-saver for the state's most vulnerable adults.

"I'm sure that Silver Alert will save lives," said Claire Baeb, an 81-year-old retired nurse who attended a bill-signing ceremony Friday at St. Mary's Hospital Medical Center in Green Bay. "I don't want what happened to me to happen to someone else."

Baeb and her husband, Leo, were missing for more than 24 hours last summer while en route from their home in Townsend to Green Bay. They were eventually found by police in West Bend, more than 160 miles from home. Leo Baeb, 92, died within days, possibly as a result of becoming dehydrated during the odyssey.

The law, signed Friday by Gov. Scott Walker in Green Bay, will enable police throughout Wisconsin to use the Crime Alert Network to promptly free send statewide notices when a senior citizen or other vulnerable adult goes missing.

Walker credited Baeb and her family with helping to put a human face on the cause of protecting seniors who suffer from dementia and similar cognitive issues that place them at risk.

"We know that people in this state respond, and are looking out for their neighbors," Walker said. "This will help get the word out (when a senior goes missing) ... and will get it out quickly."

The alerts are designed to improve a system that critics say is inefficient and costly. Members pay $12 per year — or $48 for five — to get notices electronically or via fax via the Wisconsin Crime Alert Network. The system, with its roughly 7,000 subscribers, does not use media blasts or highway signs, meaning there are tens of thousands of people it does not reach.

State officials plan to use the Baebs' story in training police to use the Silver Alert system when a senior goes missing. Shortly after Friday's bill signing, Crime Alert Network Coordinator Joseph Libowski recorded interviews with Claire Baeb and her daughters Diane Smith and Lorraine Randall.

"This means that our family's tragedy had a purpose," said Smith, of Green Bay. "Even when my mom is gone, she and my dad will be remembered because of the Silver Alert law."

Claire Baeb has lived with Smith's family since Leo Baeb's death.

About 30 states — including Connecticut, Florida, Indiana, Mississippi, New Jersey, North Carolina and Texas —have Silver Alert-type systems in place. A number of states have activated those systems already this spring.

Wisconsin has at least 110,000 adults with dementia, according to Rob Gundermann, public policy director and lobbyist with the Alzheimer's & Dementia Alliance of Wisconsin. Nationally, almost half the adults older than 85 have dementia.

"Of all the things we've done, this is the most important to me," Gundermann said. "This bill is going to save lives."

Sen. Dave Hansen, D-Green Bay, sponsored the Senate version of the bill. Chad Weininger, R-Allouez, and Dean Kaufert, R-Neenah, sponsored the Assembly version. Both were approved earlier this spring.

Disability Benefit Specialist Services

2013 Summary Report

Disability benefit specialists (DBS) help people with disabilities **ages 18-59** to understand and access Social Security, Medicaid, Medicare, health insurance and other public and private benefits. They work with people to avoid common errors by explaining benefits eligibility criteria, appeal options, and deadlines; filling out paperwork; gathering documents; and helping to find legal representation for those who require a hearing.

Disability Benefit Specialists Are Available Statewide

Aging and Disability Resource Centers (ADRCs) across Wisconsin now offer DBS services. In the program's thirteenth year of operation, services were expanded to Dane, Door, Florence, Marinette and Rock counties. By year end, services were available in **41 ADRCs** covering **all 72 Wisconsin counties**.

The Great Lakes Inter-Tribal Council has employed two disability benefit specialists since April 2010 to reach out to **tribal members** that live on or near a Wisconsin reservation.

The Office for the Deaf and Hard of Hearing has employed a disability benefit specialist since 2007 to reach out statewide to **individuals using American Sign Language** (ASL).

DBS Services Make a Positive Economic Impact

When people are able to access insurance and other programs that help with food, shelter and medical expenses, their local communities also experience a positive economic impact. DBSs report the approximate value of any benefits that they help someone to obtain or retain; these data are compiled to calculate the monetary impact of DBS services. In 2013, DBS services helped to net over $71 million in public benefits for Wisconsin residents, stabilizing household budgets and lessening the pressure on local crisis and emergency services. **Federal funds accounted for 82% of the benefits gained**, while State (14%) and other funds such as private donations (4%) made up the remainder.

State Funds 14%
Other Funds 4%
Federal Funds 82%
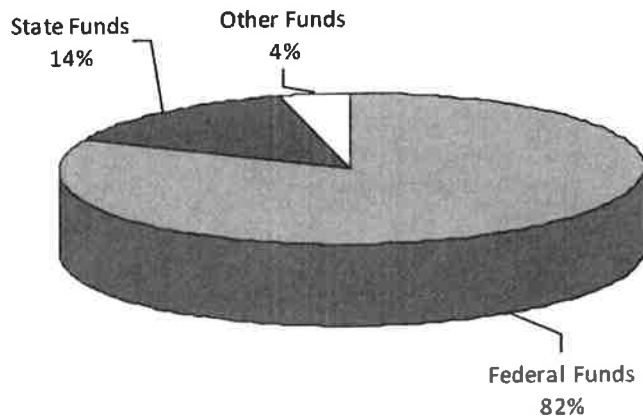
Monetary Impact by Funding Source, 2013

Estimated statewide impact of DBS services in 2013:

$71,338,092

Average monetary impact* of one full-time DBS in 2013:

$1,019,116

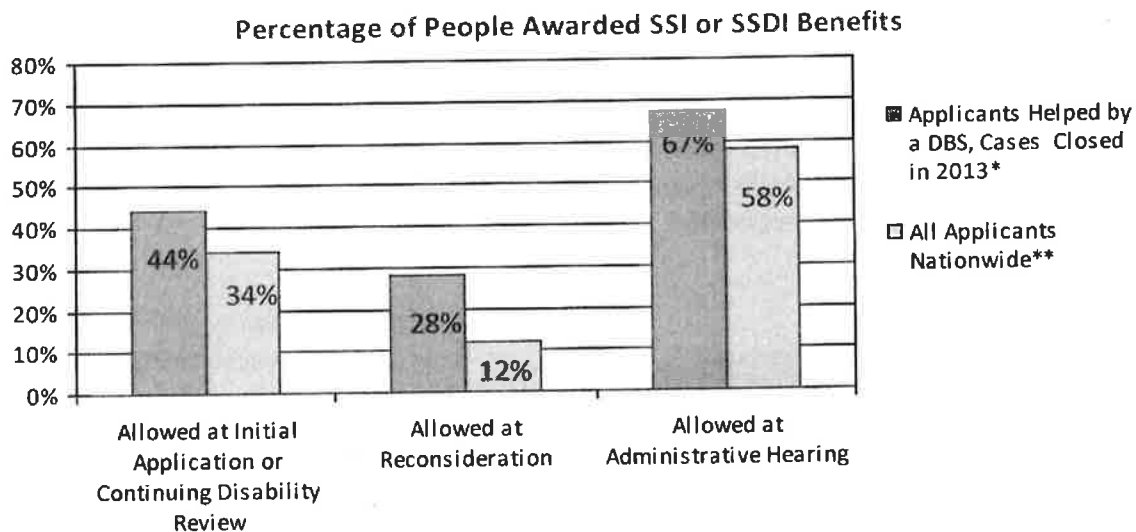*This average is based upon a total of 70 FTE positions, including 13 part-time and 63 full-time staff.

DBSs Help With a Wide Range of Benefits Issues

Disability benefit specialists help people to resolve a wide range of benefits issues. A single case may involve multiple interrelated issues. The top ten issues reported for DBS cases closed in 2013 are listed in the chart below.

Top Ten DBS Case Issues of 2013	Percent of Cases
SSI/SSDI Eligibility	40%
Medicare Part D Options/Enrollment	16%
Medicaid Purchase Plan (MAPP)	13%
Medicare Savings Programs (QMB, SLMB, SLMB+)	7%
FoodShare	7%
Medicaid Financial Eligibility	7%
SSI/SSDI Post-Entitlement Issues	6%
Benefit Check-Up	5%
Medicaid Disability Determination	4%
Medicare Advantage Options/Enrollment	4%

DBSs Play a Key Role in Disability Determination Cases

Disability benefit specialists play a key role in helping people to access disability benefits such as Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare and Medicaid. As illustrated below, Wisconsin's program data suggests that people who obtain help from a DBS are more likely to receive a favorable decision.

Percentage of People Awarded SSI or SSDI Benefits

Legend:
- ■ Applicants Helped by a DBS, Cases Closed in 2013*
- □ All Applicants Nationwide**

Categories:
- Allowed at Initial Application or Continuing Disability Review: 44% / 34%
- Allowed at Reconsideration: 28% / 12%
- Allowed at Administrative Hearing: 67% / 58%

* This data excludes cases with outcome listed as unknown or pending and those for whom the application or appeal was withdrawn prior to the issuance of a decision. Reasons for a pending or unknown outcome at case closure may include the provision of information-only services; client withdrawal or lack of contact; or referral to a private attorney.

** Social Security Administration Fiscal Year 2013 Continuing Resolution Operating Plan, Appendix 2, November 2012.

DBSs Serve Record Numbers

A DBS opens a "case" for each issue or set of closely interrelated issues that they assist a person to resolve. A case may remain open for one day or several months, depending on the nature of a person's benefits issue. Customer issues that require less than 30 minutes to resolve are recorded as "information-only" contacts.
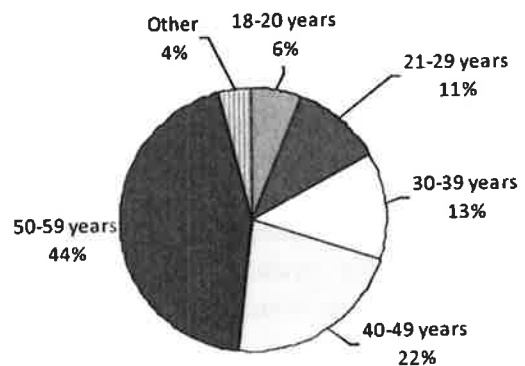
Due to program expansion and word of mouth, the number of people receiving DBS services continues to grow each year. In 2013, a record number of people received help from a DBS.

DBS Activities in 2013		Statewide	Average for One Full-Time DBS*
Numbers of Cases	Carried Over from 2012	4,006	57
	Opened in 2013	11,728	168
	Closed in 2013	11,584	166
Number of Information-Only Contacts		9,302	133

*These averages are calculated based upon a total of 70 full-time equivalent (FTE) positions.

DBSs Reach Diverse Population Sectors

DBSs provide services to people regardless of income-level or disability type. The program serves people aged 18 to 59, including youth transitioning to adult benefits and adults who may be seeking disability benefits for the first time, weighing their Medicare options or dealing with post-entitlement issues such as an alleged overpayment or a disability review. Elder benefit specialists (EBS) provide similar services to adults aged 60 and over.

Customer Age*

Other 4%
18-20 years 6%
21-29 years 11%
30-39 years 13%
40-49 years 22%
50-59 years 44%

Customer Income*

Seventy-six percent (76%) of DBS customers had incomes at or below 120% of the Federal Poverty Level (FPL)*

Customer Disability*

Physical Disability and Mental Illness 19%
Mental Illness Only 18%
Developmental Disability Only 8%
Other Disability Combination 6%
Physical Disability Only 49%
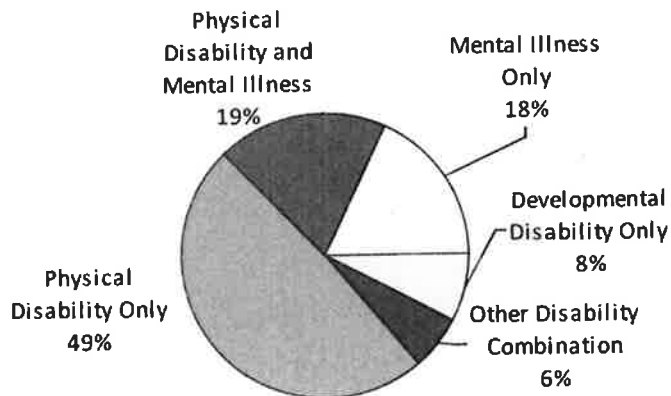
Customer Living Arrangement*	
Lives with Others	67%
Lives Alone	28%
Homeless or Shelter	5%
Residential Care	1%
Nursing Home	<1%

*All DBS customer demographic data are based on people for whom a case was opened in 2013 and exclude people whose demographic status was unknown or unreported.

