Aging & Disability Resource Center
Of
Jefferson County

1541Annex Road
Jefferson, WI 53549

2014
Transportation Program Report

BACKGROUND

Jefferson County operates three transportation projects under the ***S85.21 Specialized Transportation Assistance to Counties Program***. This state funded program began in 1978 and funds are distributed via a formula based on the proportion of the state's elderly and disabled population located in each county; there is a minimum assurance that no county will receive less than 1/2% of the total annual appropriation.

Funds are awarded to counties on an annual, calendar year basis. The application process is strict and applicants are required to gather input from program participants, other transportation providers, the Aging & Disability Resource Center's Advisory Committee, Human Services Board and interested others. The application must go through the public hearing process and any subsequent, significant changes to the plan cannot be implemented until the next grant cycle.

S85.21 funds can be used to:

- Directly provide service;
- Purchase transportation service from any public or private organization;
- Directly reimburse elderly or disabled passengers for their use of transportation service;
- Volunteer driver escort reimbursement;
- Reimburse elderly or disabled persons for use of their personal means of transportation under certain conditions;
- Perform or purchase planning or management studies on transportation;
- Coordinate transportation services;
- Perform or purchase in-service training relating to transportation service;
- Purchase capital equipment for transportation service;
- Establish a trust for capital or future expenses;
- Trip purpose priorities are allowed as an administrative policy when needs exceed resources;
- Co-payments (fares or donations) are at option of the county.

The Jefferson County Specialized Transportation Assistance Program serves the elderly (defined as individuals age 60+) and individuals with disabilities. The program is under the umbrella of the Aging & Disability Resources Division.

PROJECT ONE: Elderly Van Transportation - Merged with Project Three (Driver-Escort Program) on 1/1/2014.

In 2014 the van driver retired and this Project underwent significant changes. The changes occurred because the number of people using the van was on the decline for several years and despite various outreach efforts to increase ridership, it didn't happen. This issue was the subject of many transportation discussions and stakeholders were given an opportunity to provide comment. All passengers were sent a survey about their transportation needs and then a follow up letter explaining the proposed changes which invited them to participate in the public hearing process. Many people called in with questions; however, no-one attended a hearing.

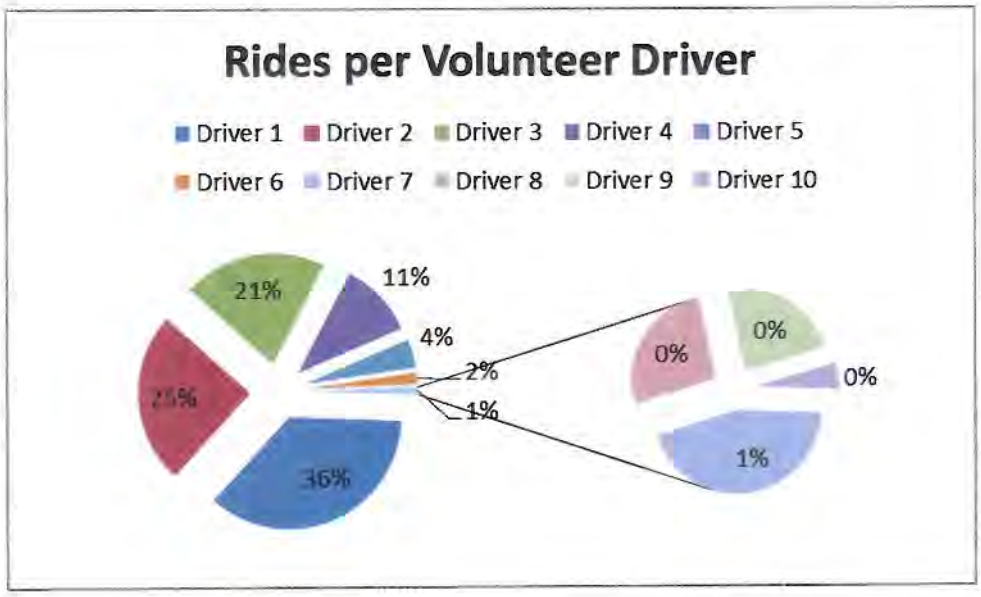
The changes began incrementally in January 2014 and had minimal impact on current passengers who were guaranteed rides for grocery shopping. The biggest change was that people needed to call in to reserve a ride and they were told that if they didn't, a vehicle would not be dispatched as it had been previously. We also informed riders that we needed their request 4 days in advance so that we could meet all ride requests, including those for medical appointments. In addition, we discontinued accepting ride requests for grocery shopping from new passengers in communities where taxi service is available. The objective was to sunset the program through attrition.

Ironically, the general public learned of the changes and we started getting calls from people unfamiliar to us saying that they were told "if you call Human Services they will give you a ride to the grocery store." We adopted a standard message so that accurate information was shared with callers.

Funding that went into the van project was rolled into the Driver-Escort Program. This program's primary objective is to provide rides to medical appointments to elders and persons with disabilities *who have no other means of transportation.* The program also provides rides to clients of the Human Services Department for agency services. All passengers are asked to limit their requests to two per week and when possible to make their requests for transportation 4 days in advance for scheduling purposes.

Transportation services are provided by volunteers who use their own vehicles and through a pool of part-time drivers who are employed by the Human Services Department. All drivers are required to have a valid driver's license and good driving record. Volunteer Drivers are also required to maintain the county's required levels of insurance that "meets or exceeds the State of Wisconsin mandatory coverage limits of $50,000 for one person; $100,000 for one accident and $15,000 property damage." Volunteer Drivers are asked to provide a medical certification which states that they are "fit" to drive, and they are required to pass a criminal background check. Paid drivers go through the county's hiring standards and are provided with a county owned vehicle which is purchased with s85.21 funds and the required match from tax levy.

In 2014, the agency had 10 Volunteer Drivers. The number of rides provided per driver is highly variable as the following charts shows.



Transportation is not limited to medical appointments within the county; however, when there is taxi service available to take people to appointments within their home community, we do not provide rides as our costs would be prohibitive.

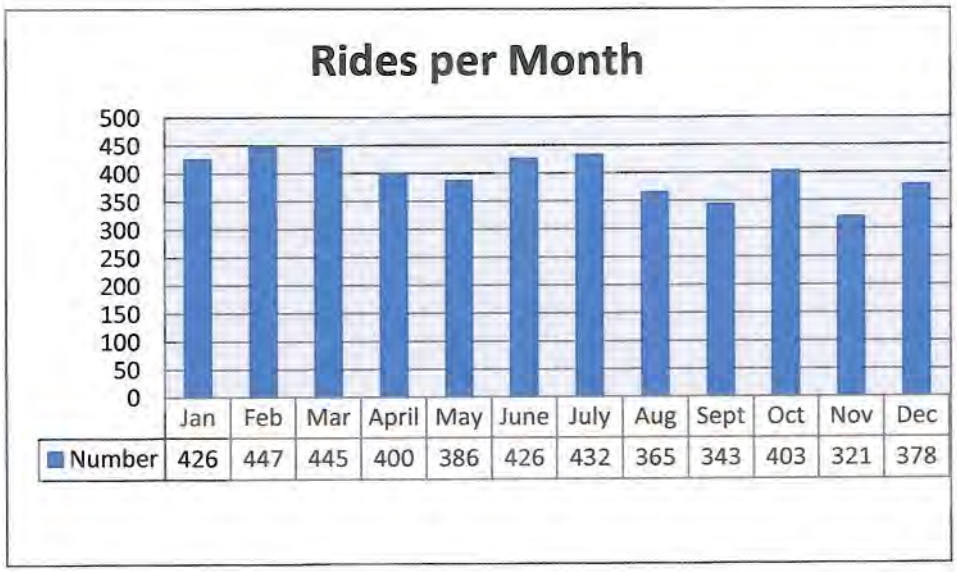
In 2014 the passenger co-payment was $1.00 per one-way, in-county trip and it was $5.00 per one-way, out-of-county trip, unless travel was to a "border" community. When people are on Family Care or Partnership, the Managed Care Organization authorizes and pays for their member's trips.

2014 Revenues & Expenditures

Revenue		Expenditures	
S85.21	181,524	Personnel	108,151
County Levy	50,328	Supervision	23,250
Collections	27,382	Mileage	34,813
		Vehicles	44,851
		OH/Depreciation	48,169
	$259,234		$259,234

Rides Provided	
Elderly (56%)	2,669
Disabled (26%)	1,226
Non E/D (18%)	827
Total	4,772

Costs	
Per Hour:	$124.63
Per Mile:	$2.57
Per Trip:	$54.32



NIATx Quality Improvement Project

Prior to 2014, paid social work staff were "on-call" each day so that clients who were being discharged from inpatient psychiatric treatment or detox settings received a ride home. The paid drivers are now responsible for these transports and 42 people were provided rides in 2014. These trips saved the department 118 hours (nearly three weeks) of social work time and salary. The net result on a conservative basis is $1,250 in savings.

PROJECT TWO: Taxi Cab Subsidy

The Department contracts with Brown Cab Company to provide rides to persons 60+ who wish to attend the Senior Dining Programs located in Fort Atkinson, Jefferson and Lake Mills.

2014 Summary Data

Rides Provided		Costs		
Fort Atkinson	28	Per Hour:	160	1.18
Jefferson	224	Per Mile:	480	.39
Lake Mills	0	Per Trip:	252	.75
Total	252			

Subsidized taxi services are available on a Monday-Friday basis between the hours of 10:00 a.m. – 1:00 p.m. Program funds are used to subsidize each one-way trip in the amount of .75 cents. In total, this project cost $189 in 2014.

PROJECT THREE: Intracounty Taxi Transport

This project also first began in 2014. It addresses a goal that is contained in the Jefferson County **Coordinated Public Transit-Human Services Transportation Plan**, which is to increase rural transportation options and/or service for the transportation disadvantaged by:

- Improving/expanding service hours, geographic coverage, driver assistance, same-day service;
- Combining efforts to collectively recruit volunteer driver/escort programs to deliver services; reaching out to service organizations to recruit volunteers, i.e. Lions Club to assist in transporting those with low-vision;
- Increasing Taxi Cab services/availability;
- Increasing the availability of accessible vehicles;
- Exploring opportunities for car repair and gas vouchers, and
- Continuing to advocate for and provide support to committee members, in their application of 5310 and 85.21 funding, which would increase transportation access and availability.

The department contracted with Brown Cab and any ride requests were made to the Transportation Coordinator who authorized the trip to make sure it met S85.21 program requirements. Because we hired 1 PT driver in 2013 and added 2 more in 2014, we were able to meet transportation demands and this option was underutilized. Only 18 rides were authorized at a cost of $178 which averages $9.89 per one-way ride.

PROJECT FOUR: Veterans' Van to Madison VA

County veterans are eligible to ride the Veteran's Van. The Jefferson County Veteran's Office is responsible for the van which was provided by the Veteran's Administration. The vehicle and all costs associated with operating it are paid for through the federal Veteran's Administration, with one exception: all drivers must be unpaid volunteers.

The Human Services Department collaborates with the Veterans Office on this project. The Veteran's Service Officer recruits drivers; the Transportation Office schedules rides and keeps statistics.

The total number of rides provided in 2014 was 708.

2014 Summary of Financial Operations

Project Name	Driver Escort	Taxi	Intracounty Taxi	Totals
Annual Expenditures/Expenses				
Total Expenditures	259,234	189	178	259,601
Passenger Revenue	27,381			27,381
Net Expenditures	231,853	189		232,220
Annual Net Expenditures - Breakout by Funding Source				
S.85.21 Funds from Annual Allocation	$181,524	$145	$136	$181,805
S.85.21 Funds from Trust Fund	$0.00	$0.00	$0.00	$0.00
County Funds	$50,329	$44	$42	$55,322
Total Funding:	**$231,853**	**$189**	**$178**	**$232,220**

Going to:

Coming from:	Cambridge	Baraboo	Beaver Dam	Columbus	Elkhorn	Fort Atkinson	Janesville	Jefferson	Johnson Creek	Lake Mills	Madison	Milwaukee	Oconomowoc	Palmyra	Sullivan	Waukesha	Waterloo	Watertown	Whitewater
Cambridge								3			3								
Dousman						4							1		1	1			
Fort Atkinson	1				1	84	8	143	47		68	2				4	10	15	2
Helenville						17			10	4									
Ixonia																1		52	
Jefferson		1			1	335	2	14	5	1	31		5	1		2		7	1
Johnson Creek						8		6	5		10							186	
Lake Mills						239		21	1	1	8	1	1					23	3
Oconomowoc						1		3											
Palmyra						17		39			1	10	19	9		2			57
Sullivan						3		8	1		1	2	3			5		7	
Waterloo			1	2		1		21		17	27						1	24	
Watertown						12		122	3		72	2	12			19		146	
Whitewater						16			3		25		14						

Wisconsin Plan for Older People 2015-2018

PREFACE

In accordance with Part 45 of the Code of Federal Regulations, Chapter 1321, the Wisconsin Department of Health Services, through the Bureau of Aging and Long-Term Care Resources, the designated State Unit on Aging, is required to complete a State Plan for Older People. This plan outlines how the state "will foster and support the development and implementation of a comprehensive and coordinated system of services to serve older individuals".

This document was prepared by:

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I. VERIFICATION OF INTENT

State of Wisconsin The Wisconsin Plan for Older People is hereby submitted by the State of Wisconsin. The Wisconsin Department of Health Services submits the plan for the period of October 1, 2015 through September 30, 2018. The Wisconsin Department of Health Services certifies the administration of the State Plan shall be in compliance with the required assurances and provisions of the Older Americans Act of 1965, as amended. The Wisconsin Department of Health Services has been given the authority to develop and administer the Wisconsin Plan for Older People in accordance with the requirements of the Older Americans Act, and is responsible for the coordination of all state activities related to the Act, and to serve as the effective and visible advocate for older people in Wisconsin.

In accordance with the authority provided to me by the Honorable Scott Walker, Governor of Wisconsin, I hereby submit the Wisconsin Plan for Older People to the Assistant Secretary on Aging for approval.

Thomas J. Engels, Deputy Secretary
Wisconsin Department of Health Services

II. EXECUTIVE SUMMARY

Every three years, the Bureau of Aging and Disability Resources (BADR) develops and submits to the federal Administration of Community Living "State Plan on Aging." Mandated by federal law, the plan is required in order for the state to receive federal funds under the Older Americans Act of 1965, as amended. Additionally, the State Plan on Aging helps to structure the agency's priorities and set an aging agenda for Wisconsin.