> *"It is so helpful to know that that person is there if I'm overwhelmed or struggling with something...."*
> Benefit Specialist Survey Respondent

DBS Services Receive High Marks in Customer Satisfaction

In May 2013, the Department published the results of a statewide customer survey about benefit specialist services, funded through a grant from the Federal Administration on Aging. Customers offered high praise for the usefulness, expertise and courtesy of Wisconsin benefit specialists. Among customers surveyed, 87% rated their overall experience with a benefit specialist as excellent.

DBSs Receive Extensive Training and Technical Assistance

Disability benefit specialists can be counted on to provide accurate, current information. They receive extensive training and skill-building opportunities, as well as expert technical assistance.

Wisconsin Disability Benefits Network (WDBN) coordinates initial training for newly hired disability benefit specialists, with subject matter expertise provided through a sub-contract with Disability Rights Wisconsin. In 2013, WDBN training was provided to a total of eighteen new hires. The standard training regimen for a new DBS includes 40 hours of online training and four days of in-person training.

Disability Rights Wisconsin provides ongoing training, technical assistance and case oversight to all disability benefit specialists. A staff of eight program attorneys and one managing attorney was employed under this State contract in 2013. Ongoing training topics this year included the health insurance marketplace, BadgerCare Plus, Medicare and Medigap options, Social Security representative payees, ethics and boundaries, continuing disability reviews, letter-writing techniques, psychological evaluation and assessment processes, Wisconsin chronic disease programs and trauma-informed counseling.

Wisconsin Judicare, Inc. provides program attorney services to the disability benefit specialists employed by Great Lakes Inter-Tribal Council, including training on benefits issues unique to tribal members, as well as technical assistance and case oversight.

More Information about DBS Services is Available

For more information about DBS services, including local agency contact information and customer survey results, visit the Wisconsin Department of Health Services website at www.dhs.wisconsin.gov/disabilities/benspecs/program.htm or contact the Bureau of Aging and Disability Resources at (608) 266-2536.

Wisconsin
Department of Health Services

State of Wisconsin
Department of Health Services
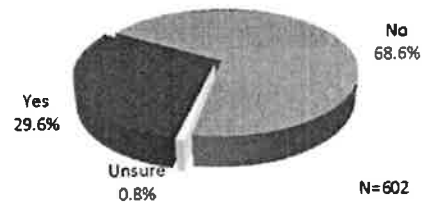Division of Long Term Care
P-00332 (3/2014)

A͞I A͞NALYTIC INSIGHT
April 2, 2014
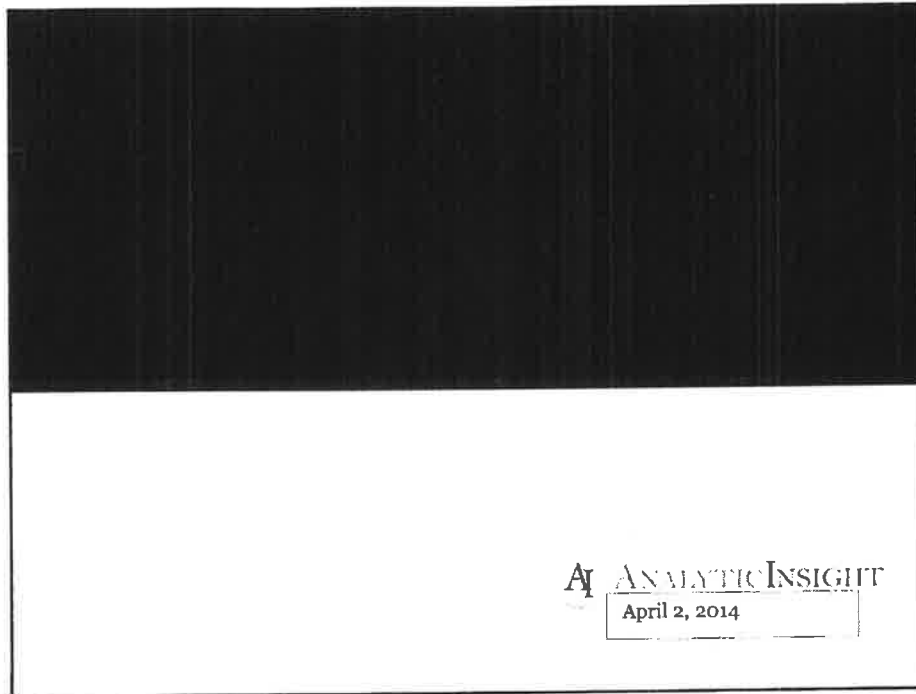
Methods

- Interviews with staff at 29 ADRCs
- One focus group of 9 caregivers
- Telephone survey with 602 customers of 38 ADRCs

A͞I ANALYTIC INSIGHT

Key Take-Away #1:
Vulnerabilities of the population

In general, how would you rate your own health?

Excellent	25.8%
Good	51.0%
Fair	19.3%
Poor	3.9%

0% 10% 20% 30% 40% 50% 60%

N=592

Do you have any physical disabilities that make it difficult to provide care?

No
68.6%

Yes
29.6%

Unsure
0.8%

N=602

Key Take-Away #2:
Impact on the Community

Have you cut back on the hours you spend working or volunteering?

No
48.7%

Unsure
0.3%

Yes
49.8%

N=593
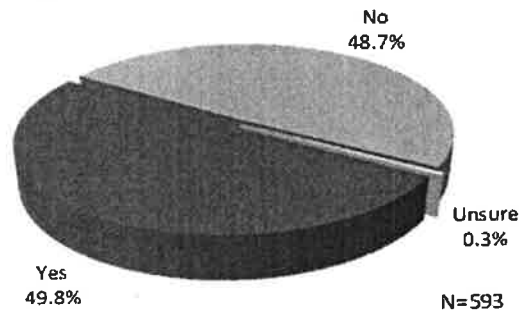
Key Take-Away #3:
Needs of the Caregiver

What kind of support would help you continue to provide care?

Support	Percentage
Respite Care	38.0%
Information on Providing Care	19.1%
Emotional Support	17.4%
Equipment Need	16.0%
Support In Deciding What To Do	12.1%
In-home Services	10.1%
Financial Assistance	9.5%
Transportation	2.6%
Help transitioning to nursing care	2.4%

N=602
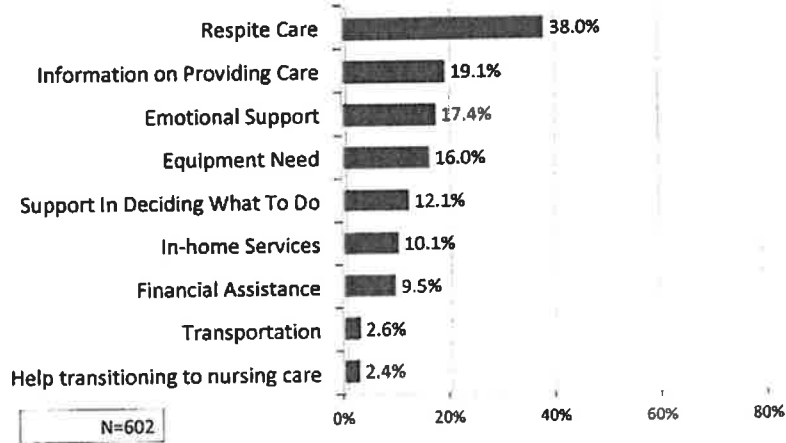
Key Take-Away #4:
Discovering Hidden Needs

Did you or the staff person notice a need that you did not realize you had?

Yes 30.1%

No 60.6%

N=546
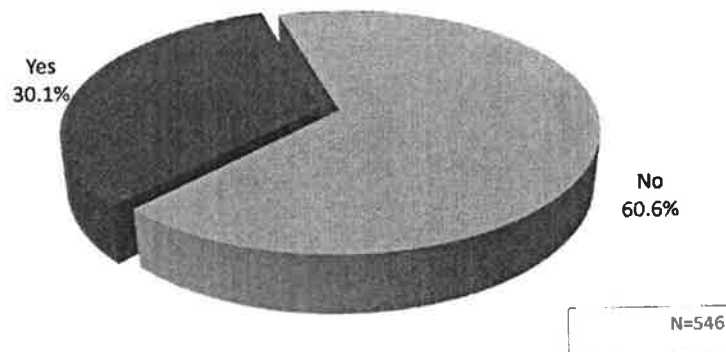
Key Take-Away #5:

ADRCs help caregivers continue to offer care

Did they help you continue to offer care?

Yes 48.2%

No 33.4%

Unsure 18.4%

N=602
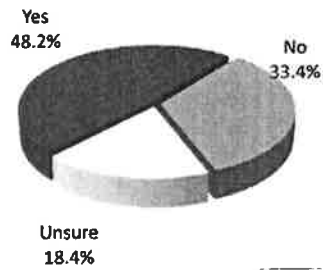
Did the ADRC help you continue to offer care?

■ Yes ■ No

Helped you stretch your money.*	3.05 / 2.33
Helped think about the future.*	3.26 / 2.77
Understood your timeline.*	3.37 / 2.91

*Significant at .05

1   2   3   4
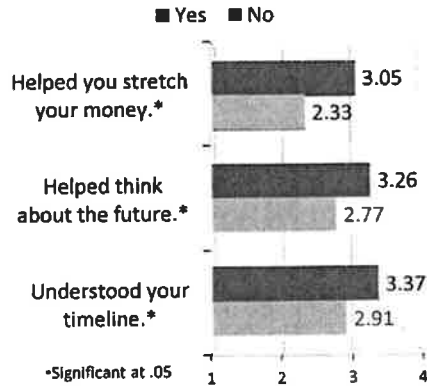
Key Take-Away #6:

Importance of the follow up

Did the staff person you worked with follow-up with you?

Yes 72.4%

No 1.3%

Unsure 6.3%

N=602
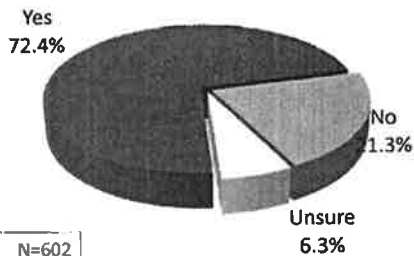
How helpful was the ADRC with the main issue you were concerned about?

■ Follow Up ■ No Follow Up

Very helpful	79.1% / 53.1%
Somewhat helpful	6.5% / 10.6%
Not at all helpful	14.4% / 36.3%

0%   50%   100%

N=592
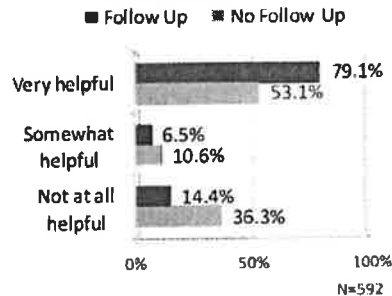
Key Take-Away #7:
Key Drivers of Caregiver Satisfaction with Options Counseling

They helped YOU evaluate YOUR options.	.257
They helped you continue to offer care longer than you would have been able to if you hadn't gone to the ADRC.	.173
They helped you think about the future.	.173
Caregiver personally experienced a change in behavior, mood or mental health.	.154
Importance that the ADRC offers information without selling anything or having a financial stake in the decisions you make.	.107
The staff person listened carefully	.098

Summary

1. Caregivers often have health concerns that leave them and their care recipients vulnerable.

2. Caregiving has a strong impact on the community at large.

3. Caregiver needs often are overlooked by the caregivers themselves, but include respite care. information on how to provide care and are often integral with the needs of the care recipient.

4. The ADRC helped over half of the caregivers discover a need they did not know they had.

Summary

5. ADRCs helped about half of the caregivers continue to offer care when they otherwise may not have been able to continue. Those ADRC staff who helped customers best to continue care were more likely to have offered help stretching the customer's money, planning for the future or understood their timeline.

6. Follow up had a strong impact on helpfulness

7. Key Drivers of caregiver satisfaction with options counseling included helping the caregiver evaluate THEIR options, continue to offer care and think about the future.

The Private Pay Customer

AI ANALYTIC INSIGHT
April 2, 2014

Key Take-Away #1:

Many private pay customers have limited financial assets.

- Four in 10 private pay customers report incomes of less than $20,000 and assets less than $10,000.

- Many have social capital assets.

What was your approximate household income last year?