BADR is accountable for the implementation of programs for older Wisconsinites and Wisconsin citizens with disabilities. BADR also serves as the State Unit on Aging (SUA), and in that capacity is charged with the responsibility of implementing Older Americans Act (OAA) programs in Wisconsin. BADR is dedicated to keeping older adults and people with disabilities independent in their homes through delivery of services provided by the OAA and other sources, as appropriate.

BADR works closely with Wisconsin's three area agencies on aging (AAAs), 72 county aging units, 11 tribal aging units, and the network of aging and disability resource centers (ADRCs) to create a comprehensive system of services. Taken together, these agencies form the core of what is frequently called the Aging Network.

The environment in which the Aging Network operates has changed in several important ways. First, the number of individuals eligible for Older Americans Act services has grown and will continue expanding rapidly through the first half of this century. Second, the cost of providing services through the Aging Network has experienced 30 years of inflationary escalation, without a corresponding increase in funding. Third, the culture of aging has changed such that people are increasingly committed to remaining in the community as they age, thereby making community-based service delivery increasingly important. At the same time, state and local governments are discovering the fiscal advantages of a more comprehensive community-based approach to publicly-funded aging and long term care services.

The goals for this state plan on aging are grouped into the following areas:

- ✓ Goals for Older Americans Act Core Programs
- ✓ Goals for ACL Discretionary Grants
  - o Alzheimer's Disease Supportive Services Program
  - o Evidence Based Disease and Disability Prevention Programs
  - o Medicare Improvements for Patients and Providers Act
- ✓ Goals for Participant-Directed/Person-Centered Planning
- ✓ Goals For Elder Justice
  - o Elder Abuse and Neglect Programming
  - o Medigap Helpline
  - o Elder Benefit Specialist/Legal Services
  - o Long Term Care Ombudsman
  - o State Health Insurance Assistance Program
- ✓ Goals For Quality Management

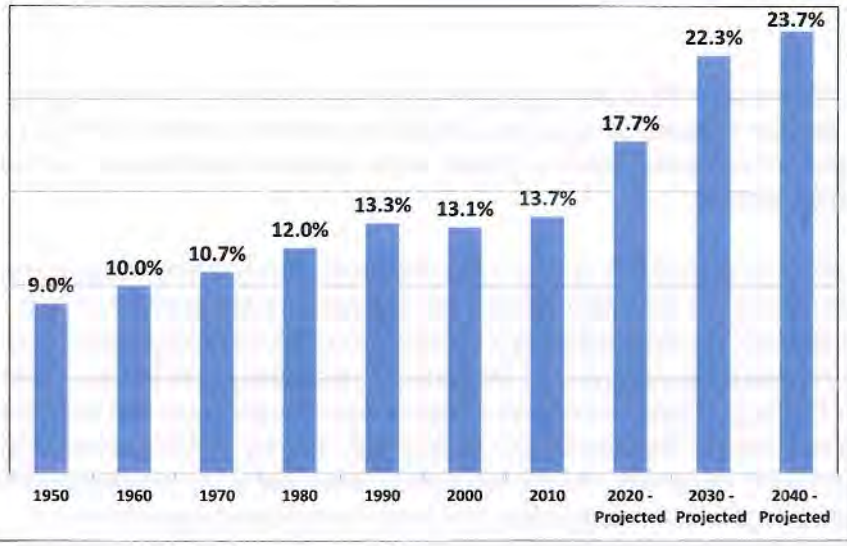
III. CONTEXT

A. Demographic Information - Wisconsin's Aging Population

Wisconsin's population aged 65 and older is projected to increase from 780,000 residents in 2010 to over 1.5 million by 2040, an increase of about 100 percent (+758,100) over this 30-year period. To put this age group's growth into perspective, the state's total population is only expected to grow 14 percent, adding 805,000 residents. The number of people age 18-64, often thought of as the "working age population," will peak in 2020 at 3.6 million and by 2040 will have shown only a net 30-year growth of about 5,000 residents or about 0.1%.[1]

Fig. 1 Wisconsin, Ages 65 and Older, Share of Total Population

Source: U.S. Census and Wisconsin Dept. of Administration, Demographic Services Center, and Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew

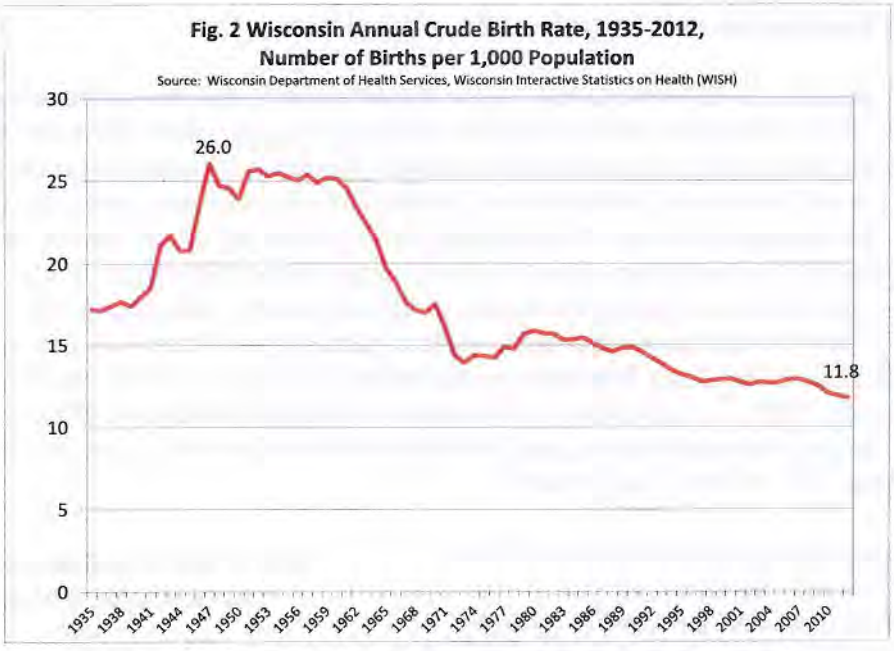


Those 65 and older currently comprise one of every seven or eight individuals in Wisconsin and this ratio will rise to almost one in four by 2040. Many counties in the northern one-third of the state have already reached this threshold.

Why is the Population Aging so Rapidly?

Changes in population result from a combination of "natural change" (births and deaths) and migration in and out of a place. Birth rates over the past two generations have been low relative to the very high rates that occurred during the period from the end of World War II through the early 1960s where rates surpassed 25 births per 100,000 people. The very large cohort of people born during this "baby boom" period is now reaching age 65 and joining the ranks of the older population. Lower birth rates since the mid-1960s have kept subsequent generations smaller and allowed older adults to grow rapidly as a share of the total population. Wisconsin's most recent birth rate was 11.8 births per 1,000 (see Figure 2).

[1] Wisconsin Department of Administration, Demographic Services Center, Population Projections, Vintage 2013.



The other component of natural population change is the number of deaths. Thanks to widespread progress in sanitation, nutrition, preventive health care, vaccinations, and public support programs that have reduced poverty, Americans today live about thirty years longer, on average, than they did 100 years ago. In 1900, only about 40 percent of newborns were expected to live until their 65th birthday. Today, nearly 80 percent of newborns live that long, and the current life expectancy of a 65-year old person in Wisconsin is 20 additional years. This is 1.2 years longer than a decade ago and about two years longer than two decades ago.[2] The population will continue to age assuming longevity continues to increase.

The other process affecting population change is net migration, or the calculated difference between those moving into and out of a place. According to the U.S. Census, an average of 7,500 people ages 60 and older moved into Wisconsin each year from other states from 2009-2013. Most were from Illinois, Florida, Minnesota and Arizona. Another 51,000 moved from one home in Wisconsin to another within the state's boundaries[3]. The presence of seasonal property is a particularly strong indicator for attracting retirees and Wisconsin has among the highest shares of seasonal property in the nation.[4] Northern Wisconsin and the central Dells region have the highest shares of seasonal property in Wisconsin.

However, even more older adults left Wisconsin during this period. Between 2009 and 2013, an estimated 9,900 people age 60 and older moved out of the state for a net loss of 2,400 people.

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[2] Wisconsin Department of Health Services, Life Expectancy Tables (Abridged Three-Year Life Tables), Wisconsin Interactive Statistics on Health

[3] Analysis of U.S. Bureau of Census, American Community Survey, 2009-13 Person-record PUMS File

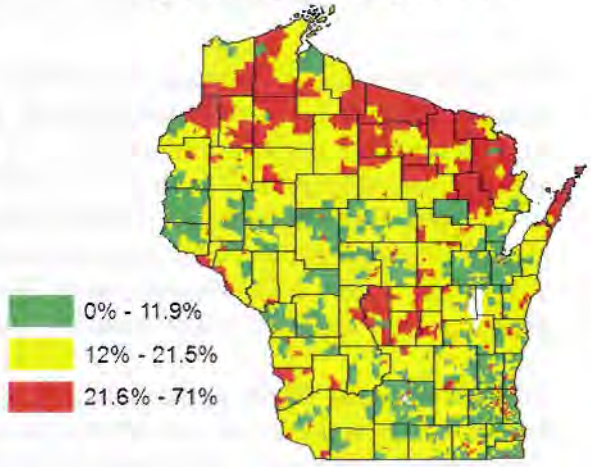
[4] Richard J. Reeder and Faqir S. Bargi (2014), Attracting retirees and rural wealth creation, *Rural Wealth Creation*, P.239, Retrieved from Google Books

Geographic Distribution of Wisconsin's Older Population

Wisconsin's populace is dispersed across a mix of metropolitan and non-metropolitan counties. The majority of its counties are non-metropolitan, lacking a large urban center and not being adjacent to (or economically integrated with) a larger-populated metropolitan county. The metropolitan areas that exist in Wisconsin are not particularly large geographically or in population when compared to two of its neighbor states whose population is centralized in single, "mega-sized" metropolitan areas (e.g. the Chicago-Naperville-Elgin, IL-IN-WI Metropolitan Statistical Area primarily located in Illinois, and the Minneapolis-St. Paul-Bloomington, MN-WI Metropolitan Statistical Area primarily in Minnesota). For example, 14 counties in Illinois, Indiana and Wisconsin make up the Chicago-area MSA, and the Minneapolis-area MSA is a collection of 16 counties in both Minnesota and Wisconsin. Wisconsin's largest metropolitan area, the Milwaukee-Waukesha-West Allis, WI Metropolitan Statistical Area, only contains four counties.

On average, nationally, about 80 percent of the population lives in a metropolitan area. Wisconsin's 26 metropolitan counties (grouped into 12 metropolitan areas, including those shared with Illinois and Minnesota) comprise 74 percent of the state's total population, while the state's 46 non-metropolitan counties make up the remaining 26 percent of the population including a disproportionate 33 percent of the state's total population age 65 and older.

Share of Total Population Ages 65 and Older by Census Block Group, 2009-13



The nonmetropolitan counties in the northern and central parts of Wisconsin have particularly concentrated older populations, with six counties exceeding 25% age 65 and older in 2015. The share of counties in Wisconsin surpassing this threshold is projected to reach 21% of counties by 2020 and 63% by 2040.

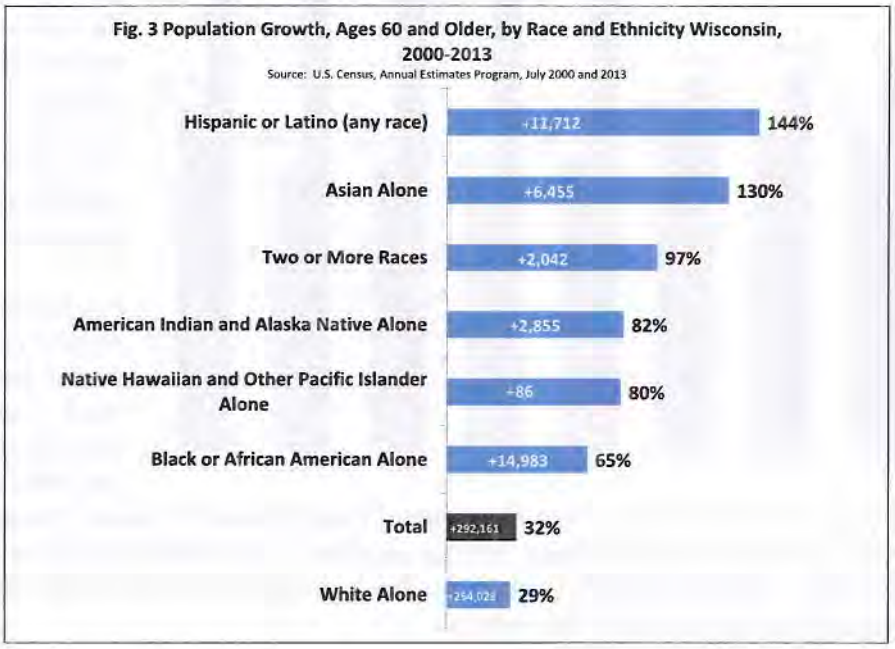
The high concentration of older adults in the northern and central area of the state is the net result of younger adults leaving these counties for education and employment while older adults remain to age in place, or arrive from other areas to spend their early retirement years on vacation property.

Race and Ethnicity of Wisconsin's Older Population

Wisconsin's racial and ethnic composition is low in its minority representation relative to national averages. This is especially true of its older population. According to U.S. Census' Annual Estimates Program, 93 percent of Wisconsin's population ages 60 and older identified as White, non-Hispanic compared to 78 percent nationally in 2013. Most of the state's non-White and Hispanic populations live in the state's metropolitan areas especially in the South Central

and Southeastern corridors of Wisconsin. Some northern counties have large shares of the state's Native American population.

The largest non-white racial population, among those ages 60 and older, is Black or African American (non-Hispanic) at 3.2 percent of the population or 38,100 residents. The Hispanic or Latino population (of any race) was the second largest at 1.7 percent or 19,800 residents. This race and ethnicity, combined, accounted for three of every four Wisconsin non-white older residents in 2013.