Key Take-Away #2

PP Customers need help understanding costs *in the context of their future needs.*

- Just under half (44.6%) said that the ADRC staff member helped them make the most of their money.

- The ADRC's ability to help customers make the most of their money, generally works through:
    1. Understanding the costs
    2. Understanding the implications for their future needs

Key Take-Away #3
Relocation (or not) is a key question

One in three (33.3%) said the ADRC helped them to continue living in their home in a situation in which they may otherwise have gone into an assisted living or nursing facility.

_____
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Key Take-Away #4
Customers are generally hesitant to pay for services unless it is an emergency.

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AI ANALYTIC INSIGHT

Key Take-Away #5
Almost half of private pay customers contacted the ADRC when the situation was urgent

Would you describe your situation when you contacted the ADRC as urgent?

No 53.5%
Yes 44.9%
Don't know 1.6%

And they often wished they'd come sooner...

Would you say that you came to the ADRC at about the right time or do you wish you had come sooner or waited longer?

Percent Differences Between Those Who Wish They Had Come to the ADRC Sooner and Those Who Did Not (% yes)			
	Yes	No	Difference
Was situation urgent when you came to the ADRC?	60.3%	37.3%	22.7% *
Did you hope to get help paying for care or services?	67.5%	53.3%	14.2% *
Did you get the help you needed?	71.0%	84.4%	13.4% *
Did you want them to follow up	58.1%	31.8%	26.3% *
* indicates significant difference			

Key Take-Away #6
Key drivers of satisfaction for the private pay customer

Thinking only about your experience with the ADRC, how would you rate your experience overall?

Excellent 49.5%
Good 32.2%
Fair 11.5%
Poor 5.7%

Factors That Influence Customers' Overall Satisfaction

	Beta
Satisfaction with services	0.458
Helped you identify different options.	0.243
Helped you consider the pros and cons of all the options.	0.217
Helped you understand the cost of different alternatives.	0.193
Helped you consider you future needs.	0.189
Took the time to help me make a decision.	0.187
Understood my unique financial and personal situation.	0.091
Understood my timeline for making a decision.	-0.011
Understood what you were willing to spend.	0.009

Key Take-Away #7
A reputation for excellence

How did you first learn about the ADRC

Recommendation/Word of Mouth
Referral from other agency — 10.6%
Hospital/Clinic/Doctor — 10.2%
Community Presence
Media/Newspaper/TV/Radio — 5.5%
Through work — 4.2%
Brochure/Flyer — 4.2%
Nursing Home/Assisted Living — 3.5%
Internet / Website — 3.1%

0.0%

Would you recommend the ADRC to someone else?

No, 4.4%

Yes, 95.6%

AI ANALYTICINSIGHT

Wisconsin Senior Farmers' Market Nutrition Program (FMNP)

Recipes

When you get your checks, your local agency may also give you some delicious recipes to try with your produce. Your local nutritionist is available to answer any questions and suggest new ways of preparing your fresh, locally grown food.

Why can I buy only locally grown produce with my Senior Farmers' Market checks?

One goal of the Farmers' Market Nutrition Program is to increase the use of farmers' markets in order to support the local economy.

Eating locally grown produce from farmers' markets:

- Gives you an opportunity to purchase fresh fruit, vegetables and herbs

- Supports small family farms in Wisconsin and neighboring communities

- Invests directly in your community

- Allows for crops to be harvested at the best time for freshness, which improves the nutritional quality and flavor of produce

- Provides you with produce that was grown with fewer pesticides

Questions or Problems?

If you have any questions about the program, contact the agency that issued your checks. Report complaints you may have about the program or individual vendors to your local agency.

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

State of Wisconsin
Department of Health Services
Division of Public Health
P-40154 (02/2014)

What is the Senior Farmers' Market Nutrition Program?

The Senior Farmers' Market Nutrition Program offers you an opportunity to purchase fresh, locally grown fruits, vegetables and herbs from certified farmers.

Senior Farmers' Market Checks are to be used June 1 – October 31

You can take your checks to any participating farmers' market or roadside stand. Nearly every county in the state has at least one participating market. You can even take them with you when you are traveling throughout the state!

Go to an authorized market (you will be given a list by your agency) and look for this yellow or blue sign:

WISCONSIN   Wisconsin Farmers' Market
Nutrition Program (FMNP)

VENDOR

Vendor can accept WIC and Senior FMNP checks for locally-grown fresh fruits, vegetables and herbs.

This institution is an equal opportunity provider.

Please use all your checks!
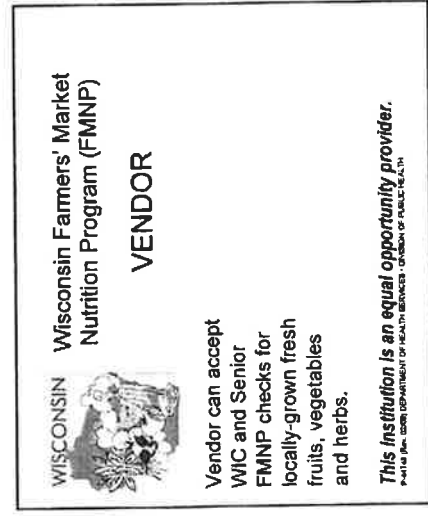
🖙 Change will not be given if you buy less than the amount of the check(s).

🖙 If the price of what you buy is higher than the amount of the check(s), you can make up the difference with cash or another check.

🖙 You cannot give your checks to someone else.

Approved Wisconsin Grown Foods

Fruits:
Apples
Berries (all)
Cherries
Cranberries
Grapes
Melons
Pears
Plums
Rhubarb
Strawberries

Vegetables:
Asparagus
Beans (all)
Beets
Bok Choy
Broccoli
Brussels Sprouts
Cabbage (all)
Carrots
Cauliflower
Celery
Celeriac
Corn (not ornamental or popcorn)
Cucumbers
Eggplant
Fennel
Greens (all)
Kohlrabi
Leeks
Lettuce (all)
Mushrooms
Okra
Onions
Parsnips
Peas (all)
Peppers (all)
Potatoes
Pumpkins
Radishes
Rutabagas
Scallions
Spinach
Sprouts
Sunchokes
Squash (winter & summer)
Swiss Chard
Tomatilla
Tomatoes
Turnips
Watercress

Herbs:
Basil
Chives
Cilantro
Cutting Celery
Dill
Epazote
Garlic
Garlic Chives
Lemon Balm
Lemon Grass
Lovage
Marjoram
Mint
Oregano
Parsley
Rosemary
Sage
Summer Savory
Sorrel
Tarragon
Thyme

SITE NAME:____Jefferson Senior Center_____   **DATE**: ___February 28 2014_____

SURVEYED BY: _____Mike Glasgow GWAAR_____—

Food Service

①_X___ Potentially hazardous foods are held and served at the correct temperature. Hot foods are
      at or above 140°F, cold foods are at or below 41°F, and frozen food are at or below 0°F at
      all times   HOT FOODS 152-192°F, COLD FOODS 28-38°F

2.__X__ Food temperatures are checked and monitored regularly with a clean, sanitized and
      properly calibrated thermometer

3.__X__ All employees and volunteers in the kitchen are wearing hair restraints and clean uniforms

4.__X__ Servers do not touch ready-to-eat foods with their bare hands

5._X___ There is an accessible hand washing sink available. The sink area is unobstructed,
      clean and has soap, disposable towels and a touch-free waste paper basket

6.__X__ Food service staff wash their hands thoroughly after coughing, sneezing, or any other form
      of potential contamination

7.__X__ Employees do not smoke or eat in the food serving area. Drinking cups or glasses must
      be covered and contain a type of drinking straw device

8._____ MSDS binders are in place and accessible   DID NOT SEE

9.__X_ All foodservice equipment, utensils and dishware are cleaned, sanitized and covered between
      each use. No cracked or chipped dishes or glasses are used

10.__X__ Steam tables or food warmers are not used to reheat or cook food

11.__X__ Garbage cans are covered, unless in use at that moment

12._N/A___ Fresh vegetables and fruits are properly washed before service

13._____ If a fan is used, it is free of dust build-up and is it pointed away from food service areas

14._____ If windows or doors are open, screens are in place, clean and in good repair

15.__X__ All lighting is protected by shatterproof covers or bulbs

16._X__ Garbage and refuse containers are in good condition with no leaks and kept clean

17. _X___There is a plan in place to ensure service in the event of emergency (relocation to
      alternative site, substitute vendor, emergency provisions for meals/service, etc.)

Equipment

1.__X__ Ceiling light fixtures are clean, intact, free of insects

2.__X_ Surfaces and backs of counters, walls, floors, and ceilings clean and in good repair. There
      are no chipped tiles on floor or walls

3._____ There are 18 inches between the ceiling/sprinkler heads and items on top shelves

4._____ No scoops are stored inside the ice machine(s)

1

Storage

1.__X__ All food and supply packages are closed, labeled, clean and free of dust

2._X____ All food and supply storage areas are free from evidence of rodent or insect infestation

3.__X__ Food and supplies are not stored under water or sewer lines

4.__X__ Food and supplies are stored a minimum of 6 inches off the floor

5._X__ Food storage shelves, containers, and areas are clean and free from trash and empty boxes.

6.__X__ Home canned or prepared foods are not used

7.__X__ No dented cans are used, and none are being held for use

8.__X__ Chemicals and pesticides are not stored with food items or supplies

Refrigerators and freezers

1.__X__ Refrigerators are clean and the temperature is 41°F or lower   TEMP 36°F

2.__X__ Food items not in their original containers are well wrapped or packaged, labeled and dated, **and not outdated.** (Leftovers may be held no more than 7 days before serving)

3.__X__ Frozen foods do not show evidence of freezer burn or spoilage

4._X____ Freezers are clean and items within are frozen solid

5.__X__ No dust build-up on fans inside freezers and refrigerators

Dish washing area

1.___X__ There is no evidence of food residue on "clean" dishes, pots and pans

2.__X____ Dishes, glasses, etc. are not stacked while wet, and are air dried

3._____ A manual wash, three-compartment sink must contain a proper sanitizing solution and maintain proper concentration verified using chemical strips   NOT USED FOR SANITIZING

4.___X__ If a low temperature dishwashing machine is used with a chemical agent, the temperature and the chemical concentration must be up to the manufacturer's specifications

5._____ A high temperature dishwashing machine reaches a wash cycle temperature of 160°F and a rinse cycle temperature of 180°F (Or temperatures listed in manufacturer's specifications)

NOTES:_____No concerns. Clean, well-run dining center.

_____

_____

_____

2

Name of Aging Unit	Aging & Disability Resource Center of Jefferson County

Address	1541 Annex Road, Jefferson, WI 53549

Aging Director	Susan Torum

Nutrition Director	Susan Torum/Beth Eilenfeldt

Staff Involved in Completing this Assessment	Susan Torum/Beth Eilenfeldt

Date Form Completed By Nutrition Program	Date of Visit 2/28/2014 Mike Glasgow, RDN, CD

*The Nutrition Program shall complete this assessment document prior to the AAA visit. Items in the assessment focus on the Nutrition Program requirements as written in the **Final Draft Copy of the Manual of Policies, Procedures & Technical Assistance for The Wisconsin Aging Network, current as of 6/30/2011.***

Yes	No	OUTREACH/ADVOCACY	AAA Comments
☒	☐	1. Does the Nutrition Program assure that eligibility criteria for participants of the congregate and home-delivered meals program are made available in writing to all potential referral agencies, physicians, public and private health organizations and institutions, and the general public? (Section 8.4.7)	Resource guide and ENP info distributed to churches, food pantries,senior apartments, nursing homes, MD offices. Menu in all local papers.
		2. How does the nutrition program advocate in the community on behalf of older adults? We take issues to the participants at the various centers, provide home delivered meal participants with written documents and have Advocacy as a standing ADRC Advisory Committee agenda item. Committee members are active letter writers to their state/federal representatives and letters are sent on behalf of the committee as needed. The Division Manager attends the monthly Human Services Board meetings and Advocacy Alerts are provided to participants when the board action has the potential to have an adverse effect on them, i.e. caterer changes.	Provide opportunites for seniors to weigh in on local issues via open forums, letters, public hearings. Also provided with information when legislative initiatives arise.
		Nutrition Program Comments	

Yes	No	DINING CENTERS	AAA Comments
☒	☐	1. Are dining centers located in facilities where eligible individuals will feel free to attend? (Section 8.4.27.1)	No concerns
☒	☐	2. Are dining centers free of **architectural barriers** that limit the participation of older persons? (Section 8.4.27.1)	
☒	☐	3. Dining centers: • Are accessible (unlocked, walkways free of clutter and uneven rugs, etc.)?	
☒	☐	• Have accessible restrooms?	
☒	☐	• Have seating that is accessible to older person (chairs with/without arms)?	

Yes	No		AAA Comments
☒	☐	4. List any exceptions and barriers present.	
☒	☐	5. Are all congregate dining centers supervised by a **designated site manager** who is responsible to the nutrition program director for organizing and supervising the serving of meals and all other related nutrition program activities carried on at the dining center? (Section 8.2.2) • How many site managers are paid? 6 • How many site managers are volunteers? 0	All site managers are employees of Jefferson County
☒	☐	6. Are transportation options available for dining center participants? • IF YES, which options are available? Taxi service is subsidized in three communities via s85.21 grant monies. The subsidy option will be expanded to a fourth community shortly. That leaves only one site without accessible, affordable transportation (Palmyra). The site managers husband currently volunteers to transport people who wish to eat at the site.	Transportation is high priority of Jefferson County
☒	☐	7. Does the Nutrition Program have written policy that addresses carry-out meals?	Policy seen by MG. Good.
☒	☐	• IF YES, is the policy clearly shared with program participants?	
		8. If carry-out meals are permitted on a case-by-case basis, do they meet all of the following conditions: (Section 8.4.25)	
☒	☐	• Procedures for handling carry-outs are approved by a qualified nutritionist	
☒	☐	• Meal is served to registered program participant in a new, unused container	
☒	☐	• Staff instructs individuals on food safety guidelines for handling the meal safely	
☒	☐	• Meal is provided ONLY if staff feel it can be delivered safely	
		Nutrition Program Comments	

Yes	No	HOME DELIVERED MEALS	AAA Comments
		1. How many home delivered routes does the Nutrition Program administer? 9	No noted concerns with temperatures of home delivered meals
		2. How long does it take to complete each route? 30-90 minutes	
		3. Are drivers:	
☐	☒	• Paid? - If YES, at what rate? .55	
☒	☐	• Volunteer?	
		Nutrition Program Comments This is a yes and no answer. We offer mileage to volunteers who are willing to deliver beyond the city limits and routinely pay mileage to the most rural sites do to delivery distance.	

Yes	No	LEVEL OF MEAL SERVICE	AAA Comments

Yes	No		AAA Comments
☒	☐	1. Meals are served five or more days per week for congregate meal service in at least one site. (Section 8.4.1)	
☐	☐	• IF no, does the nutrition program have a waiver from the AAA approving a lesser frequency? (Section 8.4.1)	
☒	☐	2. Home delivered meals are provided five or more days per week. (Section 8.4.2)	
☐	☐	• IF NO, does the nutrition program have a waiver from the AAA approving a lesser frequency? (Section 8.4.2)	
		3. Since the program's prior nutrition program assessment, has the program had any of the following changes in service level:	
☐	☒	• Added or eliminated home delivered meal routes?	
☐	☒	• Opened a dining center?	
☐	☐	- IF YES, has the Nutrition Program received AAA approval on all new dining centers? (Section 8.4.27.2)	
☐	☒	• Closed a dining center?	
☐	☐	- If a temporary closure has taken place, was the AAA notified and approval received, if closure exceeds one week? (Section 8.4.27.3)	
☐	☐	- If a permanent closure has taken place, has the Nutrition Program received AAA approval? (Section 8.4.27.4)	
☐	☒	• Increased days of congregate meal service?	
☒	☐	• Decreased days of congregate meal service?	
☒		- IF YES to either of the prior two questions, has the Nutrition Program provided a written rationale and approval by the commission on aging and local advisory council to the AAA? (Section 8.4.27.4)	
☐	☒	• Increased days of home delivered meal service?	
☐	☒	• Decreased days of home delivered meal service?	
☐	☐	- IF YES to either of the prior two questions, has the Nutrition Program provided a written rationale and approval by the commission on aging and local advisory council to the AAA? (Section 8.4.27.4)	
☒	☐	4. Since the program's prior nutrition program assessment, has the Nutrition Program relocated any dining centers?	MG received relocation form for Palmyra. Has been retroactively approved.
☐	☒	• IF YES, has the Nutrition Program received AAA approval on all relocated dining centers? (Section 8.4.27.2)	
☐	☒	5. Are meal services available to all older adults in your service area? (via Title III nutrition program or other area programs)	
☒	☐	6. Is a waiting list policy established for nutrition program services when the nutrition program is unable to provide meals to all eligible individuals?	Waitlist policy seen. Looks good.
☐	☐	• IF YES, is it approved by the AAA? (Section 8.4.8)	
		Nutrition Program Comments The Palmyra Site was relocated due to a compliance issue between the owner and Department of Agriculture. We were given two weeks notice to relocate. I do not find a formal AAA approval.	

Yes	No	*PARTICIPANT ELIGIBILITY*	**AAA Comments**
☒	☐	1. Does the Nutrition Program ensure that the **full cost of the meal is reimbursed** to the nutrition program for Community Based Long-	AU receives full cost

2/2014

Yes	No		AAA Comments
☒	☐	Term Care Program (i.e., COP, Family Care, Partnership, Iris) participant meals? (Section 8.4.7.3)	without issue
☒	☐	2. Are meals for Community Based Long-Term Care Program participants excluded from the NSIP meal count? (Section 8.4.7.3)	
☒	☐	3. Does the Nutrition Program obtain AAA approval of all waivers for **non-elderly disabled persons** who do not live with or accompany an eligible older person? (Section 8.4.7.6)	Not aware of any under-60 waivers as present
		Nutrition Program Comments	

Yes	No	*CONGREGATE DINING CENTER REGISTRATION/INTAKE*	AAA Comments
		1. Describe the process used to obtain registration information from participants. The home delivered meal assessor gathers this information during the home visit; at the sites participants are given the sheets and asked to complete them. Site manager assist if needed. The information is updated annually after the poverty guidelines are released.	Assessment form seen by MG - all mandatory information is in place. No concerns.
☒	☐	2. Does the Nutrition Program screen all congregate participants yearly for nutrition risk using the "Determine Your Nutritional Health" required screening tool? (Section 8.4.3)	
☒	☐	3. Does the nutrition screening form include the required BADR confidentiality statement, as appropriate?	
		Nutrition Program Comments	

Yes	No	*HOME DELIVERED MEAL REGISTRATION & ASSESSMENT*	AAA Comments
☒	☐	1. Does the Nutrition Program assess each person applying for home-delivered meals to determine the individual's need for service and level of service needed? (Section 8.4.7.2.1)	Done as required. HDM assessment form seen by MG. All componants in place. No concerns.
☒	☐	2. Does the Nutrition Program assess each person applying for home-delivered meals in person? (Section 8.4.7.2.1)	
☒	☐	3. Does the Nutrition Program assess each person applying for home-delivered meals no later than four weeks after the beginning of meal delivery? (Section 8.4.7.2.1)	
		4. Who performs home delivered meal assessments? Sharon Endl, our "approved" nutritionist	
		5. How are individuals performing home delivered meal assessments trained? Through program orientation; ongoing 1:1 discussions and consultations with the program manager and/or nutrition project coordinator. She also attends the annual Site Manager Trainings and all Nutrition project Council meetings.	
		Nutrition Program Comments	

Yes	No	*HOME DELIVERED MEAL REASSESSMENT*	AAA Comments
☒	☐	1. Does the Nutrition Program **reassess** home delivered meal participant eligibility and continued need for service every six to 12 months? (Section 8.4.7.2.1)	

☒	☐	2. Does an annual **reassessment** take place in each participant's home? (Section 8.4.7.2.1)	
		3. Who performs home delivered meal **reassessments**? Sharon Endl	
		4. How are individuals performing home delivered meal **reassessments** trained? Same as above; however, Sharon's area of expertise as an LPN with over 30 years of long term care experience result in her being able to assess a variety of concerns during a homevisit. Endl reviews medications, home safety concerns and health issues. She pays particular attention to the individual's overall condition: is the person clean? are there oral issues involving the teeth or gums, is dehydration a concern? Are they taking multiple medications? Are they running out of money for food? She is quite familiar with community resources and regularly makes referrals to the ADRC or other organizations. When there are questions, she will make additional homevisits to check on the individual's well-being and when in doubt errs on the side of helping people. Committee members applauded Endl for the contributions she is making to the seniors she is serving.	
☒	☐	5. Does the Nutrition Program screen all home delivered meal participants yearly for nutrition risk using the "Determine Your Nutritional Health" required screening tool? (Section 8.4.3)	
		Nutrition Program Comments	

Yes	No	*DATA MANAGEMENT*	AAA Comments
☒ ☒ ☒ ☒ ☒	☐ ☐ ☐ ☐ ☐	1. Does the Nutrition Program promptly and accurately report the following data in the SAMS reporting system as required? (Sections 8.3.3.1, 14.1, 14.6.2) • Eligible NSIP meal counts • Nutrition education • Nutrition counseling • Participant demographic data • Nutrition screening data	No concerns. Very good SAMS reporting.
		2. How often is nutrition program data entered in the SAMS reporting system? Weekly	
☒	☐	3. Are accurate records of participant participation at the dining centers maintained for a period of three years? (Section 8.3.3.1, 8.3.3.2, 8.4.12)	
		Nutrition Program Comments	

Yes	No	*PARTICIPANT CONTRIBUTIONS*	AAA Comments
☒ ☐ ☒	☐ ☒ ☐	1. Is there written notification at each dining center that includes: • Meal cost (suggested contribution and total meal cost) • Source of funds used for programs • Stipulation that no eligible individual may be a denied a meal if unable or unwilling to contribute? (Section 8.3.7.1)	Seen by MG. All mandatory requirements in place.
☒	☐	2. Is the notification provided at dining centers in large print?	

Yes	No		AAA Comments
☒	☐	3. Does the Nutrition Program ensure that participant contributions are kept confidential? (Section 8.3.7.2)	No concerns at Jefferson
☒	☐	4. Does the nutrition program have procedures to ensure the accountability and safeguarding of participant contributions? (Section 8.3.7.5) • IF written procedures are not in place, please explain the process that is used to ensure that participant contributions are kept confidential.	Two count. Two sign. Daily deposits. Fiscal reconciles.
☒ ☐ ☒	☐ ☒ ☐	5. Contribution letters, if used, include: • Meal cost • Source of funds used for programs • Stipulation that no eligible individual may be a denied a meal if unable or unwilling to contribute	Letter seen by MG. No concerns.
☒	☐	6. IF contribution letters are provided, are they formatted in large print? (Section 8.3.7.1)	
		Nutrition Program Comments	

Yes	No	FINANCIAL MANAGEMENT	AAA Comments
☒	☐	1. Does the Nutrition Program assure that **contributions** made by older people are recorded as program income? (Section 8.3.7.4)	
☒	☐	2. Are contributions from local civic groups, businesses, etc. reported as program income? (Section 8.3.7.4)	
☒	☐	3. Is program income spent by the county/tribal aging unit on behalf of the nutrition program? (Section 8.3.7.4)	
☒	☐	4. Does the Nutrition Program use NSIP grant funds only to purchase foods for meals served to eligible participants? (Section 8.3.3.1)	
		Nutrition Program Comments	

Yes	No	POLICY/PROCEDURES	AAA Comments
☒	☐	1. Does the Nutrition Program have a written **grievance/complaint** procedure for individuals to follow in the event there is a concern of unfair treatment by staff or volunteers of the program? (Section 8.4.10)	Policy seen by MG. Excellent policy.
		2. How are participants informed of this procedure? (i.e. handouts to participants, posted on website, etc.) Posters at site	
☒	☒	3. Does the Nutrition Program have written dining center and home delivered meal expectations for participants?	
		4. How is this information shared with participants?	
☐	☒	5. Does the Nutrition Program have disciplinary procedures in place for participants?	
☒	☐	6. Does the Nutrition Program have disciplinary procedures in place for staff/volunteers?	
		Nutrition Program Comments Home delivered meal participants are aware of our expectations; congregate participants are not. We will begin using & posting the Senior Dining Meal Expectations and Guidelines on the GWAAR website beginning 3/1/13.	