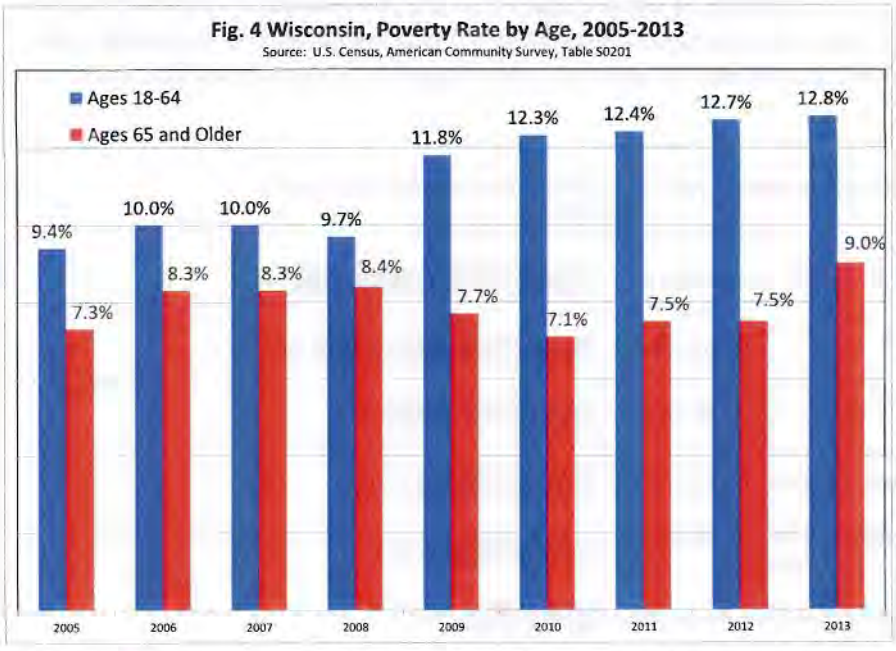
Although they are small segments of the population, the total number of older non-white and Hispanic residents is growing rapidly. The graph above shows that every non-White group and the number of people reporting Hispanic ethnicity in Wisconsin has grown faster, proportionally, than the White, non-Hispanic population from 2000-2013. In fact, the White population growth rate was slower than the overall 60 and older growth over this period.

Official population projections do not specify expected change for specific racial or ethnic groups, but based on the growing diversity of the younger population it is likely that the older, non-white population will continue to grow faster than average and more quickly than the White population. Proportional minority population growth may actually prove to be faster in many non-metropolitan, rural counties because growth in their small numbers will show more dramatic results on a percent change basis.

Poverty Status of Older Population

According to the U.S. Census' American Community Survey (one-year data), nine percent of those age 65 or older (74,000 people) had income below the poverty level in 2013, up significantly from 7.5 percent in 2012. The 2013 national poverty rate for this age group was a

bit higher at 9.6 percent. As Figure 4 shows, 12.8 percent of the total household population ages 18-64 had incomes below 100% of the federal poverty threshold in 2013, compared to nine percent of those ages 65 and older.



A person age 65 or older is less likely to experience poverty relative to someone younger, and even less likely to experience extreme poverty. Almost 70 percent of both age groups were living at twice the baseline poverty threshold or higher.

Poverty levels vary by county, and during the period from 2009 to 2013, county poverty rates for those ages 65 and older ranged from a high of 15 percent in Rusk County to a low point of four percent in Ozaukee County. The highest poverty rates were evident mainly in rural counties in the northwest and southwest corners of the state. The lowest poverty rates were in metropolitan counties and some rural counties in central and north central Wisconsin.

Challenges Raised by Population Aging in Wisconsin

Among the most significant challenges Wisconsin faces as its population ages are health issues related to widespread chronic disease and fall-related injuries; the expanding number of people facing cognitive impairment and dementia; and the need for family caregiver support in an environment of tight resources for programs and services for older adults. Needs in each of these areas are assessed through a combination of program data, evaluation research aimed at quality improvement, and population-based studies.

B. Needs Assessment

All program areas in the Office on Aging use administrative data to assess the need for operational modifications, outreach, and service development to better address targeted issues. For example, the Elder Nutrition Program uses participant information submitted by counties and tribes through Social Assistance Management System (SAMS) to analyze congregate dining and home delivered meal utilization trends, to track participant demographics in relation to population data on groups targeted for services (including older adults with low income and those from racial and ethnic minority groups). In this program area, participant data drove the

development of the Nutrition Program Revitalization Project, a mini-grant program that has inspired program innovation in dozens of county and tribal aging units. Similarly, State Health Information Assistance Program activity data are used to assess program performance and target intensified efforts; Wisconsin Incident Tracking System data are used in analyses of the nature of elder abuse incidents, the characteristics of adults at risk experiencing abuse, and local response including remedial actions and service offerings. This process of using program data as a needs assessment tool will continue through the 2015-18 Plan period.

BADR also uses program evaluation methods to assess needs and improve services. As an example, Analytic Insight, a research agency that conducts ongoing evaluation research for BADR, recently assessed the experiences and needs of people who visited an Aging and Disability Resource Center identifying themselves as caregivers. Results included the finding that 38 percent had experienced a significant change in physical health during the previous 12 months; more than one in four reported having difficulty providing care; more than one-third expressed difficulty with talking openly about their own concerns; and 46 percent of caregivers had been to an emergency room or hospitalized during the past twelve months. These findings inform the development of Plan goals for our caregiver support program, and during the Plan period such efforts will help us assess our progress and modify our approach.

Some program areas depend on population-based research for their needs assessments. For example, to track needs related to chronic disease, BADR uses Wisconsin's Family Health Survey, a population-based tool that assesses the extent of chronic health conditions in households. Wisconsin tracks the extent and severity of unintentional falls using the Behavioral Risk Factor Survey's Falls Module on a biannual basis; in addition, annual hospitalization, emergency department, and mortality data about falls are available through the DHS Division of Public Health. In 2011, 2012, and 2015 BADR partnered with the Alzheimer's Association to sponsor the Behavioral Risk Factor Survey's (BRFS) Cognitive Impairment Module. In 2012 and 2015, BADR also sponsored the BRFS Caregiver Module to assess the status and needs of family caregivers in the general population.

Finally, during the coming three year Plan period BADR expects to develop and execute the next installment in its 45-year series of periodic statewide aging surveys, known as Profiles of Older Wisconsin Residents (POWR). Initial meetings with the University of Wisconsin Survey Center, which will be conducting the study, have set general parameters for the work scheduled to begin in early 2016.

Program goals, objectives and strategies have been developed to address each of these areas of identified need as well as other areas of focus that are a nationwide priority.

C. Public Input into State Plan Development and Approval

The statewide Aging Advisory Council, comprising 15 older adults from a variety of geographic regions, community settings, occupational backgrounds, and race and ethnic groups, meets quarterly and served during 2014 and early 2015 as a forum for collecting local input and discussing priorities for the State Aging Plan. The typical Council meeting involves discussion based on Council members' informal surveys of older adults in their communities. In 2014 Council "homework assignments" included questions about which focal areas required the most

local attention, which should be statewide priorities, etc. BADR program managers take this input into account in drafting their State Plan goals.

The draft State Plan was made available for public comment on June 12, 2015 through a mailing to the Aging Advisory Council and the Boards and Commissions of the three Area Agencies on Aging. Comments were collected through a Select Survey linked to the mailing. No changes were made to the Plan based on these comments.

IV. GOALS AND OBJECTIVES

A. Older Americans Act Core Programs

Older Americans Act Title III-B Supportive Service: The Elder Benefit Specialist Program

Framework

Wisconsin's Elder Benefit Specialist (EBS) program helps older adults to understand and resolve issues related to public and private benefits and other consumer issues. Information and assistance are provided by county and tribal benefit specialists. Regional legal service providers train and support these benefit specialists, as well as providing direct representation to older adults in select cases referred by the benefit specialists. In 2014, the program served over 34,000 people, helping them to access an estimated $123.5 million in benefits.

BADR administers the EBS program at the state level, establishing program priorities, developing policies and guiding quality improvement efforts. Area Agencies on Aging (AAAs) contract with each county and tribal aging unit to provide EBS services. About 100 EBSs are currently employed across the state.

AAAs currently contract with two legal service providers to provide program attorney services - including training, technical assistance and substantive case oversight - to the EBSs. Additionally, BADR has granted a waiver that permits one AAA to provide direct legal services as defined under the OAA sections 321 (a)(6), (9) and (16). This waiver, in effect through January 1, 2018, allows the AAA to directly employ attorneys that provide training and technical assistance to EBSs in 65 counties and provide direct legal representation to older people referred by an EBS.

Goals

Goal 1 - BADR will conduct a formal assessment of capacity of our current EBS program as a legal services delivery system to meet the critical needs of vulnerable elders, enlisting key stakeholders within the AAAs, legal providers, counties and tribes to examine the extent to which our program:

- Targets limited legal resources – particularly Older Americans Act resources – to the most vulnerable, disadvantaged elders;
- Focuses limited resources on priority legal issues that affect basic necessities and protect essential rights;
- Coordinates with other legal and related resources; and
- Functions as an integral part of the aging services network.

A written summary of the assessment and resultant goals and objectives for improvement will be completed by December 31, 2016.

Goal 2 - In order to eliminate the need for duplicate data entry, BADR will implement an EBS program data collection system that incorporates the data related to Medicare and other health insurance counseling that is required by the State Health Insurance Assistance Program (SHIP). This system will be in place by January 1, 2018.

Goal 3 - In order to resolve ongoing questions regarding program roles and scope, BADR and the Board on Aging and Long Term Care will jointly review state policies on the coordination between the EBS program and the Long Term Care Ombudsman program as outlined in Section 9.12 of the Wisconsin Aging Network Manual. Any resultant policy changes will be published and distributed by December 31, 2016.

Goal 4 - BADR will promote efforts within the EBS program to improve consumer awareness about Wisconsin Medicaid laws related to spousal impoverishment and estate recovery policies. Improved publications will be made available to staff and customers at ADRCs and Aging Units by December 31, 2016.

Older Americans Act Title III-C1 and C2: Wisconsin's Nutrition Program for Older Adults

Framework

The Elderly Nutrition Program is the largest program operated by the national and state aging networks. The nutrition program consists of two programs, each with a specific purpose. The congregate (senior dining) program provides meals in a community environment that promotes socialization and healthy aging. Home-delivered meals provide meals and daily social contact to homebound individuals. Other services, such as nutrition screening, assessment, education and counseling help older adults meet their health and nutrition needs.

The strains on the nutrition program have increased significantly. Near static funding, coupled with an ever-expanding older adult population and increased food and operational costs present aging units with difficult choices. Local government's ability to supplement federal and state funding is extremely limited. This requires an intense examination of ways to operate more efficiently and effectively. Concurrently, congregate nutrition services have seen a decline in participation, indicating that the program may be failing to meet the needs of a changing older adult population.

As a result of these challenges, the Bureau of Aging and Disability Resources (BADR) convened the Wisconsin Nutrition Revitalization Task Force in 2013 to examine ways to strengthen and invigorate the Wisconsin Elder Nutrition Program, specifically congregate meal services. To date, the statewide task force has participated in statewide initiatives to create best practice resources that can be shared with nutrition programs and developed a collection of innovative suggestions to drive local efforts toward significant and novel changes that will sustain the nutrition program's vitality well into the future and maximize its success.

The mission of the task force's work, and the revitalization initiative statewide, is:

"To foster, encourage, and promote choice, innovation, and opportunities for partnership that increase the nutritional and social well-being of older adults throughout Wisconsin."

Goals

Goal 1 – BADR will broaden the statewide revitalization effort of the congregate nutrition program through continued work of the revitalization task force on statewide initiatives and through expansion of local pilot projects. These efforts will culminate with a set of recommendations for increasing program quality and impact, to be completed by December 31, 2016.

Goal 2 – BADR, in collaboration with the Area Agencies on Aging and the Wisconsin Association of Nutrition Directors (WAND), will examine ways to enhance the nutrition program's operating effectiveness and efficiency through building business acumen and increasing collaboration of nutrition program services with health care services to provide a continuum of care for older adults. Training and guidance in these areas will be provided to county and tribal aging units beginning in 2016.

Goal 3 – As the operation of the nutrition programs across the state evolves, local staff and volunteers will require training about policies and methods for service provision. In order to assure all nutrition programs receive this training, BADR will collaborate with the Area Agencies and WAND to increase training opportunities available to nutrition program directors, staff, and volunteers. At least two regional training events, one statewide training event, and multiple webinars will be coordinated and held each year through September 30, 2018.

Older Americans Act Title III-D: Evidence-Based Health Promotion Programs

Framework

Evidence-based disease prevention and health promotion programs are interventions whose outcomes have been validated by scientific studies. The purpose of evidence-based health promotion is to take effective interventions built on research findings and apply them to improve the health and well-being of individuals, groups, and communities.

A majority of older adults have at least one chronic condition. However, illness and disability are not inevitable parts of the aging process, and can be prevented or delayed. There is overwhelming evidence that older persons do indeed benefit from health promotion interventions. For example, research indicates that older persons' engagement in physical activity can extend years of active independent life, reduce morbidity and mortality, and lower health care costs. However, less than one-third of Americans age 65 and older meet the recommended level of physical activity. A number of proven and effective evidence-based health promotion programs increase older persons' levels of physical activity and thereby improve their quality of life.

In March 2012, BADR adopted the following policy recommendation regarding the acceptable use of Title III-D funds: *Evidence-based disease prevention and health promotion programs are interventions based on evidence, generated by scientific studies, showing that the program is effective in preventing disease and improving health. These programs have gone through a research process to determine if they show the results that are intended by the program. The program results have also been published in professional scientific journals.*

Goals

Goal 1 - To assure sustainability and expansion of the existing health promotion programs, BADR will work with the Wisconsin Institute for Healthy Aging (WIHA) and other partners to seek grant funding for the Aging Network with a goal of continuing these effective programs. This goal will be on-going in response to grant opportunities that arise throughout the plan period ending September 30, 2018.

Goal 2 – To conform to the Administration on Aging's updated Title III-D guidelines effective October 1, 2016, and to assure that these resources are being used on health promotion and disease prevention programs that meet the highest-level criteria for evidence of effectiveness, BADR will develop a policy regarding the acceptable use of Title III-D funds by December 31, 2015.

Goal 3 - Staff from BADR and WIHA will continue to expand partnerships across the Department and with external stakeholder to develop a strong network of evidence-based disease prevention and health promotion programs. This goal will be on-going over the entire three years of the plan through September 30, 2018.

Goal 4 - Office on Aging staff will continue to represent the Department of Health Services on the Community Academic Aging Research Network (CAARN) Executive Committee to advance implementation of proven practice and foster new aging research. This goal will be on-going over the entire three years of the plan through September 30, 2018.

Older Americans Act Title III-E: National Family Caregiver Support Program

Framework

Wisconsin's population is aging at rates that are going to leave many older adults without adequate family, informal caregivers, or paid care workers to meet their needs. Increasingly, aging programs will be serving older adults who are caring for their spouses and friends with chronic and medically complicated conditions. Research demonstrates that caregivers often experience physical, medical and cognitive conditions themselves as a result of their efforts, and these translate into the need for education, health care, respite, and other caregiver supports to sustain caregivers in helping keep their loved ones healthy and safe in their own homes.