Yes	No	MENUS	AAA Comments
☒	☐	1. Does each meal comply with the Dietary Guidelines for Americans? (Section 8.5.1)	Caterer does nutrient analysis (and posts this on his website). Menus reviewed by Columbia County's dietitian.
☒	☐	2. Does each meal provide to each participating older individual a minimum of 33 1/3% of the Dietary Reference Intakes? (Section 8.5.1)	
		3. Who approves menus?	
☐	☒	4. Does the Nutrition Program provide choice of or alternate entrees?	
☒	☐	5. Does the Nutrition Program provide choice of or alternate desserts?	
		Nutrition Program Comments	

Yes	No	SPECIAL MEALS	AAA Comments
☐	☒	1. Does the Nutrition Program provide texture modified meals?	
☐	☐	• IF YES, is a written diet order from the participant's physician on file? (Section 8.4.26.1.1)	
☐	☐	• IF YES, has the written diet order been reviewed and/or updated each year? (Section 8.4.26.1.1)	
☐	☐	• IF YES, do the types and amounts of all meal components follow the menu pattern and nutrient standards? (Section 8.4.26.1.1)	
☐	☒	2. Does the Nutrition Program provide therapeutic meals?	
☐	☐	• IF YES, is a written diet order from the participant's physician on file? (Section 8.4.26.1.2)	
☐	☐	• IF YES, has the written diet order been reviewed and/or updated each year? (Section 8.4.26.1.2)	
☐	☒	3. Does the Nutrition Program offer liquid nutritional supplements as a meal replacement for an individual with profound dietary needs unable to obtained nourishment through normal food intake?	
☐	☐	• IF YES, is a written diet order from the participant's physician on file? (Section 8.4.26.1.1)	
☐	☐	• IF YES, has the written diet order been reviewed and/or updated each year? (Section 8.4.26.1.1)	
☐	☒	4. Does the Nutrition Program offer liquid nutritional supplements as an addition or supplement to a complete meal?	
☐	☐	• IF YES, is a written diet order from the participant's physician on file? (Section 8.4.26.1.1)	
☐	☐	• IF YES, has the written diet order been reviewed and/or updated each year? (Section 8.4.26.1.1)	
		Nutrition Program Comments	

Yes	No	PURCHASING/PROCUREMENT	AAA Comments
		1. Whom does the Nutrition Program contract with to purchase or provide food for the program? Feil's Catering	
☐	☐	2. For purchases of equipment or services less than $5000, were a minimum of three price quotations solicited? (Section 13.3.4.1.2)	
☒	☐	3. Contracts are held for a maximum period of three years before being rebid or procured. (Section 13.6.2)	

2/2014

Yes	No		AAA Comments
☐	☒	4. Is your nutrition program interested in technical assistance on contract management?	
		Nutrition Program Comments We did not purchase equipment or services since the last assessment.	

Yes	No	**NUTRITION EDUCATION & HEALTH PROMOTION**	**AAA Comments**
☒	☐	1. Does the Nutrition Program provide nutrition education to participants in congregate and home delivered meal nutrition programs at least four times per year (quarterly)? (Section 8.4.4)	site managers do nutrition education programs. Content developed by Sue and Beth. Materials and plan seen by MG and approved.
☒	☐	2. Does a qualified nutritionist review and approve the content of nutrition education prior to presentation to participants? (Section 8.4.4)	
		3. If the nutrition program has dining centers located in restaurants, how is nutrition education provided?	
☒	☐	4. Does the Nutrition Program provide nutrition counseling or intervention services?	
☒	☐	• IF YES, are services performed by a qualified nutritionist? (Section 8.4.5)	
☒	☐	5. Does the Nutrition Program provide any evidence-based nutrition programs?	
		• IF YES, which program(s) are provided? Healthy Eating for Successful Living	
☒	☐	6. Does the Nutrition Program provide available medical information on obtaining vaccines for influenza, pneumonia, and shingles to home delivered meal recipients at least one time per year? (Section 8.4.6.1)	Seen by MG
☒	☐	• IF YES, is the medical information approved by a qualified health care professional? (Section 8.4.6.1)	
		Nutrition Program Comments Nutrition Counseling is done by Sharon Endl; medical information is obtained from the Jefferson County Public Health Department.	

Yes	No	**ACTIVITIES & OPPORTUNITIES FOR SOCIALIZATION**	**AAA Comments**
		1. List any activities that are provided on a regular basis at dining centers. Three centers are in senior centers; the Palmyra Site Manager offers programs routinely; Johnson Creek is also routinely involved in activities; however, the Lake Mills Site is the busiest and the manager has no time to do activities. Once per month, all managers are required to provide and encourage discussion about the monthly nutrition education topic.	
		2. List any special ways that the Nutrition Program provides opportunities for socialization. Through seating arrangements that are condusive to converation and through site manager interactions with participants where all are free to join in.	
		Nutrition Program Comments	

Yes	No	PARTICIPANT SURVEYS	AAA Comments
☒	☐	1. Has the Nutrition Program formally surveyed the **satisfaction** of all congregate meal recipients for both food quality and delivery of services within the last year? (Section 8.4.13)	Surveys from 2013 seen by MG. All good overall.
☒	☐	2. Has the Nutrition Program formally surveyed the **satisfaction** of all home delivered meal recipients for both food quality and delivery of services within the last year? (Section 8.4.13)	
		Nutrition Program Comments	

Yes	No	FOOD SAFETY & SANITATION	AAA Comments
☒	☐	1. Does the nutrition program comply **with applicable state or local laws** regarding the safe and sanitary handling of food, equipment, and supplies used in the storage, preparation, service, and delivery of meals to participants? (Section 8.6)	See accompanying sanitation review.
☒	☐	2. Are temperature records kept on file for one year?	
☒	☐	3. Are written instructions for reheating meals provided to participants? (Section 8.4.28.1)	
☐	☐	4. Does each central kitchen and on-site cooking dining center have a staff person on duty that has obtained State of Wisconsin Food Manager Certification? (Section 8.6.3.2)	N/A
☐	☒	5. Are food temperatures for home delivered meal recipients upon delivery monitored every one to three months? (Section 8.4.28.2)	Will implement this
		Nutrition Program Comments	

Yes	No	MONITORING	AAA Comments
☒	☐	1. Does the Nutrition Program conduct yearly on-site reviews of the dining environment at each dining center? (Section 8.2.3, 8.2.7.1)	Nutrition Coordinator does all on-site reviews annually. Sanitation survey tool seen by MG - veru comprehensive.
		2. Who conducts the yearly on-site review of the dining center (i.e. program nutritionist, advisory council members, or other appropriate persons)? (Section 8.2.3, 8.2.7.1) Nutrition Coordinator	
☒	☐	3. Does the Nutrition Program conduct on-site food safety and sanitation reviews each year? (Section 8.2.3)	
☒	☐	4. Is an on-site sanitation tool used to complete the review?	
		5. Who conducts the yearly on-site food safety and sanitation reviews each year? (Section 8.2.3) Nutrition Coordinator	
		Nutrition Program Comments	

Yes	No	NUTRITION ADVISORY COUNCIL	AAA Comments
☒	☐	1. Has the nutrition program established a nutrition advisory council? (Section 8.2.7)	NAC active and meets regularly. Agendas and minutes seen by MG from July and October 2013
		2. How is the nutrition advisory council advised of nutrition program requirements? All requirements of the program are reviewed from time to time as committee education.	
		3. How often does the nutrition advisory council meet? (Section 8.2.7.3) Quarterly.	
☒	☐	4. Is the nutrition advisory council governed by bylaws? (Section	

		8.2.7.4)	
		Nutrition Program Comments	

Yes	No	**NUTRITION PROGRAM STAFF & VOLUNTEERS**	AAA Comments
☒	☐	1. Does the Nutrition Program employ or retain the services of a qualified dietitian or nutritionist? (Section 8.2.3)	12 hours pre week - not month. Nutrition specialist is LPN. Qualifications reviewed by AAA and she is approved to perform current functions.
		2. What activities does the Nutrition Program's nutritionist currently perform? Home Delivered Meal Assessments, reviews Nutrition Risk Assessments, Menu Reviews, Nutrition Counseling, in-home health & safety assessments.	
		3. How many hours per month does the program nutritionist provide services to the nutrition program? (Section 8.2.3) 12	
		Nutrition Program Comments	

Yes	No	**NUTRITION PROGRAM STAFF & VOLUNTEER TRAINING**	AAA Comments
☒	☐	1. Staff and volunteers who have contact with food service (holding or serving food, cleaning the food service area, etc.): • Has the nutrition program provided a general orientation on safe-food handling and sanitation practices to all new staff and volunteers before beginning the job? (Section 8.6.3.4)	All training and certification requriements are met and are current.
☒	☐	• Have passed an approved **food safety course or the BADR Serving Safe Food course** in the past five years. (Section 8.6.3.3)	
☐	☐	2. Staff and volunteers who purchase, prepare and cook food: • Has the nutrition program provided a general orientation on safe-food handling and sanitation practices to all new staff and volunteers before beginning the job? (Section 8.6.3.4)	
☐	☐	• At least one staff member on duty has passed an approved **food safety course** within the past five years and has obtained a State of Wisconsin Food Manager certification. (Section 8.6.3.2). If no, please explain in comments section.	
☒	☐	3. Nutrition Program Director: • Has the Nutrition Program Director passed an approved **food safety course** within the past five years? (Section 8.6.3.1)	
☒	☐	• Is the Nutrition Program Director a Certified Food Manager? (Section 8.6.3.1). If no, please explain in comments section.	
☒	☐	4. Does the Nutrition Program provide a **minimum of six (6) hours** of staff training annually for paid and regular volunteer food-service staff (three and one-half hours can come from the regional nutrition program staff training in the fall of each year)? (Section 8.4.11)	
☒ ☒ ☒ ☒ ☒ ☒	☐ ☐ ☐ ☐ ☐ ☐	5. Training provided to staff and volunteers each year includes: (Section 8.4.11) • Food safety? • Prevention of food borne illness? • Accident prevention? • Fire safety? • First aid? • Emergency preparedness?	

Yes	No		AAA Comments
☒	☐	• Other emergency procedures? (8.4.11 & 8.4.19)	
☒	☐	6. Do Nutrition Program staff and/or volunteers attend regional nutrition program staff training each year?	
☒	☐	7. Does the Nutrition Program Director attend regional nutrition program staff training each year?	
☒	☐	8. Does the Nutrition Program Director participate in the planning of regional nutrition program staff training each year?	
		Nutrition Program Comments	

Yes	No	EMERGENCY PREPAREDNESS	AAA Comments
☒	☐	1. Does the Nutrition Program have an emergency and/or disaster plan for the program? (Section 8.4.20)	AU provides information to participants on self-preparedness. Emergency meals policy seen by MG. No concerns.
☒	☐	2. Does the Nutrition Program have procedures in place for notifying participants of an emergency?	
		3. What is the Nutrition Program's role in the overall county/tribe emergency and/or disaster plan? (Section 8.4.26.8) We are heavily involved in the county's emergency preparedness discussions.	
		4. How does the Nutrition Program educate program participants on creating/maintaining their own individual emergency plans? (Section 8.4.26.8) Information is displayed in table tents throughout the year as well as information being sent to home delivered meal participants.	
☐	☒	5. Does the Nutrition Program provide annual fire drills at dining centers?	
		6. Does the Nutrition Program post procedures to be followed by staff and volunteers in the event of:	
☒	☐	• Severe weather	
☒	☐	• Natural disaster	
☒	☐	• Medical emergency	
		Nutrition Program Comments	

Yes	No	MODERNIZATION/REVITALIZATION EFFORTS	AAA Comments
☐	☒	7. Since the program's prior assessment, has the Nutrition Program undergone any efforts to modernize/revitalize the program? • IF so, please provide details on the actions taken and whether they were successful.	
		Nutrition Program Comments	

Please list technical assistance needed from the AAA:

_____
Nutrition Program Director Signature

                                   _____
                                     Date

Aging Director Signature

Date

2/2014

Senior Dining

Fellowship, Food ❤ Fun

2013 Jefferson County:
Senior Dining Program Report

The Elderly Nutrition Program, enacted by Congress in 1972, provides grants to support nutrition services to older people throughout the country and is intended to improve the dietary intakes of participants and to offer participants opportunities to form new friendships and to create informal support networks. The legislative intent is to make community-based services available to older adults who may be at risk of losing their independence.