The Wisconsin Department of Health Services began implementing a statewide Dementia Care System Redesign Plan in 2014. This Plan will continue to be implemented over the next few years. One group of programs within the Plan relates to caregiving and community outreach and supports for people with dementia and their caregivers. In addition to the five service areas required by federal NFCSP regulations, the Wisconsin caregiver support program will be working toward achieving state plan goals that will build a more robust network of caregiver support services for people with Alzheimer's disease and other forms of dementia.

Wisconsin has also identified the need to market Family Caregiver Support Programs more vigorously. BADR intends to do this by envisioning new ways to describe the program and

normalize the idea that everyone needs help at some time. Among the barriers already identified, stigma stands out as an obstacle to accepting government help, even when people are in desperate need. BADR will seek new ways to provide community outreach that markets caregiver supports in ways that appeal to people who wish to remain safely living at home with loved ones well into old age.

Goals

Goal 1 – In consultation with AAAs, county and tribal aging directors and staff, BADR will develop and systematically implement elements included in the Wisconsin Alzheimer's Caregiver Support Program (AFCSP) Outreach & Revitalization Plan that strengthen collaboration between the NFCSP and AFCSP. All elements within the AFCSP Outreach & Revitalization Plan will be implemented by September 30, 2018.

Goal 2 – BADR will include questions in the State Aging Survey aimed at current and soon-to-be caregivers to assess their needs and views about family caregiver support. Information collected will be used to update and design program elements and offerings, and be the basis for the Family Caregiver Support Program outreach and marketing plan developed as part of Goal 3 and completed by December 31, 2017.

Goal 3 – In consultation with AAAs, county and tribal aging units, BADR will develop a Family Caregiver Support Program outreach and marketing campaign using TV, radio and print media, to promote the value and benefits of caregiver support programs. The goal is to increase participation in NFCSP and AFCSP among all demographic groups by December 31, 2017.

Goal 4 – Play an active or lead role in nationwide workgroups or other projects that form as a result of data collected through the 2015 national NFCSP State Aging Unit Survey currently being conducted. This goal is ongoing throughout the three-year Aging Plan cycle.

Goal 5 – Develop and foster coordination between caregiving programs and ADRC staff, county aging staff, tribal aging units and the new Dementia Care Specialists (DCS) who have been hired at 16 ADRCs and two tribes across Wisconsin. Develop protocols for making smooth referrals and ensuring that caregiver supports are offered to all families working with a DCS. Protocols will be developed by Dec. 31, 2016. Training and implementation will occur by Dec. 31, 2017.

Older Americans Act Title III and Title VI Coordination

Framework

The needs of tribal elders are similar to the needs of the general older adult population in Wisconsin, but tribal elders face additional challenges in accessing services, particularly services that are culturally appropriate for tribal members. Tribal lands are rural and geographically isolated; a large share of older tribal members have income near or below poverty; and many tribal elders experience health issues related to lifelong disparities in access to and quality of medical care. Many tribal elders wish to remain at home in their communities in order to continue to participate in social networks, local organizations, and cultural and religious ceremonies and traditions. Some are unwilling or unable to relocate to areas with greater access to long-term care services. Coordination between tribal aging programs (Title VI) and county aging programs (Title III) is important for addressing local challenges with the strongest resource base possible. County and tribal aging units are identified in state statutes; as a result BADR continues to allocate Title III dollars for Tribal Aging Units.

The Tribal Technical Assistance Center, located in Lac du Flambeau, opened its doors on January 1, 2009, and operates within the Great Lakes Inter-Tribal Council (GLITC). The center was created to provide culturally appropriate and tribe-specific planning, training, and technical assistance to tribal aging units. BADR has worked cooperatively with staff from the Tribal Assistance Center and Tribal Aging Units to identify areas where technical assistance can be provided for either Title III or Title VI in order to ensure maximum coordination between the programs and minimize overlap.

Program development offers several concrete opportunities for coordination of Title III and Title VI activities. For example, most tribes are expanding their health promotion activities in consultation with BADR's health promotion coordinator and with the Wisconsin Institute for Healthy Aging (WIHA). Part of this effort involves evaluation of evidence based programs to determine whether they are culturally appropriate or require modifications. Tribal aging units have been successful in delivering a variety of health promotion programs and activities in cooperation with county aging units. One tribe, the Mole Lake/Sokoagon Band of Lake Superior Chippewa, has independently obtained ACL discretionary grant funding for evidence-based fall prevention programming, and is working with BADR and WIHA to ensure effective implementation.

As another example, Wisconsin has funded two tribal nutrition projects through the Nutrition Revitalization project during the past year. The goal of these projects was to increase the numbers of participants at meal sites by making both physical and program modifications. Although each of the projects had limited success, they provided opportunities for tribal members to discuss and evaluate the Title III Nutrition Program and strategize innovations. A second grant opportunity will be made available to tribes during 2015-2017.

The Bureau of Aging and Disability Resources continues its commitment to support programs and activities that will assure the health, safety and welfare of tribal members by inviting and including tribal aging unit staff in planning, training, and grant opportunities to enhance programs and services for each of Wisconsin's 11 tribes.

Goals

Goal 1 - Beginning in July, 2015 BADR will begin a pilot of Wisconsin's Dementia Care Specialist (DCS) program in three Wisconsin tribes. The contract for this program specifies required activities and expected outcomes adapted for tribal communities in collaboration with the statewide Tribal Aging Commission and the Department of Health Services' Tribal Affairs Director. Evaluation will focus on the success of these adaptations to the state's broader DCS program. Evaluation and decisions about further expansion of this program, as funding permits, will be complete by June 30, 2017.

Goal 2 - With input from the Great Lakes Intertribal Council, the Tribal Aging Commission, and the Indian Health Service, BADR will create guidelines for the implementation of evidence-based health promotion programming in tribal communities. These may include modifications to program protocols, such as the expectations for individual participation in multi-session educational courses; increased emphasis on community outreach and education; and an expanded understanding of caregiver networks and community support. Guidelines may also include expectations for the role of tribal staff members who provide training or leadership in the implementation of health promotion programs. Guidelines will be drafted and distributed for public comment by September 30, 2016; revisions will be completed by December 31, 2016.

Goal 3 - A collaborative committee that includes representatives from BADR, GLITC, and the Tribal Aging Commission will hold its first meeting before October 31, 2015. The committee's goals will be to address needed changes in the funding formulas that allocate Title III program dollars to Tribal Aging Units. The committee will create draft recommendations for discussion with ACL by October 31, 2016.

Goal 4 - BADR leadership will attend at least one Tribal Aging Commission quarterly meetings in person annually during the Plan period. It is BADR's intention to enhance its relationship with Tribal Aging Advisory members and Tribal Aging Unit staff by listening to and addressing concerns related to program services and supports, removing barriers and addressing any issues related to the cultural needs of tribal members. This goal is ongoing throughout the Plan period.

B. GOALS FOR ACL DISCRETIONARY GRANT PROGRAMS

Alzheimer's Disease Grants

Framework

In 2014 BADR was awarded two three-year grants from the Administration for Community Living: the Alzheimer's Disease Supportive Services Program (ADSSP) grant and the Alzheimer's Disease Innovations: Specialized Supportive Services (ADI-SSS) grant. The ADSSP grant will provide dementia care specialist services, including family caregiver support through the evidence-based New York University Caregiver Intervention (NYUCI) model, to the African American population in Wisconsin's two most populated counties. The ADI-SSS grant will develop innovative approaches in three areas of dementia care, including diagnosis and care for individuals with intellectual and developmental disabilities, support for family caregivers in managing dementia-related behavioral change, and support for people with dementia who are living alone without access to family caregivers. Complete work plans have been developed by BADR and approved by ACL for each of these grants, including detailed objectives, strategies, and timelines.

Goals

Goal 1 - In partnership with the Greater Wisconsin Agency on Aging Resources, which is funded to staff the project for the grant period, expand the national 'Share the Care' program for use with individuals who are living alone with dementia to connect them with neighbors and the larger community to identify natural supports and volunteers who can provide simple or more complex assistance to help that individual to remain living at home as long as possible. October 1, 2014 through September 30, 2017.

Goal 2 – In partnership with Wisconsin's Developmental Disabilities Board, which is funded through the grant period to carry out this goal, create program initiatives to increase awareness of the connection between intellectual/developmental disabilities (I/DD) and dementia among parents, physicians and other care providers for this population, and build capacity within these care systems to identify, diagnose, treat, and support people with I/DD and dementia, their families and caregivers. October 1, 2014 through September 30, 2017.

Goal 3 - Create an educational video for family and other caregivers to provide them with the knowledge and techniques to successfully manage changing care needs and dementia-related behavioral changes experienced by people throughout the journey of dementia. The video will be free and available on the DHS website. October 1, 2014 through September 30, 2017.

Goal 4 – In partnership with Dane County Area Agency on Aging and Milwaukee County Department on Aging, which are funded to carry out this goal for the grant period, focus efforts on the African American populations in Milwaukee and Dane counties to develop networks of communication about dementia in the community and increase understanding and awareness of dementia and the increased risks African Americans face. October 1, 2014 through September 30, 2017.

Goal 5 – Through Dementia Care Specialists at the ADRCs of Milwaukee and Dane Counties, provide, with adaptations as needed, the NYUCI to African American family caregivers of people with dementia, building an understanding of dementia, developing a system of natural supports for the caregiver, and providing ongoing education and support as care needs change throughout the course of the disease. October 1, 2014 through September 30, 2017.

Medicare Improvement for Patients and Providers Act (MIPPA)

Framework

The federal MIPPA grant supports Wisconsin's efforts to reach Medicare beneficiaries in rural areas, identify and assist individuals who may qualify for low income assistance with Medicare out-of-pocket costs, and increase awareness of Medicare preventive benefits. The current grant period runs from Oct. 1, 2014 to Sept. 30, 2017. Twelve agencies serving 25 Wisconsin counties are funded under the MIPPA grant for this time period.

Goals

Goal 1 - Between October 1, 2014 and September 30, 2017, BADR will distribute MIPPA grant funds to 12 local agencies to identify effective tools and strategies to meet the following goals:

a) Improve awareness of prescription drug coverage options among Medicare beneficiaries in rural areas of Wisconsin
b) Reach low income Medicare beneficiaries who may benefit from the Medicare Savings Programs, extra help with Medicare Part costs, and SeniorCare Level One.
c) Educate all Medicare beneficiaries about Medicare preventive services such as the "Welcome to Medicare" exam, annual wellness visit, vaccinations and screenings.

Goal 2 - Between October 1, 2015 and April 1, 2018, BADR will promulgate the tools and strategies developed by our 12 local MIPPA funded agencies to all ADRCs and Aging Units throughout the state.

Senior Medicare Patrol

In Wisconsin, the Senior Medicare Patrol grant goes to the Coalition of Wisconsin Aging Groups, a private nonprofit organization. The State Unit on Aging is not involved in coordinating or overseeing SMP activities.

Evidence-Based Disease and Disability Prevention Programs

Wisconsin will be completing work on a three-year ACL Chronic Disease Self-Management Expansion grant by August 31, 2015. BADR will not be an applicant for the new ACL CDSME or Fall Prevention grant cycles in 2015; instead, we are promoting and supporting the efforts of the Wisconsin Institute for Healthy Aging in applying for these funds and we will be a full partner collaborating with the Institute on these grants if they are awarded. In that event, we will submit a State Aging Plan amendment adding information about our goals and strategies for that collaborative effort.

C. GOALS FOR PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING

Participant-directed options within Wisconsin's Aging Network provide older citizens with both choice and influence over programs, services and supports. As the Baby Boom ages, Wisconsin's older population is becoming more diverse and program data demonstrate that traditional models of service delivery offered by some Older Americans Act programs may not meet the needs of this changing group. Many older adults continue to work, volunteer, provide care for family members, and actively participate in their communities. They require programs, services, and opportunities that offer participants ownership and influence and provide flexibility in both time and commitment. Wisconsin's aging programs will address these realities by working during this plan period to enhance choice and control in obtaining supports and services.

In the most striking example of shifting program need, Wisconsin's congregate dining programs have seen a significant decrease in participation during the past five years despite persistent nutritional risk and need. To address this, BADR convened a Nutrition Revitalization Task Force in 2013 to identify barriers to participation in the current program and to strategize solutions. BADR then issued competitive innovation grants to 20 county and tribal congregate meal site programs to facilitate creative approaches to increasing participation. Preliminary analysis of grant outcomes show that the most successful programs provide enhanced choice regarding time, menu, location, and setting. In addition, many integrate congregate meal site programs into the larger community in some way.

Programs can also be used to build older adults' skills for participation and self-management. Among the array of evidence-based health promotion programs offered in Wisconsin, several aim directly to increase the health literacy, communication skills and self-efficacy of older adults so that they can take a more active role in advocating for their own health and well-being. In particular, the Chronic Disease Self-Management Program (CDSMP), the Diabetes Self-Management Program (DSMP), and the Stepping On Fall Prevention program all build self-

efficacy, confidence, and skills to help older adults remain healthy, active, and independent in their communities.
Wisconsin's Aging Network has identified enhanced self-efficacy, choice, and control as key elements for aging more generally. In 2014 and 2015 the Network developed and piloted a new annual statewide conference focused directly on enhancing person-centered aging programs and creating opportunities for the empowerment of older adults, adults with disabilities, and caregivers. These "Living a Self-Determined Life" conferences have been highly successful and it is expected that they will continue to grow throughout the plan period.

As part of a statewide effort BADR will be involved in several initiatives as part of Dementia Care System Redesign aimed at defining and disseminating best practice guidelines centered around the need for person-centered care planning, direct care, residential settings, caregiver support, and crisis response.

Goal 1 – BADR will further expand customer choice and participant control through small grants for congregate meal program innovation in 2015-2017. These efforts will culminate in a set of recommendations for increasing program quality and impact, to be completed by June 30, 2018.

Goal 2 - To enhance health literacy and self-efficacy in healthy aging, BADR will support expansion of evidence-based health promotions programs by providing leadership and technical assistance to the statewide Evidence Based Health Promotion Coordinating Committee, the annual Healthy Aging Conference, and the research and program implementation efforts of the Wisconsin Institute for Healthy Aging and the Community Academic Aging Research Network. This goal is ongoing.

Goal 3 - In 2016, 2017 and 2018 BADR will provide one or more staff persons to serve on the conference planning committee for the annual statewide "Living a Self-Determined Life" training conference, aimed at increasing the self-efficacy of older adults, their caregivers, and the professionals that serve them in defining quality of life and maintaining self-determination. Conference planning is ongoing and the event is held in June each year.