The purpose of the elderly nutrition program is:

> ➤ To reduce hunger and food insecurity;
> ➤ To promote socialization of older individuals; and
> ➤ To promote the health and well-being of older individuals by assisting such individuals to gain access to nutrition and other disease prevention and health promotion services to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

The Administration on Aging (AoA) via Title III of the **Older American's Act** provides the Senior Dining Program with the majority of its funding; however donations comprise approximately 1/3 of the programs budget! The policy guidelines explicitly state that program participants cannot be required to pay for their meals. The program is allowed to ask for a voluntary contribution, which is established annually by Jefferson County's Nutrition Project Council and the Aging & Disability Resource Center Advisory Committee.

Individual's wishing to participate in Senior Dining must be at least 60 years of age, or the spouse of someone 60 years of age in order to receive a meal on a donation basis. Counties are required to target services to older people with the greatest economic or social need. And in 2013, Jefferson County received a significant increase in program funding after Wisconsin's allocation was redistributed based on the 2010 census and the number of people 60+ in poverty residing in Jefferson County.

Senior Dining meals are required to provide people with one-third the recommended dietary allowances as established by the U.S. Department of Agriculture. According to the AoA, program participants across the country receive an estimated 40-50 percent of their recommended daily nutrients from meals provided by the program!

Senior Dining Program Cost & Revenue History
CY 2011-2013

CONGREGATE	ACTUAL RESOURCES		
MEALS	2011	2012	2013
Federal Title III-C	131,819	132,018	156,379
Required Match	14,647	14,925	17,375
USDA/NSIP	10,883	10,127	8,900
Collections	30,415	20,260	
Co. Overmatch	4,485	0	0
Total Resources	192,249	177,330	182,654

All collections received via the congregate program were used to offset costs in the home delivered area.

2013 Collections totaled: $97,964

DELIVERED	ACTUAL RESOURCES		
MEALS	2011	2012	2013
Federal Title III-C	43,741	44,060	48,661
Required Match	4,860	4,896	5,407
USDA/NSIP	12,775	12,601	10,448
Collections	82,580	71,552	91,968
Co. Overmatch	12,467	25,439	0
Total Resources	156,423	158,548	156,484

County Indirect costs were also posted entirely to the Home Delivered Program.

TOTAL	ACTUAL RESOURCES		
MEALS	2011	2012	2013
Federal Title III-C	175,560	176,078	205,040
Required Match	19,507	19,821	22,782
USDA/NSIP	23,658	22,728	19,348
Collections	112,995	91,812	91,968
Co. Overmatch	16,952	25,439	0
Total Resources	358,672	335,878	339,138

$5,996 in program funds remained at year end and included in the Department's 2014 carry over request to be placed in the non-lapsing fund.

Meal Trends

	CY09	CY10	CY11	CY12	CY13
Congregate	15,570	16,197	14,677	12,135	12,715
Home Delivered	18,205	20,130	18,231	16,145	14,907
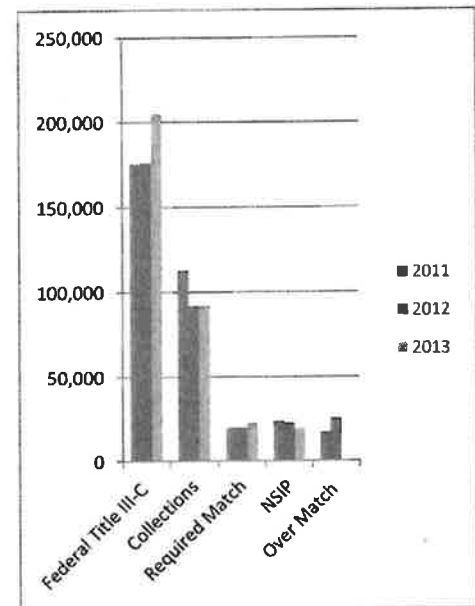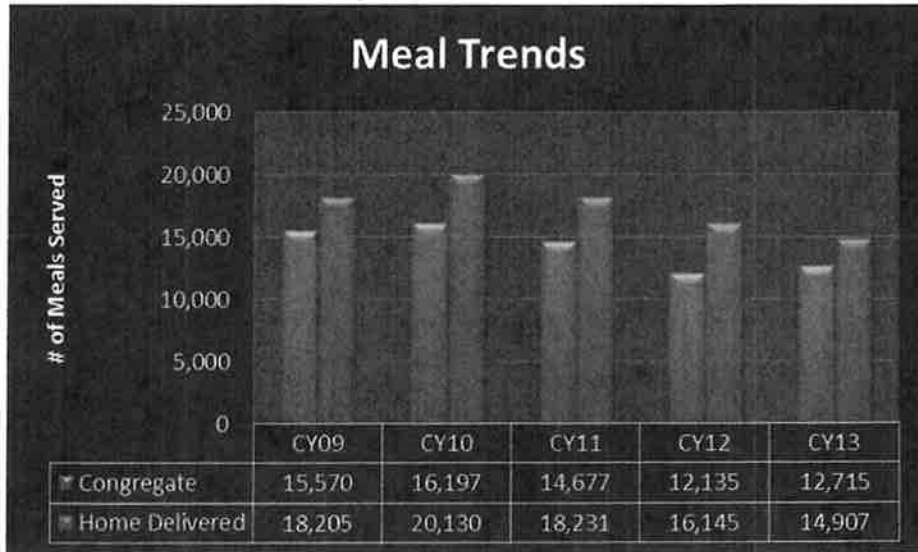
	2009	2010	2011	2012	2013
Congregate Delivered	44%-56%	44%-56%	45%-55%	41%-59%	45%-55%

- **The average donation for all program meals combined = $3.06**
- **The average donation for home delivered meals   = $3.16**
- **The average donation for congregate meals   = $2.84**

**Cost Per Meal
2009-2013 Average**

9.38   6.09   7.56   7.01   9.39   6.64   8.82   8.56

Fort   Jefferson   Johnson Creek   Lake Mills   Palmyra   Rome   Waterloo   Watertown
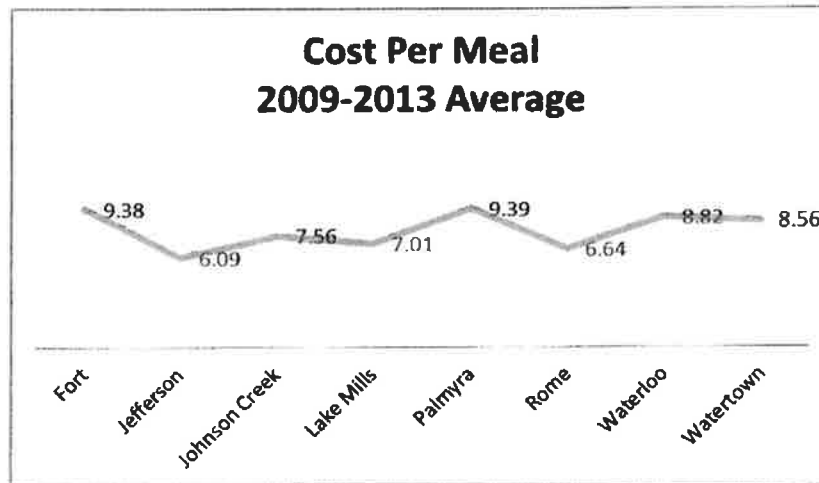
Program Highlights:

1. In 2007 the Rome site served 10 meals/day and on average the meal cost was $14.44. At that time, Rome meal costs were 75% higher than Jefferson - lowest cost site and 36% higher than Palmyra, the second highest cost site. In 2008 the

onsite operation was closed and delivery was maintained. In 2013 the cost per meal is $6.48. This is a 44.87% decrease in costs.

2. In October 2011, the Waterloo on-site operations were closed. Home deliveries remain available in this community via a contract with the library. This contract results in a win-win for both entities. The department continues to be able to offer home delivered meal to Waterloo's frailest elders and the library was able to bring an assistant position up to full-time.

3. All meals for Rome and Waterloo are packaged at sister sites: Palmyra does this for Rome and Lake Mills does this for Waterloo. The result is that there is an increase in employee productivity and efficiency.

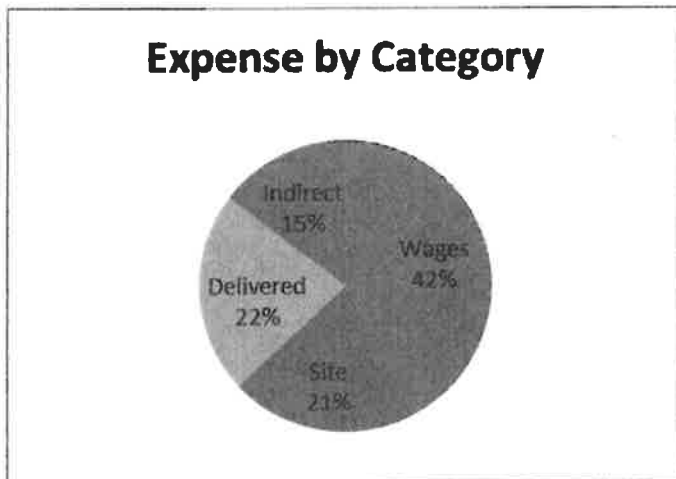4. The JDQ completed in 2012 will have significant impact on wages in the future as site managers were reclassified and were placed in Grade 1 of the new step system. Prior to that they were placed at Grade Level 3.

Expense by Category

Wages:	**$135,308**
Site:	**$ 66,428**
Delivered:	**$ 71,467**
Indirect:	**$ 46,777**

From the 2013 Nutrition Program Assessment:

. . . it bears noting that Jefferson County has done an excellent job with the federally required portion of SAMS meal count reporting, which is crucial to proper fund reimbursement. It is my belief that the Jefferson County senior dining program employs competent, well-trained staff, and they act with the participants' best interests in mind which is evident in the survey results from 2013.

There were no areas found to be of concern, nor any that require correction.

Mike Glasgow, RDN, CD
Registered Dietician Nutritionist, Certified Dietician
Older American's Act Consultant, Nutrition Specialist
Greater Wisconsin Agency on Aging Resources, GWAAR

FORT ATKINSON

Senior Center
307 Roberts Street

Meal Trends	2009	2010	2011	2012	2013
Congregate	2,292	2,690	2,369	1,537	1,888
Home Delivered	163	258	0	442	58
Meals Served	2,455	2,664	2,369	1,979	1,967

Meal Costs	2013
Site Manager	11,499
Volunteer Per Diems & Banquet	398
Supplies	668
Food	7,348
Coordination & Assessment	4,210
Indirect/Allocated Costs	3,210
Total Costs	**27,333**
Donations	6,757
NSIP	1,356
Purchased Meals: 21	74
Contracted Meals:	0
Net Costs	**19,146**
Program Meals Served	1,946
Net Cost per Meal	**9.84**

2013 Summary Data:

- 8 meals on average were served per day
- $3.61 was the average donation received for all meals

- 104 unduplicated individuals registered
- 0 new registrants in 2013
- 70 participants were female
- 34 participants were male
- 15 poverty
- 57 live alone
- 13 "high" nutritional risk

    o Participants by age group
        - 90-99   10
        - 80-89   37
        - 70-79   33
        - 60-69   17

JEFFERSON

Senior Center
859 Collins Road

Meal Trends	2009	2010	2011	2012	2013
Congregate	3,234	3,571	3,184	2,448	2,774
Delivered	7,099	9,572	8,002	6,401	6,120
Meals Served	10,333	12,166	11,186	8,849	9,999

Meal Costs	2013
Site Manager	13,119
Volunteer Per Diems & Banquet	634
Site Rental	300
Supplies	3,327
Dishwasher	994
Phone	740
Food	37,303
Coordination & Assessment	24,911
Indirect/Allocated Costs	15,980
Total Costs	**97,308**
Donations	27,640
NSIP	6,176
Purchased Meals: 76	266
Contracted Meals: 1,029	10,671
Net Costs	**52,555**
Program Meals Served	8,894
Net Cost per Meal	**5.91**

2013 Summary Data:

- 40 meals on average were served per day
- $3.14 was the average donation for all meals
- $2.70 was the average donation for congregate meals
- $3.33 was the average donation for home delivered meals
- 213 unduplicated individuals registered
- 3 new registrants in 2013
- 157 participants were female
- 56 participants were male
- 24 poverty
- 115 live alone
- 64 "high" nutritional risk