Goal 4– As part of Wisconsin's Dementia Care System Redesign Plan, BADR will be involved in several initiatives aimed at defining and disseminating best practice guidelines emphasizing the need for person-centered care planning, direct care, residential settings, caregiver support, and crisis response. BADR will provide one more staff persons to serve on related workgroups throughout the three-year plan period. Efforts are ongoing.

D. GOALS FOR ELDER JUSTICE PROGRAMS: Older Americans Act Title VII and Supplements

Prevention of Abuse, Neglect, and Financial Exploitation of Elder Adults at Risk

Framework

Title VII, the Vulnerable Elder Rights Protection Title, was created by the 1992 amendments to the Older Americans Act. It addresses the need for strong advocacy to protect and enhance the basic rights and benefits of vulnerable older people. Title VII brings together and strengthens existing advocacy programs for older people, and calls for their coordination and linkage within each state. In addition, Title VII calls on state agencies to take a holistic approach to elder rights advocacy by coordinating programs and fostering collaboration among programs and other advocates in each state to address issues of the highest priority for the most vulnerable elders.

The elder adults-at-risk program in Wisconsin is administered by county governments which are statutorily responsible for investigating reports of abuse, neglect, and exploitation of elderly individuals who have suffered, or are at risk of, physical, emotional, or financial harm. Each county is required to designate an elder adults-at-risk agency which publicizes contact information and responds to reports of abuse, neglect, and exploitation. If the elder adults-at-risk agency determines that an individual has been, or is at risk of being, abused, neglected, or exploited, it must make recommendations to protect the health and safety of the elder adult at risk. BADR provides policy interpretation, program planning and development, training and technical support to the network of Adults-at-Risk agencies.

Goals

Goal 1 – Consistent with the Department's plan for developing a dementia capable Wisconsin, BADR will assist local partners to address crises in persons with dementia by developing policy documents, training, and technical assistance materials in the areas of crisis response, crisis stabilization, emergency protective placements, and long term care for persons presenting challenging behaviors. Efforts will continue through the Plan period with an interim progress report by July 31, 2017.

Goal 2 – Working with a multi-disciplinary team of stakeholder workgroups led by the Wisconsin court system, BADR will develop statewide recommendations and guidelines targeting a variety of problems regarding guardianship and other forms of surrogate decision-making. The following four areas will be addressed:

- Legal process reforms
- Education and outreach
- Oversight and protections
- Corporate guardian fees and roles and responsibilities.

There will be a separate workgroup to deal with proposed legislation. Efforts will continue through the Plan period with an interim progress report by September 30, 2017.

Goal 3 – Working with a multi-disciplinary collaborative workgroup that includes Adult Protective Services, banks, law enforcement agencies, district attorneys' offices, courts,

corporation counsel, guardians, ombudsmen, and other stakeholders, BADR will develop policies, practices, and guidance to address issues related to financial exploitation in older adults in the community and in facilities. Five key areas of action include:

- Prevention
- Recognition
- Documentation
- Reporting
- Investigation and prosecution

The last key area of investigation and prosecution is critical, and will present the biggest challenge. Law enforcement and district attorneys may lack clear understanding of the criminal nature of financial exploitation of older adults and the importance of investigating and prosecuting it . At the same time, APS, banks, and other stakeholders may lack good working relationships with law enforcement and district attorneys and may need to become knowledgeable about what is needed for a successful prosecution. This project will be ongoing throughout the Plan period, with an interim progress report by July 31, 2018.

Goal 4 – In October, 2015 and October 2017, BADR will convene the Adult Protective Services Training Conferences highlighting opportunities and challenges in a multidisciplinary approach to adults-at-risk. This is bi-annual event.

The Long-Term Care Ombudsman Program

Framework

The Board on Aging and Long Term Care's original unit, the Long Term Care Ombudsman Program, provides advocacy on behalf of persons age 60 and older who are residents of state-licensed long term care facilities, or who receive their home and community-based supports through the Family Care/PACE/Partnership and Community Options Programs. Ombudsmen work with a variety of persons who have relationships with these residents and members, including their families and communities, legal representatives, medical and managed care teams and other concerned parties. Through the Ombudsman Program, persons are encouraged to voice concerns regarding conditions that impact their expectations about the quality of their lives and of their care. In addition, persons receiving services through Medicaid Waiver programs in the community are eligible to be directly served by the Ombudsman Program to resolve concerns related to their services and benefits. The Ombudsman Program promotes policies, practices and systems change to improve the quality of life and care for all older adult consumers of Wisconsin's long-term care programs.

The agency also operates a Volunteer Ombudsman Program, developed to supplement the advocacy functions of the Long Term Care Ombudsman Program in skilled nursing facilities. Established in 1994, the program now serves hundreds of nursing home residents in 27 counties throughout the state. During weekly visits, Volunteer Ombudsmen observe, listen to and interact with the residents and observe general conditions of the nursing home. Volunteer Ombudsmen talk with residents and family members, empowering them to be self-advocates, and will speak,

with permission of the resident, on behalf of those who will not or cannot speak for themselves. Volunteer Ombudsmen are trained to communicate, document and report appropriate information for the benefit of the residents served.

Goals

Goal 1 - The Ombudsman and Volunteer Ombudsman Programs will provide a special focus on support to residents of facilities with ongoing issues of noncompliance as evidenced by resident and family complaints, throughout the Plan period. Ongoing activity.

Goal 2 - The Ombudsman Program will increase the visibility of the Regional Ombudsmen in assisted living facilities, thereby enhancing access of the residents/tenants of those facilities to the program throughout the Plan period. Ongoing activity.

Goal 3 - The Ombudsman and Volunteer Programs will increase the number of consumer and public contacts to the Board on Aging and Long Term Care web-site by providing information of interest that is both current and advocacy-focused. Ongoing activity.

Goal 4 – The Ombudsman Program will ensure access to advocacy of enrollees (members) in Wisconsin's Home and Community-Based Services (HCBS) programs.

The Medigap Helpline

Framework

The Medigap Helpline, Wisconsin's program delivering services under the federal SHIP (State Health Insurance Assistance Program), provides one-on-one telephone counseling to help with questions about health insurance including Medicare, Medicare supplements, Medicare Advantage Plans, Long Term Care Insurance, and other health care options available to Medicare beneficiaries. The Program also includes a Medigap Part D and Prescription Drug Helpline for beneficiaries 60 years of age and over.

The Medigap Helpline Programs are services administered by the State of Wisconsin Board on Aging and Long Term Care at no cost to the caller. There is NO connection with any insurance company and the Medigap Helpline Program's counselors do not endorse nor express any opinion as to the worth or value of any policy or insurance product. The programs are funded through grants from the Federal Centers for Medicare & Medicaid Services (CMS) and the Wisconsin Office of the Commissioner of Insurance (OCI).

The Medigap Helpline Programs' Counselors also provide outreach to Wisconsin residents and professionals. Counselors give presentations explaining how Medicare coordinates with other insurance options as well as responding to requests relating to a specific topic. Counselors also distribute resource materials on healthcare coverage options at informational booths at health fairs and Senior Centers throughout the state.

Goals

Goal 1 - The Medigap Helpline Program will undertake quality improvement measures to assure that calls to the Medigap Helpline's incoming toll-free telephone line will be answered live 50% of the time.

Goal 2 - The Medigap Helpline Program will provide outreach presentations to Medicare beneficiaries on an ongoing basis.

Goal 3 - The Medigap Helpline Program will produce and distribute monthly press releases on topics of current importance to consumers, monthly throughout the period of this plan.

Goal 4 - The Medigap Helpline will strengthen and improve the Medigap Helpline Part D and Prescription Drug Helpline SHIP Volunteer Program.

State Health Insurance Assistance Program (SHIP)

Framework

The federal SHIP grant supports Wisconsin's efforts to provide health insurance-related outreach and assistance to Medicare beneficiaries and their families and caregivers. Wisconsin's Medicare-eligible population is currently estimated at 1,027,875 and is projected to increase by 3% each year through 2018.

The Wisconsin SHIP currently funds three toll-free helplines: (1) the Medigap Helpline at the BOALTC, which offers general counseling about Medicare, Medicare supplement policies and coordination with other health insurance to cover primary, acute and long-term care; (2) the Medigap Part D and Prescription Drug Helpline at the BOALTC, which offers counseling and assistance with prescription drug coverage options for people ages 60 and over; and (3) the Disability Drug Benefit Helpline at Disability Rights Wisconsin, which offers counseling and assistance with prescription drug coverage options for Medicare beneficiaries under the age of 60.

The Wisconsin SHIP also provides funding to AAAs to support Medicare outreach and assistance at county and tribal Aging Units and ADRCs involving benefit specialists, information and assistance (I&A) specialists, and volunteers.

Goals

Goal 1 - BADR will support the state SHIP helplines and local ADRCs and Aging Units in advertising and supplying SHIP counseling services to younger, 'tech-savvy' beneficiaries through mobile phones and social media sites. Basic information about Wisconsin SHIP services will be made available online in a format that is easily accessible from a mobile phone by January 1, 2016. BADR will research and develop state policies and procedures for the provision of SHIP counseling online by email, chat and other online meeting platforms and forums by January 1, 2017.

Goal 2 - BADR will increase volunteer involvement in the SHIP by promoting the Medicare Minutes program offered by the national SHIP Technical Assistance Center to all Aging Units and Aging and Disability Resource Centers. State promotion of the program will begin in June 2015, with a goal to establish monthly use of Medicare minutes materials in ten additional agencies by April 1, 2018.

Goal 3 - BADR will explore ways that the SHIP can assist in better identifying and resolving Medicare issues for nursing home residents and Medicaid waiver program participants. Currently many nursing home staff and MCO care managers lack expertise to assist residents with Medicare issues; yet, the Wisconsin SHIP does not have an organized strategy for ensuring these professionals can routinely obtain training and support to meet the needs of their constituents. Strategies will include:

a. The development of consumer publications that identify Medicare issues of unique concern to long-term care participants
b. Dissemination of information to nursing homes through the Division of Quality Assurance; and
c. Outreach to MCO case managers with the assistance of our partners in the Bureau of Managed Care.

Initial outreach efforts will begin prior to the 2015 Medicare Open Enrollment Period that runs from October 7 through December 15; efforts will continue throughout the three-year plan period.

Goal 4 - BADR will establish a task force by December 31, 2015, to discuss issues identified by SHIP counselors related to coordination between Medicare and other health insurance that is available to childless adults in Wisconsin, including BadgerCare Plus and individual health insurance offered through the Marketplace. The task force will develop recommendations for consumer education and counseling and will share its initial findings with the state Medicaid office and other key stakeholders by June 30, 2016.

V. QUALITY MANAGEMENT

The Bureau of Aging and Disability Resources uses the National Association for Addiction Treatment (NIATx) model of quality improvement to enhance the skills of staff in BADR, AAAs, ADRCs and Aging Units throughout the state. The NIATx model of process improvement was created at the University of Wisconsin-Madison and uses the same foundational methods and concepts found in the LEAN and Baldridge quality improvement models but in a simpler format. The NIATx model has been used successfully within 2,500 organizations and agencies throughout the United States.

The NIATx model falls within what is often described as an "active" method of quality improvement because its focus is on improving existing processes. This customer-focused model requires staff to define a problem, process map, identify "bottlenecks" in the process, determine which bottlenecks can be eliminated or improved, develop a Specific, Measurable, Attainable, Results-based, Time-bound (SMART) goal statement and use the Plan, Do, Study, Act method

to make improvements in the process they have chosen. In addition, staff must develop a plan for sustainability of the process that has been improved.

A required element of AAA and Aging Unit plans is to identify and develop Specific, Measurable, Attainable, Results- based, Time-bound (SMART) goals. Through years of commitment to training BADR has been able to instill a culture of quality improvement and the use of the (SMART) goal method. BADR will continue to train staff from both Aging Units and ADRCs during the next three years with an eye toward the four focus areas within t each Aging Plan.

Goals:
Goal 1 - BADR will work with each of the AAAs to develop well-defined SMART Goals for each element of their three-year plans by December 31, 2015.

Goal 2 – BADR will work with AAAs to provide support to Aging Units to develop SMART goals for each element in their three-year plans, by September 30, 2015.

Goal 3 - BADR will provide the opportunity for training in quality improvement for up to 70 Aging Unit/ADRC staff, offering two, two-day Change Leader Academy workshops each year of the three-year plan.

Goal 4 – BADR will initiate NIATx-model quality improvement/process improvement projects to address identified process problems, including the comprehensive three-year planning process that results in the State Aging Plan. This will be ongoing, with the latter project beginning in October, 2015 resulting in a draft improvement plan by September 30, 2016.

ATTACHMENT D

FOCUS AREA SUMMARY WORK PLANS

A. GOALS FOR OLDER AMERICANS ACT CORE PROGRAMS

Older Americans Act Title III-B Supportive Service: The Elder Benefit Specialist Program

Goal 1: Statement	**As our state's primary legal services delivery system, the Elder Benefit Specialist program will maximize its capacity to meet the critical needs of Wisconsin elders**
Objectives	1) Target limited legal resources to the most vulnerable and disadvantaged 2) Focus on issues that affect basic necessities and protect essential rights 3) Coordinate with existing legal resources; and 4) Function as an integral part of the aging services network.
Strategies	The state Legal Services Developer will conduct a formal assessment of the program's current capacity to achieve these goals and objectives by collecting and evaluating data and information from key stakeholders, including elders, benefit specialists and program attorneys, as well as other legal services providers and aging services network representatives.
Outcomes	Identify existing strengths and weaknesses, choose up to 3-5 priority areas for improvement and develop a plan for addressing these. Review existing program policies and make adjustments as needed.
Timelines	Project period July 1, 2015-September 30, 2017.
Deliverables	Quarterly stakeholder meetings beginning July 2015; Summary report, December 31, 2016; Updates to existing program policy documents, December 31, 2017.
Goal 2: Statement	**BADR will increase the amount of time available for the provision of benefit specialist services by procuring a single unified data collection system for the program.**
Objectives	1) Eliminate duplicate data entry and otherwise superfluous reporting requirements for elder benefit specialists. 2) Capture data in a single system that is accurate, complete and meets the needs of all local, state and federal stakeholders. 3) Maintain client confidentiality.
Strategies	Purchase and implement a system for elder benefit specialists that collects data related to both Title III-B services and State Health Insurance Assistance Program (SHIP) activities and is able to export that data to SHIP National Performance Reporting (NPR) system.
Outcomes	All elder benefit specialists will enter activity data into a single data collection system. It will no longer be necessary for elder benefit specialists to enter data directly into SHIP NPR system. Staff time spent entering required data will be reduced by at least 20%.
Timelines	The state Office on Aging will select a data system by December 1, 2015. The new data collection system will be purchased and made available to

	a subset of elder benefit specialists for training and testing no later than October 1, 2017. The state Office on Aging will collect user input and make any necessary adjustments by January 1, 2018. The state office on Aging will provide training to all elder benefit specialists by December 31, 2017. Relevant EBS data entered in the new system on or after January 1, 2018 will be exported to SHIP NPR on a monthly basis according to federal reporting requirements.
Deliverables	• Database user manual for use by elder benefit specialists, October 1, 2017. • Webinar training for elder benefit specialists available on demand by December 31, 2017.
Goal 3: Statement	**Elder Benefit Specialist program will coordinate with the Long Term Care Ombudsman program to ensure all needs of older adults related to long-term care are appropriately directed and addressed.**
Objectives	Ensure that Elder Benefit Specialist program policies clearly identify when it is appropriate for an EBS to assist someone and when they should refer the person to the Long Term Care Ombudsman Program.
Strategies	Review existing program policies in consultation with the following stakeholders: program attorneys, elder benefit specialists and long-term care ombudsman program management and staff. Make adjustments to existing policies as necessary to accurately reflect the two programs' scope of services and referral processes.
Outcomes	Updated program policy will be published in the Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network, and distributed to all stakeholders.
Timelines	BADR will collect stakeholder input between July 1, 2015 and June 30, 2016. Any resultant policy changes will be published and distributed by December 31, 2016. Elder benefit specialist staff will receive training on the policy by March 31, 2017.
Deliverables	Program policy updates, December 31, 2016. Elder benefit specialist training webinar, March 31, 2017.
Goal 4: Statement	**BADR will promote efforts within the Elder Benefit Specialist program to increase consumer awareness of Wisconsin Medicaid rules related to long-term care, including spousal impoverishment protections, cost share calculations and estate recovery.**
Objectives	• The Elder Benefit Specialist program will serve as a source of accurate and consumer-friendly information on these topics for older adults. • Colleagues in Aging Units and ADRCs will be able to identify when a Medicaid Waiver applicant or participant has the right to an appeal and might benefit from the help of an elder benefit specialist.
Strategies	BADR will enlist program attorneys, benefit specialists and consumers in reviewing existing consumer materials related to spousal impoverishment protections and estate recovery and exploring wording, format, and distribution strategies to improve consumer comprehension and access to

	information. Basic training will be made available to other ADRC and Aging Unit staff.
Outcomes	A package of consumer-friendly materials will be made available to benefit specialists and other Aging Network professionals. These may include print materials, as well as online information. The quantity and quality of referrals to the Elder Benefit Specialist program will increase as a result of increased awareness at the ADRCs regarding individuals' rights in regards to spousal impoverishment protections, cost share and estate recovery.
Timelines	Materials will be finalized by December 31, 2016. Materials will be presented to benefit specialists and other professionals during regional meetings and other events by December 31, 2017.
Deliverables	Print and online materials, December 31, 2016 Training schedule, June 30, 2017.

Older Americans Act Title III-C1 and C2: Wisconsin's Nutrition Program for Older Adults

Goal 1: Statement	**To increase participation in Wisconsin's congregate meal program through a statewide nutrition program revitalization effort through 2018.**
Objectives	Foster innovative program models and pilot them through December 31, 2016 to assess each project's level of success in increasing participation and program quality in various areas of the state.
Strategies	Provide mini-grants for congregate meal program revitalization at the local level through a competitive RFA, provide technical support and encourage collaboration among grantees, and monitor progress and outcomes through specialized reporting in addition to SAMS reporting. Share outcomes information and implementation plans to encourage replication of successful models.
Outcomes	Increase in congregate meal program utilization in pilot counties as measured by number of unduplicated individuals participating and number of meals served in order to increase health and nutritional security for older adults. Increase in participant satisfaction in pilot counties/tribes as measured by statewide survey data.
Timelines	RFA released by July 1, 2015. Funds released by September 1, 2015. Project period September 1, 2015 to September 30, 2016.
Deliverables	Panel presentations by participating aging units at conferences and meetings throughout the grant period and through December 31, 2016. Summary report and set of recommendations for increasing participation and quality completed by December 31, 2016.
Goal 2: Statement	**Enhance effectiveness and efficiency of Wisconsin's nutrition program on an ongoing basis.**
Objectives	Collaborate with the Area Agencies on Aging and the Wisconsin

	Association of Nutrition Directors (WAND) to examine opportunities to introduce the concept of business acumen to nutrition programs and to develop models for increasing partnerships between nutrition services and health care services through December 31, 2017.
Strategies	Form a Business Acumen and Health Care Partnerships workgroup consisting of AAAs, Wisconsin Association of Nutrition Directors (WAND), BADR, and other stakeholders by January 15, 2016. BADR, AAAs, and WAND will provide training and technical assistance to county and tribal aging units beginning in 2016 and ongoing. Collaborate with AAAs to pilot models of service that illustrate business acumen or health care partnership in selected counties and/or tribes by 2018. Incorporate lessons learned from the workgroup and pilots into statewide best practice recommendations.

Older Americans Act Title III-D: Evidence-Based Health Promotion Programs

Goal 1: Statement	**To assure sustainability and expansion of the existing health promotion programs, BADR will work with the Wisconsin Institute for Healthy Aging (WIHA) and other partners to seek grant funding for the Aging Network with a goal of continuing these effective programs. This goal will be on-going in response to grant opportunities that arise throughout the plan period ending September 30, 2018.**
Objectives	Obtain grant funding for continued expansion of health promotion program reach, and development of infrastructure to sustain these efforts over time.
Strategies	Participate in and support grant writing efforts of WIHA, the AAAs, and local agencies on behalf of evidence-based health promotion programming. Provide technical assistance, analytic services, writing and editing assistance and letters of support. When appropriate, prepare materials to apply directly for grant funds and disburse for most effective program delivery.
Outcomes	Increased reach, quality, and diversity of evidence-based health promotion programs in Wisconsin.
Timelines	Ongoing.
Deliverables	Letters of support, grant materials, etc. as required.
Goal 2: Statement	**To conform to the Administration on Aging's updated Title III-D guidelines effective October 1, 2016, and to assure that these resources are being used on health promotion and disease prevention programs that meet the highest-level criteria for evidence of effectiveness, BADR will develop a policy regarding the acceptable use of Title III-D funds by December 31, 2015.**
Objectives	Ensure accurate understanding of federal policy regarding allowable expenditure of Title III-D funds for evidence-based health promotion

	programming.
Strategies	In collaboration with AAA health promotion leads, WIHA, and local health promotion coordinators, develop written guidelines including clarification of federal policy and publish it through AAA outreach vehicles.
Outcomes	Shared statewide understanding of new requirements and increased use of highest-level evidence based health promotion programs in Wisconsin.
Timelines	These guidelines will be drafted by December 31, 2015 and circulated to Evidence Based Health Promotion Coordinating Committee and other stakeholders; final version will be published by April 30, 2016. Rules go into effect in October, 2016.
Deliverables	Draft guidelines and final guidelines.
Goal 3: Statement	**Staff from BADR and WIHA will continue to expand partnerships across the Department and with external stakeholder to develop a strong network of evidence-based disease prevention and health promotion programs. This goal will be on-going over the entire three years of the plan through September 30, 2018.**
Objectives	Larger and stronger network of partnerships to carry out and expand health promotion programming in Wisconsin.
Strategies	BADR will facilitate strategic planning meeting among lead agencies in July, 2015 resulting in protocols for inter-agency communication and a plan for enhanced coordination and partnership.
Outcomes	Better communication among partners, process improvement projects for collaborative efforts, and ultimately better and stronger coordination.
Timelines	First meeting July, 2015; effort will be ongoing throughout Plan period.
Deliverables	Protocols for inter-agency communication; plan for coordination and partnership. Audience: stakeholder agency leads and workgroup members.
Goal 4: Statement	**BADR staff will continue to represent the Department on the Community Academic Aging Research Network (CAARN) Executive Committee to advance implementation of proven practice and foster new aging research. This goal will be on-going over the entire three years of the plan through September 30, 2018.**
Objectives	Continued participation in oversight and guidance of the Community Academic Aging Research Network.
Strategies	Provide staff person to represent BADR on Executive Committee, attending monthly meetings and participating in strategic planning and decision-making.
Outcomes	BADR stays abreast of research developments in the field of aging and helps ensure strong commitment of this organization to community collaborations and ultimately to the delivery of a growing range of evidence-based health promotion programs in local communities.
Timelines	Ongoing through the plan period.
Deliverables	Committed participation in monthly meetings and ad hoc decisions.

Older Americans Act Title III-E: National Family Caregiver Support Program

Goal 1: Statement	In consultation with AAAs, county and tribal aging directors and staff, BADR will develop and systematically implement elements included in the Wisconsin Alzheimer's Caregiver Support Program (AFCSP) Outreach & Revitalization Plan that strengthen collaboration between the NFCSP and AFCSP. All elements within the AFCSP Outreach & Revitalization Plan will be implemented by September 30, 2018.
Objectives	Implement elements identified in the AFCSP Outreach and Revitalization Workplan by September 30, 2018.
Strategies	DHS will form workgroups comprised of our partners to help implement the various elements of the plan. Strategies for each item are included in the workplan document. (attached) Also, provide training during statewide quarterly caregiver coordinator conference calls, through on-site and telephone technical assistance and other group opportunities, such as GWAAR ACE meetings, conferences and other trainings as appropriate.
Outcomes	Improve coordination between NFCSP and AFCSP, improve access to program resources, and improve outcomes for caregivers and care recipients enrolled in each program.
Timelines	Work is under way and will continue until either the end of the three-year plan period, or until all items in the plan are implemented.
Deliverables	Each workgroup will have its own deliverable for each part of the plan. Deliverables are outlined in the AFCSP Outreach and Revitalization Workplan. (attached)
Goal 2: Statement	**BADR will include questions in the State Aging Survey aimed at current and soon-to-be caregivers to assess their needs and views about family caregiver support. Information collected will be used to update and design program elements and offerings, and will be the basis for the Family Caregiver Support Program outreach and marketing plan developed as part of Goal 3.**
Objectives	BADR will include questions in the State Aging Survey aimed at current and soon-to-be caregivers to assess their needs and views about family caregiver support. Information collected will be used to update and design program elements and offerings, and will be the basis for the Family Caregiver Support Program outreach and marketing plan developed as part of Goal 3.
Strategies	Collaborate with AAAs to develop questions to include in the State Aging Survey.
Outcomes	DHS will gather information that will enable the state to make informed decisions about how to design caregiver supports in ways that best meet the needs of the people of Wisconsin.
Timelines	Complete by December 31, 2017
Deliverables	A summary of survey results will be compiled and shared with AAAs, county and tribal Aging Units, and ADRCs.
Goal 3: Statement	**In consultation with AAAs, county and tribal aging units, BADR will develop a Family Caregiver Support Program outreach and**

	marketing campaign using TV, radio and print media, to promote the value and benefits of caregiver support programs. The goal is to increase participation in NFCSP and AFCSP among all demographic groups by December 31, 2017.
Objectives	In consultation with AAAs, county and tribal aging units, BADR will develop a Family Caregiver Support Program outreach and marketing campaign using TV, radio and print media, to promote the value and benefits of caregiver support programs. The goal is to increase participation in NFCSP and AFCSP among all demographic groups by December 31, 2017.
Strategies	Coordinate with partners to create a media toolkit.
Outcomes	Develop high-quality education and outreach materials for distribution statewide in an effort to create a brand for Wisconsin's caregiver support programs. Will include print, radio, internet and television promotional materials.
Timelines	Complete by Dec. 31, 2018
Deliverables	Print, radio, internet and television promotional materials.
Goal 4: Statement	**BADR will play an active or lead role in nationwide workgroups or other projects that form as a result of data collected through the 2015 national NFCSP State Aging Unit Survey currently being conducted. This goal is ongoing throughout the three-year Aging Plan cycle.**
Objectives	Play an active or lead role in nationwide workgroups or other projects that form as a result of data collected through the 2015 national NFCSP State Aging Unit Survey currently being conducted. This goal is ongoing throughout the three-year Aging Plan cycle.
Strategies	The DHS caregiver coordinator will volunteer to be a member of groups and committees formed as a result of the 2015 NFCSP State Aging Unit Survey.
Outcomes	Wisconsin will develop a closer relationship with AoA staff and have a better understanding of new initiatives being developed at the federal level.
Timelines	Ongoing
Deliverables	Priorities identified in the 2015 national NFCSP State Aging Unit Survey will be woven into marketing and outreach strategies developed under Goals # 3.
Goal 5: Statement	**Develop and foster coordination between caregiving programs and ADRC staff, county aging staff, tribal aging units and the new Dementia Care Specialists (DCS) who have been hired at 16 ADRCs and two tribes across Wisconsin. Develop protocols for making smooth referrals and ensuring that caregiver supports are offered to all families working with a DCS. Protocols will be developed by Dec. 31, 2016.**
Objectives	Develop and foster coordination between caregiving programs and ADRC staff, county aging staff, tribal aging units and the new Dementia Care Specialists (DCS) who have been hired at 16 ADRCs and two tribes across Wisconsin. Develop protocols for making smooth referrals and ensuring that caregiver supports are offered to all families working with a DCS. Protocols

	will be developed by Dec. 31, 2016.
Strategies	Expand on the work already completed by the AFCSP Outreach and Revitalization Workgroup. Form an internal workgroup comprised of, at the very least, the DHS Caregiver Coordinator, DHS Dementia Care Specialist coordinator and DHS Dementia Specialist to develop protocols and best practices that can be used to train tribal and ADRC Dementia Care Specialists about how best to coordinate with caregiver support programs.
Outcomes	Families taking part in programming offered by Wisconsin Dementia Care Specialist will have a more uniform and reliable referral to caregiver support programming.
Timelines	By March 31, 2018.
Deliverables	Four training sessions will be provided for Wisconsin Dementia Care Specialists and county Caregiver Program Coordinators.