  - Participants by age group
    - 90-99   43
    - 80-89   74
    - 70-79   52
    - 60-69   31

JOHNSON CREEK

St. John's Lutheran Church
129 N. Watertown Street

Meal Trends	2009	2010	2011	2012	2013
Congregate	730	677	656	525	436
Home Delivered	481	590	574	429	229
Meals Served	1,594	1,638	1,250	954	665

Meal Costs	2013
Site Manager	0
Volunteer Banquet	38
Supplies	200
Mileage: Delivered Meals	144
Food	2,505
Coordination & Assessment	1,657
Indirect/Allocated Costs	1,012
Total Costs	**5,556**
Donations	2,241
NSIP	466
Purchased Meals:	0
Contracted Meals:	0
Net Costs	**2,849**
Program Meals Served	665
Net Cost per Meal	**4.28**

2013 Summary Data:

- 13 meals on average were served each day
- $3.37 was the average donation for all meals combined
- $3.27 was the average donation for congregate meals
- $3.52 was the average donation for home delivered meals

- 23 unduplicated individuals registered
- 0 new registrants in 2013
- 14 participants were female
- 9 participants were male
- 4 poverty
- 16 live alone
- 6 "high" nutritional risk

  - Participants by age group
    - 90-99   3
    - 80-89   11
    - 70-79   6
    - 60-69   3

LAKE MILLS

Municipal Building
200 Water Street

Meal Trends	2009	2010	2011	2012	2013
Congregate	2,190	2,595	2,909	2,289	2,187
Home Delivered	4,665	4,070	3,575	3,469	3,945
Meals Served	6,878	6,616	6,516	5,758	6,162

Meal Costs	2013
Site Manager	11,873
Volunteer Per Diems & Banquet	728
Site Rental	600
Supplies	2,066
Phone	559
Food	22,933
Coordination & Assessment	15,720
Indirect/Allocated Costs	9,899
Total Costs	**64,378**
Donations	18,068
NSIP	4,263
Purchased Meals: 30	105
Contracted Meals:	0
Net Costs	**41,942**
Program Meals Served	6,132
Net Cost per Meal	**6.84**

2013 Summary Data:

- 25 meals on average were served each day
- $2.96 was the average donation for all meals combined
- $2.65 was the average donation for congregate meals
- $3.14 was the average donation for home delivered meals
- 91 unduplicated individuals registered
- 9 new registrants in 2010
- 58 participants were female
- 33 participants were male
- 11 poverty
- 39 live alone
- 31 "high" nutritional risk

    o Participants by age group
      - 90-99   17
      - 80-89   24
      - 70-79   25
      - 60-69   25

PALMYRA

American Legion
115 3rd Street

Meal Trends: Palmyra	2009	2010	2011	2012	2013
Congregate	1,438	1,488	1,594	2,069	1,716
Home Delivered	1,558	1,313	2,025	1,548	1,099
Meals Served	3,048	2,896	3,677	3,617	2,817

Meal Costs	2013
Site Manager	13,560
Volunteer Per Diems & Banquet	182
Supplies	950
Food	10,438
Coordination & Assessment	6,771
Indirect/Allocated Costs	4,567
Total Costs	**36,468**
Donations	7,844
NSIP	1,922
Purchased Meals: 2	7
Contracted Meals:	0
Net Costs	**26,695**
Program Meals Served	2,815
Net Cost per Meal	**9.48**

2013 Summary Data:

- 11 meals on average were served each day
- $2.78 was the average donation for all meals combined
- $2.55 was the average donation for congregate meals
- $3.16 was the average donation for home delivered meals

- 57 unduplicated individuals registered
- 5 new registrants in 2013
- 40 participants were female
- 17 participants were male
- 10 poverty
- 21 live alone
- 19 "high" nutritional risk

    o Participants by age group
        - 90-99   8
        - 80-89   19
        - 70-79   20
        - 60-69   5

ROME

St. Luke's Lutheran Church
W1956 Main Street

Meal Trends: Rome	2009	2010	2011	2012	2013
Congregate	0	0	0	0	
Home Delivered	1,354	933	1,294	2,000	1,537
Meals Served	1,354	957	1,294	2,000	1,786

Meal Costs	2013
Site Manager	0
Volunteer Per Diems & Banquet	144
Site Rental	600
Supplies	600
Mileage: Delivered Meals	1,992
Food	6,664
Coordination & Assessment	5,030
Indirect/Allocated Costs	2,883
Total Costs	**17,913**
Donations	4,141
NSIP	1,225
Purchased Meals:	0
Contracted Meals: 249	2,582
Net Costs	**9,965**
Program Meals Served	1,537
Net Cost per Meal	**6.48**

2013 Summary Data:

- 7 meals on average were served each day
- $2.69 was the average donation

- 17 unduplicated individuals registered
- 3 new registrants in 2013
- 11 participants were female
- 6 participants were male
- 3 poverty
- 13 live alone
- 15 "high" nutritional risk

    o Participants by age group
      - 90-99   3
      - 80-89   7
      - 70-79   2
      - 60-69   5

WATERLOO

Library
622 N. Monroe Street

Meal Trends: Waterloo	2009	2010	2011	2012	2013
Congregate	420	322	18	0	0
Home Delivered	2,790	3,394	2,761	1,856	1,919
Meals Served	3,155	3,708	2,779	1,856	1,959

Meal Costs	2013
Program Oversight	9,165
Volunteer Per Diems & Banquet	125
Supplies	663
Food	7,333
Coordination & Assessment	5,676
Indirect/Allocated Costs	3,163
Total Costs	**26,125**
Donations	5,547
NSIP	1,344
Purchased Meals: 37	130
Contracted Meals:	0
Net Costs	**19,104**
Program Meals Served	1,922
Net Cost per Meal	**9.40**

2013 Summary Data:

- 8 meals on average were served each day
- $2.93 was the average donation
- 18 unduplicated individuals registered
- 1 new registrants in 2013
- 13 participants were female
- 5 participants were male
- 2 poverty
- 14 live alone
- 11 "high" nutritional risk

  - Participants by age group
    - 90-99   3
    - 80-89   6
    - 70-79   6
    - 60-69   3

WATERTOWN

Senior Center
514 South First Street

Meal Trends: Watertown	2009	2010	2011	2012	2013
Congregate	5,266	4,854	3,947	3,269	3,714
Home Delivered	95	0	0	0	0
Meals Served	5,361	4,778	3,947	3,269	3,783

Meal Costs	2013
Site Manager	13,522
Volunteer Per Diems & Banquet	455
Supplies	1,267
Dishwasher	1,049
Phone	740
Food	14,053
Coordination & Assessment	7,760
Indirect/Allocated Costs	6,063
Total Costs	**44,900**
Donations	11,658
NSIP	2,598
Purchased Meals: 69	242
Contracted Meals:	
Net Costs	**30,411**
Program Meals Served	3,714
Net Cost per Meal	**8.19**

201 Summary Data:

- 15 meals on average were served each day
- $3.20 was the average donation for all meals

- 197 unduplicated individuals registered
  - 112 Jefferson County
  - 85 Dodge County
- 10 new registrants in 2013
- 159 participants were female
- 57 participants were male
- 38 poverty
- 112 live alone
- 37 "high" nutritional risk

  - Participants by age group
    - 90-99   8
    - 80-89   61
    - 70-79   89
    - 60-69   37

BUREAU OF AGING AND DISABILITY RESOURCES
AGING UNIT SELF-ASSESSMENT FOR 2013

County/Tribe: Jefferson County

Name of Aging Unit Director: Sue Torum

Approved by Commission on Aging?	Yes		No		Date Approved:	March 4, 2014

Part I: Compliance With the Wisconsin Elders' Act	
Organization of the Aging Unit The law permits one of three organizational options. Which of the following permissible options has the county/tribe chosen?	**Check One**
1. The aging unit is an agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
2. The aging unit is a unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
3. The aging unit is a private nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging The law permits one of three options. Which of the following permissible options has the county/tribe chosen?	**Check One**
1. For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	X
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.	

Part I: Compliance With the Wisconsin Elders' Act (continued)
Needs to be completed only if there have been changes since completing your 2013-2015 plan.

Full-Time Aging Director	Does the aging unit have a full-time aging director?	
The law requires that the aging unit have a full-time director as described below. Does the county/tribe have a full-time aging director as required by law?	X	Yes
		No

Membership of the Commission on Aging	Is the aging unit in compliance?	
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. In the case of county board members, the requirement is 3 consecutive 2-year terms.	X	Yes
		No

Members of the Commission on Aging (please list)

Name of Individual	Age 60 and Older (x)	Elected Official (x)	Year first term began
Chairperson: Earlene Ronk	X		2012
Carol Battenberg	X		2012
Ellen Haines	X		2013
Daniel Krause			2012
Georganne Mortenson	X		2012
Jim Mode	X	X	2009
Carolyn Niebler	X		2013
Darlene Schaefer	X		2013
Connie Stengel	X		2013

IMPORTANT: If the aging unit does not meet with <u>all</u> of the above, it is required to submit a corrective action plan outlining a timeline and goals, in SMART format, to GWAAR by <u>April 15, 2014</u>. The policy manual outlines such plans which must include involvement of older persons, discussion of such a plan at commission on aging/advisory committee meetings and appropriate public hearing notices, meeting notices, agendas, and minutes. Corrective action plan documents must be sent electronically to GWAAR (sarah.cowen@gwaar.org).

Part II: Activities to Help Older People Advocate for Themselves

1. **What does the aging unit do to inform older people about the issues that affect their lives?** We send out news releases, Advocacy Alerts, posters and newsletters. We meet with people at various locations to discuss concerns. We send out information to home delivered meal participants and place information in table tents at the Senior Dining Centers. We will go on the radio as well.

   H:\Publisher\Advocacy Alert.pdf

2. **How does the aging unit teach older people to act as advocates?**

On November 1, 2013 Jefferson County hosted a Senior Statesmanship Program.

H:\Word\Senior Statesmanship Program\2013\Brochure 2013.doc
H:\Word\Senior Statesmanship Program\2013\Press Release 2013.doc

We do not have enough interest to hold the program as planned, but we didn't cancel. Five people attended a half day abbreviated program.

3. **How does the aging unit advocate on behalf of the older people it serves?** The ADRC Advisory Committee has Advocacy as a standing agenda item. Committee members are asked to help spread the word about any issues that affect older people. The committee also writes letters to legislators, see hyperlink. The Aging & Disability Resources Division Manager regularly attends Human Services Board meetings and keeps members informed of issues affecting older people. When there are issues that have the potential to adversely affect services, participants are informed and asked to engage in the process.

   H:\Word\Advocacy\September 10 2013.doc
   http://www.jeffersoncountywi.gov/jc/public/jchome.php?page_id=954&year=2013

The link to the Jefferson County website will take you to Human Services and ADRC Advisory Committee Minutes for examples of activities the ADRC does.