Older Americans Act Title III and Title VI Coordination

Goal 1: Statement	**Expand supports for tribal members who have dementia and tribal family caregivers.**
Objectives	To promote early screening and diagnosis, facilitate dementia friendly community projects, and provide a point of contact for tribal members and caregivers concerned about cognitive health.
Strategies	Starting July 15, 2015 establish pilot Dementia Care Specialist program in three tribal communities. These will require hiring and training three tribal staff. BADR with distribute funds and provide technical support and resources to the tribes carrying out these pilots. Facilitate collaboration and coordination across the three pilots as well as with existing Dementia Care Specialists in 16 Aging and Disability Resource Centers. Evaluate the adaptations for tribal communities of the state's broader DCS program.
Outcomes	Increased tribal community awareness of dementia and of resources available to people with cognitive impairment and caregivers; increased availability and utilization of cognitive screening and diagnostic services; and increased dementia-friendly communities activities in tribal communities. Find successful adaptations for tribal communities form the state's broader DCS program
Timelines	Funding begins July 1, 2015 and pilot ends June 30, 2017.
Deliverables	Evaluation and decisions about further expansion of this program, as funding permits, will be complete by June 30, 2017.
Goal 2: Statement	**BADR, in cooperation with tribal members, will create guidelines for the implementation of evidence-based health promotion programming in tribal communities.**
Objectives	To define program guidelines for evidenced based health promotion programs to improve the health and well-being of tribal members.
Strategies	BADR, in cooperation with tribal members, will create guidelines for the

	implementation of evidence-based health promotion programming in tribal communities. These may include modifications to program protocols, such as the expectations for individual participation in multi-session educational courses; increased emphasis on community outreach and education; and an expanded understanding of caregiver networks and community support. Guidelines may also include expectations for the role of tribal staff members who provide training or leadership in the implementation of health promotion programs.
Outcomes	Evidenced based health promotion program guidelines.
Timelines	Guidelines will be drafted and distributed for public comment by September 30, 2016; revisions will be completed by December 31, 2016.
Deliverables	Agreed upon guidelines by all stakeholders by Dec 31, 2016
Goal 3: Statement	**BADR will address needed changes in funding formulas that allocate Title III program dollars to Tribal Aging Units**
Objectives	To reach agreement/ understanding about tribal aging formula and develop recommendations to ACL.
Strategies	Develop a collaborative committee that includes representatives from BADR, GLITC, and the Tribal Aging Commission
Outcomes	The committee's goal will be to address needed changes in the funding formulas that allocate Title III program dollars to Tribal Aging Units.
Timelines	First meeting prior to Oct 31, 2016. The committee will create draft recommendations for discussion with ACL by October 31, 2016.
Deliverables	An agreement and/or understanding of draft recommendations made to ACL.
Goal 4: Statement	**Enhance BADR/Office on Aging relationship with Tribal Aging Advisory members and Tribal Aging Unit**
Objectives	To enhance its relationship with Tribal Aging Advisory members and Tribal Aging Unit staff by listening to and addressing concerns related to program services and supports, removing barriers and addressing any issues related to the cultural needs of tribal members.
Strategies	BADR leadership will attend at least one Tribal Aging Commission quarterly meetings in person annually during the Plan period. At least one staff from BADR will attend the 2015 National Title VI Training and Technical Assistance Conference and present on Title III and Title VI Coordination
Outcomes	Improved relationship with Tribal Aging Advisory Members and Tribal Units
Timelines	Ongoing throughout the plan period
Deliverables	Summary Report of BADR activities by Nov. 15 of each year of the planning period.

B. GOALS FOR ACL DISCRETIONARY GRANT PROGRAMS

Alzheimer's Disease Grants

Goal 1: Statement	**Expand the national 'Share the Care' program for use with individuals who are living alone with dementia to connect them with neighbors and the larger community to identify natural supports and volunteers who can provide simple or more complex assistance to help that individual to remain living at home as long as possible. October 1, 2014 through September 30, 2017.**
Objectives	Create Share the Care stations based on broad understanding of dementia caregiving. Expand around the state to extend the concept of natural supports beyond the family to local communities, neighborhoods, etc.
Strategies	Partner with Greater Wisconsin Agency on Aging Resources to recruit statewide Share the Care Coordinator. Work with Aging Units and ADRCs to facilitate local support teams and to build organizational capacity for creating and sustaining these teams.
Outcomes	Share the Care concept is recognized, understood, and implemented statewide for older adults who live alone and do not have close family members to provide informal supports.
Timelines	Grant funded from October 1, 2014 through September 30, 2017. Coordinator hired May 1, 2015. Ongoing oversight and technical support by BADR and ACL (this is a cooperative agreement project) throughout this period.
Deliverables	Regular progress reports to ACL. Final report to ACL at completion.
Goal 2: Statement	**Create program initiatives to increase awareness of the connection between intellectual/developmental disabilities (I/DD) and dementia among parents, physicians and other care providers for this population, and build capacity within these care systems to identify, diagnose, treat, and support people with I/DD and dementia, their families and caregivers. October 1, 2014 through September 30, 2017.**
Objectives	Partner with Wisconsin's Developmental Disabilities Board, which is funded through the grant period to carry out this Goal.
Strategies	Under development by Wisconsin Developmental Disabilities Board.
Outcomes	Increased awareness of and planning centered on the particular needs of people with developmental disabilities who develop dementia.
Timelines	Grant funded from October 1, 2014 through September 30, 2017. Coordinator recruitment underway in June, 2015. Ongoing oversight and technical support by BADR and ACL (this is a cooperative agreement project) throughout this period.
Deliverables	Regular progress reports to ACL. Final report to ACL at completion.
Goal 3: Statement	**Create an educational video for family and other caregivers to provide them with the knowledge and techniques to successfully manage changing care needs and dementia-related behavioral changes experienced by people throughout the journey of dementia.**

	The video will be free and available on the DHS website. October 1, 2014 through September 30, 2017.
Objectives	Increase resources available to family and other informal caregivers for successfully managing care needs of people with dementia in private homes.
Strategies	In partnership with UW-Oshkosh, also contracted to develop other training resources for the Dementia Care System Redesign project, create training video and distribute information about it through the Aging Network.
Outcomes	Caregivers have increased resources to improve their experience and that of their loved ones through the journey with dementia.
Timelines	Grant funded from October 1, 2014 through September 30, 2017. Ongoing oversight and technical support by BADR and ACL (this is a cooperative agreement project) throughout this period.
Deliverables	Regular progress reports to ACL. Video training module. Final report to ACL at completion.
Goal 4: Statement	**Focus efforts on the African American populations in Milwaukee and Dane counties to develop networks of communication about dementia in the community and increase understanding and awareness of dementia and the increased risks African Americans face. October 1, 2014 through September 30, 2017.**
Objectives	Improve community awareness, reduce stigma, and increase availability of programs and services that are culturally competent for and accepted by the African American community.
Strategies	In partnership with Dane County Area Agency on Aging and Milwaukee County Department on Aging, which are funded to carry out this goal for the grant period; plan and pilot programs and interventions targeted toward African American individuals and families living with dementia; and create and implement larger community education programs.
Outcomes	Dane and Milwaukee County African American communities have greater understanding of dementia and its impact, and improved access to programs and services.
Timelines	Grant funded from October 1, 2014 through September 30, 2017. Coordinator recruitment underway in June, 2015. Ongoing oversight and technical support by BADR and ACL (this is a cooperative agreement project) throughout this period.
Deliverables	Regular progress reports to ACL. Final report to ACL at completion.
Goal 5: Statement	Through Dementia Care Specialists at the ADRCs of Milwaukee and Dane Counties, provide, with adaptations as needed, the NYUCI to African American family caregivers of people with dementia, building an understanding of dementia, developing a system of natural supports for the caregiver, and providing ongoing education and support as care needs change throughout the course of the disease. October 1, 2014 through September 30, 2017.
Objectives	Adapt the New York University Caregiver Intervention (Memory Care Connections) to improve its cultural competency and appropriateness to

	support African American family caregivers.
Strategies	Through Dementia Care Specialists at the ADRCs of Milwaukee and Dane Counties and other community partners, create plan for adaptations and pilot them with African American families living with dementia.
Outcomes	Improved family caregiver intervention is available for African American families.
Timelines	Grant funded from October 1, 2014 through September 30, 2017. Coordinator recruitment underway in June, 2015. Ongoing oversight and technical support by BADR and ACL (this is a cooperative agreement project) throughout this period.
Deliverables	Regular progress reports to ACL. Final report to ACL at completion.

Medicare Improvement for Patients and Providers Act (MIPPA)

Goal 1: Statement	**BADR will make use of 2014-17 federal MIPPA grant funding to identify the most effective methods for disseminating information and assistance to Medicare beneficiaries in Wisconsin.**
Objectives	5) Improve awareness of prescription drug coverage options among Medicare beneficiaries in rural areas. 6) Reach low income Medicare beneficiaries who may benefit from the Medicare Savings Programs, extra help with Medicare Part D costs, and Wisconsin's prescription assistance program called SeniorCare. 7) Educate more Medicare beneficiaries about Medicare preventive services such as the "Welcome to Medicare" exam, annual wellness visits, vaccinations and screenings.
Strategies	BADR will distribute sub-grants to twelve local agencies for the purposes of experimenting with innovative methods to achieve MIPPA grant goals and objectives. The sub-grantees will receive training and support from statewide coordinators throughout the three-year grant period. The effectiveness of agencies' methods will be measured using data collected through the State Health Insurance Assistance Program (SHIP) National Performance Reporting system regarding client contacts and public and media activities.
Outcomes	1) Using SHIP NPR data, BADR will identify the tools and strategies that were effective in reaching the largest number of people within the geographic service areas covered by the 12 sub-grantees. 2) BADR will disseminate information about the most effective tools and strategies used by MIPPA sub-grantees to all ADRCs and Aging Units throughout the state.
Timelines	Project period October 1, 2014 to September 30, 2017. Statewide dissemination of best practices, September 30, 2017.
Deliverables	Semiannual state reports, April 30 of 2015, 2016, and 2017. Annual state reports, September 30 of 2015, 2016 and 2017.

C. GOALS FOR PARTICIPANT-DIRECTED/PERSON-CENTERED PLANNING

Goal 1: Statement	**BADR will further expand customer choice and participant control through small grants for congregate meal program innovation in 2015-2017. These efforts will culminate in a set of recommendations for increasing program quality and impact, to be completed by June 30, 2018.**
Objectives	Foster innovative program models and pilot them, to improve program visibility, utilization, and local commitment to sustainability.
Strategies	Provide mini-grants for congregate meal program revitalization at the local level through a competitive RFA, provide technical support and encourage collaboration among grantees, and monitor progress and outcomes through specialized reporting in addition to SAMS reporting. Share outcomes information and implementation plans to encourage replication of successful models.
Outcomes	Increase in congregate meal program utilization in pilot counties as measured by number of unduplicated individuals participating and number of meals served in order to increase health and nutritional security for older adults.
Timelines	RFA released July 15, 2015. Funds released October 31, 2015. Project period November 1, 2015-October 15, 2016.
Deliverables	Panel presentation by participating Aging Units, September, 2016. Summary report, December 31, 2016.
Goal 2: Statement	**BADR will support expansion of evidence-based health promotions programs by providing leadership and technical assistance to the statewide Evidence Based Health Promotion Coordinating Committee, the annual Healthy Aging Conference, and the research and program implementation efforts of the Wisconsin Institute for Healthy Aging and the Community Academic Aging Research Network.**
Objectives	To enhance health literacy and self-efficacy in healthy aging.
Strategies	State Health Promotion Coordinator will collaborate to provide leadership and technical assistance to the statewide Evidence Based Health Promotion Coordinating Committee. At least one staff member will serve on planning committee for the annual Healthy Aging Conference. Director will serve on Board of Directors of the Wisconsin Institute for Healthy Aging and the Executive Committee of the Community Academic Aging Research Network.
Outcomes	Strengthened and improved network of health promotion program offerings and increased participation, reaching a larger portion of Wisconsin's older adults and building their self-efficacy, health literacy skills.
Timelines	Ongoing
Deliverables	Documented support for statewide initiatives, such as grant applications,

	project charters, letters of support, dedicated staff positions, and governance participation on an ongoing basis.
Goal 3: Statement	**In 2016, 2017 and 2018 BADR will provide one or more staff persons to serve on the conference planning committee for the annual statewide "Living a Self-Determined Life" training conference, aimed at increasing the self-efficacy of older adults, their caregivers, and the professionals that serve them in defining quality of life and maintaining self-determination. Conference planning is ongoing and the event is held in June each year.**
Objectives	To support planning and delivery of a top quality conference focused on self-determination and empowerment for older adults.
Strategies	Provide one or more staff persons to serve on the conference planning committee and assist in staffing the conference itself.
Outcomes	Increased participation in the conference by older adults and their caregivers and, as a result, increased self-efficacy in defining quality of life and maintaining self-determination.
Timelines	Planning committee will begin meeting each year in the fall (2015, 2016, 2017); conferences will be held each following summer (2016, 2017, 2018).
Deliverables	Responsibilities of the Planning Committee include production of the conference program; delivery of the conference; and compilation of the conference evaluation report.
Goal 4: Statement	**As part of Wisconsin's Dementia Care System Redesign Plan, BADR will be involved in several initiatives aimed at defining and disseminating best practice guidelines emphasizing the need for person-centered care planning, direct care, residential settings, caregiver support, and crisis response. BADR will provide one more staff persons to serve on related workgroups throughout the three-year plan period. Efforts are ongoing.**
Objectives	Maintain person-centered focus in developing best practice guidelines for dementia system redesign.
Strategies	Contribute key staff members to serve on project workgroups charged with developing best practice guidelines.
Outcomes	Resulting guidelines, program plans, and innovations reflect principles of participant direction/person-centered planning.
Timelines	Ongoing.
Deliverables	Diverse and to be determined by workgroups throughout three-year planning period.

D. GOALS FOR ELDER JUSTICE PROGRAMS

Prevention of Abuse, Neglect, and Financial Exploitation of Elder Adults at Risk

Goal 1: Statement	**BADR will assist local partners to address crises in persons with dementia by developing policy documents, training, and technical assistance materials in the areas of crisis response, crisis stabilization, emergency protective placements, and long term care for persons presenting challenging behaviors. Efforts will continue through the Plan period with an interim progress report by July 31, 2017.**
Objectives	Foster capability of local partners and stakeholders to address/prevent crisis situations involving people with dementia.
Strategies	Provide guidelines and best practice recommendations to develop policy documents, training and technical assistance materials in the areas of crisis response, crisis stabilization and long term care for those individuals with dementia presenting with challenging behavior. Pilot intervention programs in areas selected for small grant funding.
Outcomes	Decrease in number of moves to more restrictive settings thus avoiding transfer trauma and difficulty to family/caregivers.
Timelines	RFA released August 15, 2015. Funds released November 30, 2015. Project period December 1, 2015-November 1, 2016.
Deliverables	Presentation to Dementia Steering Committee on pilot project December 2016. Progress report on entire project due July 31, 2017.
Goal 2: Statement	**BADR will develop statewide recommendations and guidelines targeting a variety of problems regarding guardianship and other forms of surrogate decision-making.**
Objectives	Target and address problems and issues regarding guardianship and other forms of surrogate decision making.
Strategies	Participate in a cross disciplinary workgroup with the Courts, APS/Social Workers, Long-Term Care Providers to address issues related to Corporate Guardian Fees. Participate in WINGS project to address Legal Process reforms; Education and Outreach; Oversight and Protections; Corporate Guardian Fees – roles and responsibilities. Propose regulatory or statutory language changes to improve Guardianship, P.O.A. and other

	forms of surrogate decision makers.
Outcomes	Surrogate Decision Makers and Consumers experience greater consistency and improved processes across the state.
Timelines	Preliminary recommendations by December 30, 2016.
Deliverables	Progress Report/Recommendations by September 30, 2017
Goal 3: Statement	**BADR will develop policies, practices, and guidance to address issues related to financial exploitation in older adults in the community and in facilities.**
Objectives	Reduce the incidents and degree of financial exploitation of our elders.
Strategies	Form an ad hoc committee that is representative of APS, Banks/Financial Institutions, Law Enforcement, Prosecutors, Courts, Corp Counsels, Guardians and other stakeholders to address Prevention-Recognition-Documentation-Reporting-Investigation & Prosecution strategies. Create agreements about statewide standards for Prevention, Recognition, Documentation, Reporting , Investigation and Prosecution.
Outcomes	Improved responsiveness of local law enforcement, prosecutors, and courts to incidents of financial exploitation. Greater collaboration and cooperation among local agencies working on these cases.
Timelines	Ongoing throughout the Plan period, with an interim progress report due by July 31, 2018.
Deliverables	Interim progress report.
Goal 4: Statement	**BADR will be convene Adult Protective Services Training Conferences highlighting opportunities and challenges in a multidisciplinary approach to adults-at-risk. This is bi-annual event.**
Objectives	Foster multi-disciplinary approach to EAR/AAR Services Statewide.
Strategies	Provide training opportunities and educational forums that will assist APS Workers and other providers with the tools and support to provide for the very highest level of performance in service to the most vulnerable across the state.
Outcomes	Representation from all 72 counties and 11 tribes at the conferences.

Timelines	October 2015 and October 2017
Deliverables	Conferences scheduled and carried out.

The Long-Term Care Ombudsman Program

Goal 1: Statement	**The Ombudsman and Volunteer Ombudsman Programs will provide a special focus on support to residents of facilities with ongoing issues of noncompliance as evidenced by resident and family complaints, throughout the Plan period. Ongoing activity.**
Objectives	• Identify concerns by: resident reports to Volunteer Ombudsmen, calls to the BOALTC toll-free line and regional ombudsman offices, complaints received via the BOALTC website, review of DQA Statements of Deficiency (SOD's), review of DQA Immediate Jeopardy (IJ) notices. • Receive notification of closing or downsizing homes via the BOALTC Relocation Ombudsman Specialist. • Educate residents about their rights. • Empower residents by assisting them in exercising effective self-advocacy.
Strategies	• Scheduled visits (typically weekly) to assigned nursing homes by Volunteer Ombudsmen. • Assign visits to Regional Ombudsmen based on complaints received, information provided via DQA SOD's, IJ notices and Triangle communications, Chapter 50 Relocation Plans. • Individual work with residents, with consent. • Group work with residents via Resident and Family Councils. • Relocation Team participation, including Ombudsman follow-up with relocated residents, Volunteer Ombudsman follow-up as available. • Participation of Regional Ombudsmen in regional DQA-Provider Forums (These forums are an opportunity to discuss quality concerns and best practices). • BOALTC Executive Director, Legal Counsel and Ombudsman Services Supervisor meet quarterly with DQA leadership to discuss specific trends and areas of concern.
Outcomes	Residents report timely and complete resolution of concerns; timely access to advocacy for future or ongoing concerns.
Timelines	Ongoing.
Deliverables	• Data submitted for verification to ACL/AoA annually, other stakeholders as requested. • Data analyzed at prescribed program intervals.

Goal 2: Statement	**The Ombudsman Program will increase the visibility of the Regional Ombudsmen in assisted living facilities, thereby enhancing access of the residents/tenants of those facilities to the program throughout the Plan period. Ongoing activity.**
Objectives	• Identify assisted living facilities (ALF's) in need of unscheduled visits as those with chronic concerns, new or changed ownership, frequent or repeated notices of complaints, potential threat for closure. • Educate and empower residents and tenants regarding ombudsman function, rights and provider responsibilities. • Educate new providers regarding ombudsman role and function and provider responsibilities related to resident/tenant rights.
Strategies	• Assign visits to Regional Ombudsmen based on new or continuing complaints received, information provided via DQA SOD's and licensing changes, Chapter 50 Relocation Plans. • Ombudsmen meet at prescribed intervals with DQA Bureau of Assisted Living (BAL) staff to discuss issues, trends and resolutions. • Ombudsmen participate in regional RESOLVE meetings and BAL Forums, serving as educational resource, as requested. • BOALTC Executive Director, Legal Counsel and Ombudsman Services Supervisor meet quarterly with DQA leadership to discuss specific trends and areas of concern.
Outcomes	Residents and tenants report timely and complete resolution of concerns; timely access to advocacy for future or ongoing concerns.
Timelines	Ongoing.
Deliverables	• Data submitted for verification to ACL/AoA annually, other stakeholders as requested. • Data analyzed at prescribed program intervals.
Goal 3: Statement	**The Ombudsman and Volunteer Programs will increase the number of consumer and public contacts to the Board on Aging and Long Term Care web-site by providing information of interest that is both current and advocacy-focused. Ongoing activity.**
Objectives	• Identify areas of necessary and frequently-requested knowledge from consumers.
Strategies	• BOALTC management team periodically reviews website for currency of content, making changes and additions as indicated by consumer and public input, BOALTC staff and other stakeholder suggestions. • As part of annual data reporting, BOALTC management staff monitors numbers of hits to the specific pages of the BOALTC website, observing trends, seeking input from stakeholders.
Outcomes	Consumer, provider and public stakeholders are educated on individual and systems advocacy-related issues and trends, and obtain useful

	information and tools that aid person-centered and person-directed quality of care and quality of life.
Timelines	Ongoing.
Deliverables	• Reports/summary of the number of visitors to different locations of the BOALTC website.
Goal 4: Statement	**The Ombudsman will ensure access to advocacy of enrollees (members) in Wisconsin's Home and Community-Based Services (HCBS) programs.**
Objectives	• Educate staff of Managed Care Organizations (MCO's) and Care Management Units (CMU's) on rights of members, functions of the Ombudsman Program and responsibilities of MCO/CMU staff and surrogate decision-makers in respecting rights. • Timely and effective Ombudsman response to members seeking information, assistance and representation toward resolution of both formal and informal dispute processes. • Promote member-centered and member-directed planning and participation for long term care providers participating in HCBS programs.
Strategies	• Ombudsmen open and resolve cases based on complaints from or on behalf of HCBS members. • Provide formal and informal education opportunities at regional MCO/CMU meetings, conferences, networks. • Attend and participate in regional meetings of ADRC's and other entities designed to promote consumer and public education and awareness of services and benefits. • Ombudsman Services Supervisor will analyze and communicate trends and egregious complaints affecting members to MCO/CMU and Bureau of Managed Care staff.
Outcomes	Members of Wisconsin's HCBS programs are aware of and receive advocacy services that are timely, effective and that bring about member-centered resolution.
Timelines	Ongoing.
Deliverables	• Data submitted for verification to ACL/AoA annually, other stakeholders as requested. • Communication with DHS, as per inter-agency memorandum of understanding, of outcomes and data as reported by members.

The Medigap Helpline

Goal 1: Statement	**The Medigap Helpline Program will undertake quality improvement measures to assure that calls to the Medigap Helpline's incoming toll-free telephone line will be answered live 50% of the time.**
Objectives	• Intake will answer calls live 50% of the time from the toll-free

	line. • Decreases time delays in responding to the Medicare beneficiary. • Increasing number of "Live" calls directly transferred to a counselor. • Improved clarification of a consumer's issues.
Strategies	• Training Volunteers to clear the voicemail from incoming messages to free up Intake staff for live calls. • Maintain staffing the intake line during lunch breaks. • Require Counselors to be responsible for data entry of the transferred consumer to free up Intake time.
Outcomes	• Better Triaging of Urgent consumer calls. • Improved consumer satisfaction. • Reduce numbers of duplicate calls into the data system by one consumer.
Timelines	Ongoing
Deliverables	Data submitted for review to Centers for Medicare & Medicaid Services on a monthly basis and to The Office of the Commissioner of Insurance quarterly.
Goal 2: Statement	**The Medigap Helpline Program will provide outreach presentations to Medicare beneficiaries on an ongoing basis.**
Objectives	• Staff will attend various senior/information fairs to provide an informational booth about the Medigap Helpline Services and the information we can provide to Medicare consumers. • Be available to present information on various topics to Medicare beneficiaries and other consumer groups.
Strategies	• Work with partners throughout the state to attend informational fairs and share our agency exhibit. • Contact Aging and Disability resource centers offering counselors to provide presentations on various topics to consumer groups. • Seek out professional groups throughout the state to provide Medicare education and consumer information.
Outcomes	• A greater number of Medicare beneficiaries and stakeholders are more informed about Medicare and its options. • Medicare beneficiaries know to turn to the Medigap Helpline Services when they need assistance.
Timelines	Ongoing
Deliverables	Number of actual events as reported in the Public and Media Activities Report for SHIP (State Health Insurance Program).
Goal 3: Statement	**The Medigap Helpline Program will produce and distribute monthly press releases on topics of current importance to consumers, monthly throughout the period of this plan.**
Objectives	• Provide accurate and current information to Medicare beneficiaries and family members regarding Medicare and other insurance programs. • To clarify rules and changes in services.

Strategies	• Each counselor will be assigned a topic to research, draft, and submit a press release for distribution. • Contact state senior organizations for senior publications to include in distribution.
Outcomes	• A greater number of Medicare beneficiaries and stakeholders are more informed about Medicare and its options. • Medicare beneficiaries know where to turn when they need assistance.
Timelines	Ongoing
Deliverables	Number of actual press releases as reported in the Public and Media Activities Report for SHIP (State Health Insurance Program) as well as reported in the agency database.
Goal 4: Statement	**The Medigap Helpline will strengthen and improve the Medigap Helpline Part D & Prescription Drug Helpline SHIP Volunteer Program.**
Objectives	• Increase the number of volunteers providing supportive assistance to the Medigap Helpline Programs. • Increase and train volunteers in the Milwaukee area in preparation for the Annual Election Period.
Strategies	• Actively for volunteers recruit during outreach activities. • In-depth training with volunteers so they are able to support the programs with the assistance the Medigap Helpline Services require.
Outcomes	• Increased number of calls/beneficiaries provided assistance throughout the year. • Complete and accurate data entry numbers made by Medigap Helpline Services staff. • Allow more time for counselors to provide the complex counseling duties vs duties volunteers can perform.
Timelines	Ongoing with emphasis on build up for the Annual Election Period.
Deliverables	SHIP Resource report will show increased volunteer numbers and hours recorded for fiscal year.

State Health Insurance Assistance Program (SHIP)

Goal 1: Statement	BADR will support the state SHIP helplines and local ADRCs and Aging Units in advertising and supplying SHIP counseling services to younger, "tech-savvy" Medicare beneficiaries and family members.
Objectives	1) Make basic information about Wisconsin SHIP services available online in a format that is easily accessible by mobile phone. 2) Research and develop state policies and procedures for the provision of SHIP counseling by email, online chat, and other online communication platforms.
Strategies	• Review existing state-level webpages related to the Wisconsin

	SHIP. Explore options for improving format for viewing the information on a mobile device. • Review existing federal and state policies related to the use of email or other online platforms for SHIP outreach and assistance; gather input from local SHIP agency that report a high number of client contacts using email as the method of contact. Draft and distribute state-level guidance to local agencies.
Outcomes	1) The Wisconsin SHIP will see a 25% increase by December 31, 2017, in the number of clients who learned about the SHIP through the state website 2) The Wisconsin SHIP will see a 10% increase by December 31, 2017 in the number of Public and Media Events in Category 6 (public service announcements, electronic ads, video conferences, web conferences, web chat).
Timelines	RFA released July 15, 2015. Funds released October 31, 2015. Project period November 1, 2015-October 15, 2016.
Deliverables	Panel presentation by participating Aging Units, September, 2016. Summary report, December 31, 2016.
Goal 2: Statement	**BADR will promote the use of Medicare Minutes, a product supplied by the National SHIP Technical Assistance Center, by local ADRCs and Aging Units statewide as a way to involve more volunteers in their Medicare outreach efforts.**
Objectives	ADRCs and Aging Units will increase the number of volunteers involved with the SHIP, as well as increasing the number and diversity of Medicare outreach events.
Strategies	1) Provide benefit specialists with access to monthly Medicare Minutes through the National SHIP TA Center website. 2) Disseminate general information about Medicare Minutes at annual training for benefit specialists and regional meetings of Aging Network and ADRC professionals. 3) Recruit SHIP counselors who have used the program successfully to share their experience with others.

QUALITY MANAGEMENT

Goal 1: Statement	**BADR will work with each of the AAAs to develop well-defined SMART Goals for each element of their three-year plan**
Objectives	Increase the skill of AAA staff related to quality improvement skills specifically related to the development of SMART Goals
Strategies	Provide follow-up for three year plans and evaluate elements of three year plan. Mentor staff to become leaders in this skills development area through ongoing training and support.
Outcomes	Increase the overall quality of SMART Goals of AAA plans
Timelines	Dec. 31, 2015
Deliverables	All AAA Plans will have well defined SMART Goals

Goal 2: Statement	**BADR will work with AAAs to provide support to Aging Units to develop SMART goals for each element in their three-year plans**
Objectives	Increase the skill of Aging Unit staff related to quality improvement skills specifically related to the development of SMART Goals
Strategies	Provide training and support materials. BADR will evaluate 10 % of Aging Unit plans and evaluate SMART Goals
Outcomes	Increase the overall quality of SMART Goals of Aging Unit plans.
Timelines	Sept. 30 2015
Deliverables	All or 100% of all Aging Unit Plans reviewed will have well defined SMART Goals with scores between 4-5 (Good to Excellent)
Goal 3: Statement	**BADR will provide the opportunity for training in quality improvement for up to 70 Aging Unit/ADRC staff, offering two, two-day Change Leader Academy workshops each year of the three-year plan.**
Objectives	Provide training opportunities for Aging Unit/ADRC staff to increase staff quality improvement skill competency.
Strategies	Provide