Part III: Progress on the Aging Unit Plan for Serving Older People – Statewide Priorities

Section 4 A-F: Statewide Focus Areas	Progress Notes (briefly summarize only those activities completed as of Dec. of each year; explain if a goal was not accomplished)	Check if Done 2013	2014	2015
Focus 4-A: Development of a System of Home and Community-Based Services				
Goal 1: To increase the utility of referrals for people who are calling on behalf of a family member with dementia, questionnaires will be sent within two weeks of contact to measure the extent of its usefulness on a Likert Scale. The project will test for three months.	Sue Konkel is developing this and will begin the survey process in 2014.			
Goal 2: To expand staff knowledge of the various avenues of advocacy under publicly funded long term care programs, a project will be undertaken to test staff knowledge. Four staff members will be provided a pre and posttest and those with scores below 90% will retest with results at or above 90%.	Testing was completed at the end of 2013, and the project is not yet complete. It will be by March 31, 2014.			
Goal 3: To increase staff awareness in the area of cultural competence, a project will focus on how the ADRC is prepared to respond to non-English speaking customers or those identified as Latino or Hispanic origin. According to most recent Census, 6.2% of Jefferson County residents identify themselves in this category.	The ADRC Supervisor and Division Manager have just completed the Civil Rights Compliance Plan. We had no areas needing correction. We will do a NIATx project to see what a LEP customer's experience is when seeking ADRC services in 2014.			
Focus 4-B: Older Americans Act Programs				
Goal 1: To increase participation in the Senior Dining Program by 5% the first year of the plan; 7% the second year and 10% the third year.	The goal to increase participation was not met in 2013. While attendance did increase, it was only by 3%. We will review our "marketing" strategies and explore new ways of reaching out to potential customers.			
Focus 4-C: Alzheimer's Disease				

Goal	Status	X
Goal 1: Conduct 15 Cognitive Screens by 12/31/2013.	Goal met and ongoing	X
Goal 2: Develop a county wide identification system for people diagnosed, who also are in some way at risk of interventions by law enforcement, to alert officers to the individual's plan by 12/31/2013.	Goal met.	X
Goal 3: Implement the identification system in two jurisdictions each year of the plan, i.e. Watertown & Lake Mills by 12/31/2013; Jefferson & Fort Atkinson by 12/31/2014 and Palmyra & Waterloo by 2015.	Goal met.	X
Focus 4-D: Emergency Preparedness		
Goal 1: To raise awareness about staying safe at Senior Dining Sites, Nutrition Program staff shall provide participants with information about what to do in an emergency at each of its 6 dining centers each year of the plan.	Goal met & ongoing	X
Goal 2: In order to increase awareness of natural events that are prevalent in WI, the ADRC will distribute no less than one news release on a quarterly basis each year of the plan.	Goal met & ongoing	X
Goal 3: In order to increase staff awareness regarding their responsibilities before, during or after a disaster, review & revise the agency's Continuity of Operations Plan on an annual basis. Staff training will occur on a quarterly basis to address: flooding, winter storms, tornados, heat, etc.	Goal met and ongoing	X
Focus 4-E: Evidence-Based Prevention Programming		
Goal 1: The ADRC will expand prevention programming by offering 1 evidenced based prevention program in 2 communities by 12/31/2013 and 2 evidenced based practice programs in 2 different communities by 12/31/2015.	Goal met and ongoing	X
Goal 2: The ADRC will expand its ability to provide prevention programs by training two Aging & Disability Resource Specialists about the *Stepping On* program by 12/31/2014.	Discussions are underway with an individual who is interested in coordinating Evidence Based Prevention Programs for the ADRC. This is based on the model developed in Waukesha County which has been successful. *Stepping On*	

classes will be facilitated by this trained leader by June 2014.

Focus 4-F: Family Caregiver Support (NFCSP) *Please answer the following where the aging unit is the direct services provider.*

Area 1: Provide *information* to caregivers about available services.

Goal 1: Information to caregivers about available services will be provided via local newsletter articles twice annually.

H:\Publisher\Caregiver Misc\November Poster.pub
H:\Word\NFCSP\Articles\Press Release 2013.doc

Goal met and ongoing. We also observed Caregiver Month by having a table set up in the ADRC's waiting area. News releases were sent out encouraging people to come in a browse our resources.	X

Area 2: Provide *assistance* to caregivers in gaining access to the services.

Goal 1: Assistance to caregivers in gaining access to the NFCSP funded services shall be provided via a follow-up call to 20 caregivers in each year of the plan.

Goal met and ongoing.	X

Area 3: Provide *individual counseling, organization of support groups*, and *training* to caregivers to assist in making decisions and solving problems relating to their caregiver roles.

Goal 1: At least one of the following activities shall occur on a monthly basis each year of the plan: counseling, support group and caregiver training.
- Support Groups are offered monthly.
- In-person consultations/counseling sessions are offered on an ongoing basis.
- 5 caregivers will accept subsidies to attend trainings sponsored by other organizations or counties; or the Caregiver Coalition offers an in-county training

Expanding and enhancing Caregiver Supports Programs via collaboration with interested others in sustaining the Caregiver Coalition is a high priority. This goal has not been met.

Area 4: Provide *respite* care to enable caregivers to be temporarily relieved from their caregiving responsibilities.

Goal 1: Respite care subsidies shall be available to 25 caregivers in 2013-2015.	33 families received assistance in 2013. Ongoing	X

Area 5: Provide supplemental services, on a limited basis, to complement the care provided by caregivers.

Goal 1: Supplemental services to compliment care shall be provided to 3 persons in 2013.	Goal not met.		

Part IV: Progress on the Aging Unit Plan for Serving Older People – National Family Caregiver Support Program
This section is not required for tribal aging units.

Caregiver Coordination: *To ensure coordination of caregiver services in the county, the aging unit shall convene or be a member of a local family-caregiver coalition or coordinating committee with other local providers who currently provide support services to family caregivers. The aging unit shall coordinate activities under this program with other community agencies and voluntary organizations providing services to caregivers.*

Does the aging unit facilitate a local caregiver coalition?

[x] **YES**   [ ] or **NO**

If No, please state which local agency facilitates this coalition: _____

If **Yes**, was information provided in the 3-year plan on the coalition's members?

[x] **YES**   [ ] or **NO**

If Yes, were goals stated for 2013 to coordinate caregiver services?

[x] **YES**   [ ] or **NO**

Please provide a brief update on coalition activities conducted in 2013:

See part VI

Part V: Progress on the Aging Unit Plan for Serving Older People – Local Priorities
It is expected that each aging unit will have at least one local focus area/goal for each year of the plan. Please provide information here on goals accomplished in 2013.

Goal				Notes
Goal 1: Expand elder abuse prevention training by completing 1 workshop for *Your Friends-in-Action Volunteers* by 12/31/2013; 1 workshop by 12/31/2014 & 1 workshop by 12/31/2015.				
Goal 2: To dedicate two hours per month to provide information and assistance to elders wishing to discuss concerns about abuse or neglect in a neutral environment where anonymity is guaranteed by 12/31/2013.				This goal will be abandoned. Callers already have the right to remain anonymous and it is difficult to dedicate regular hours due to the unpredictability of Adult Protective Services workload.
Goal 3: To educate elders about identifying risk factors related abuse/neglect, the I-team will develop a toolkit to use in conjunction with training sessions. The tool kit shall be completed by 12/31/2013. The training sessions will be scheduled in 2014 and 2015 offered twice per year.			X	H:\Power Point\YEAP Presentation.pptx This was developed by the I-team and offered to the public twice with little interest. In 2014 we will work through organizations who are interested in hosting this to their customers.

Part VI: Significant Accomplishments or Issues Not Included in the Aging Unit Plan

(Unplanned accomplishments or issues that had a significant impact on the aging unit's activities during 2013. This is not meetings attended or actions that fit under plan goal objectives but may reflect noteworthy events or achievements.) This section is not required.

Significant unplanned accomplishments (briefly describe).

Jefferson County received a Dementia Care Specialist Grant from DHS in the fall of 2012. On 1/2/13, the DCS started and since that time, she has united and strengthened relationships between individuals and organizations that have an interest in positively impacting the lives of caregiver and persons with dementia. In 14 short months, she has completed the following objectives: A Memory Care Connections Program was established; LEEPS has 7 trained volunteers; Five businesses are now considered "Dementia Friendly," and Jefferson and Dodge Counties are combining forces to promote this concept regionally; "Maintaining Brain Health" training is being offered; a county-wide dementia registration and identification program was developed through the Sheriff's Department and the DCS participated in Project Lifesaver Training along with law enforcement; outreach efforts have been expanded to all area physicians and Churches, a display board has been developed to use at outreach events and a newsletter has been developed. In addition, UW Whitewater Communication Students are working on helping us with public education. All of these activities have drawn interest from the media and we were interviewed by a reporter from the county newspaper. Finally, a Dementia Summit was held in August 2013 and the following task groups were established to meet on an ongoing basis to address concerns:

1. Person Centered Dementia Care;
2. Dementia Friendly Communities;
3. Promoting Early Detection;
4. Increasing Public Awareness;
5. Minimizing and creating successful care transitions;
6. Building crisis capacity through mobile crisis, treat in-place teams;
7. Emergency response (ER) placement facilities;

A follow up Summit is planned for May 2014 to share what has been learned.

Members of the Caregiver Coalition are heavily involved in the task groups.

Other Goals:

- Actively participate in county-wide transportation solution discussions and planning sessions.

- Collaborate with the mental health team to develop a "no wrong doors" approach to responding to emergency calls concerning seniors and persons with disabilities.

- Facilitate a Volunteer Guardian training by 3/31/2014

From the ADRC:

INSTRUCTIONS FOR THE AGING UNIT SELF-ASSESSMENT

The purpose of the aging unit self-assessment is to provide the aging unit staff and commission on aging members with a structured approach to conducting an annual review of the:
- Aging unit's compliance with the Wisconsin Elders' Act.
- Activities to help older people advocate for themselves.
- Aging unit's progress on the local aging plan for older people.
- Important events or accomplishments not covered in the aging plan.

Compliance with the Elders' Act is a legal requirement. The local aging plan is a contractual obligation of the county or tribe.

Process
- Upon completion this self-assessment must be sent **electronically in MS Word** to GWAAR (sarah.cowen@gwaar.org), by **March 14, 2014**. Please do not fax/mail.
- The self-assessment covers the calendar year of 2013.
- The self-assessment should be reviewed and approved by the commission on aging prior to submittal to GWAAR. Documentation of that review does NOT need to be submitted but the date of approval should be noted where requested.

Part I: Compliance With the Wisconsin Elders' Act
Answer the three questions. *Needs to be completed only if there are changes since completing your 2013-2015 final plan.*

Part II: Activities to Help Older People Advocate for Themselves
Answer the three questions about how the aging unit has informed and taught older people about aging issues and on how the aging unit advocates on behalf of older people. Advocating for older people and helping older people advocate for themselves, is THE major function of the aging network. Attach additional pages if necessary.

Part III: Progress on the Aging Unit Plan for Serving Older People - Statewide Priorities
Provide a brief update on the progress the aging unit made during the past year on the statewide aging priority goals it had stated would be done in 2013. These activities are required of all aging units. Attach additional pages if necessary. Please note that tribal aging units need not respond to the section on *family caregiving.*

Part IV: Progress on the Aging Unit Plan for Serving Older People National Family Caregiver Support Program - Statewide Priorities

Aging units may contract for all or part of the services required under NFCSP. Note this does not require the expenditure of NFCSP funds in all areas; however, the aging unit must collect data and report activity where required. Additionally, the aging unit is responsible for partnering with other providers on caregiver activities in the county. If you contract with another organization for any or all of the five components (e.g., I&A through an ADRC), please describe how the program goals are being met, including amended ones if any, and by whom. Regardless of contractual relationships, the aging unit is responsible for the activities.

1. Information to caregivers about available services.
2. Assistance to caregivers in gaining access to the services.
3. Individual counseling, organization of support groups, and training to caregivers to assist in making decisions and solving problems relating to their caregiver roles.
4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.
5. Supplemental services, on a limited basis, to complement the care provided by caregivers. These services are not to exceed 20% of the county expenditure.
6. Describe how the aging unit coordinates its efforts with other provider agencies that also serve family caregivers. Describe the coordinating committee/coalition the aging unit works with, including how often it meets, and its members.

[This section is not required for tribal aging units.]

Part V: Progress on the Aging Unit Plan for Serving Older People - Local Priorities

Provide a brief update on the progress the aging unit made during the past year on the unique local aging issues the aging unit worked on. Attach additional pages if necessary.

Part VI: Significant Accomplishments Not Included in the Aging Unit Plan

Aging units may accomplish many things independent of the aging plan. Unplanned circumstances may arise and require advocacy, outreach, organization, planning, etc. If you have an accomplishment or event completed in 2013 you would like us to be aware of, please identify it here. Attach additional pages if necessary.

[This section is not required.]

The box below to be completed by GWAAR staff

Reviewed by (*last name*):	**Date Reviewed:**
Aging Unit Self-Assessment Approved?	_____Yes _____No (*check one*)
If No, provide brief comment for why this self-assessment is not approved.	
Is there a need for a Corrective Action Plan?	_____Yes _____No

If Yes, please contact Older Americans Act Program Manager John Schnabl at john.schnabl@gwaar.org

Letters of approval will both be emailed to the director who is asked to please forward the chairperson's copy to them on behalf of GWAAR.

Aging Unit Self-Assessment Approval Letter sent to Director? _____Yes _____No

Aging Unit Self-Assessment Approval Letter sent to Committee Chairperson?

_____Yes _____No

Date approval letters sent: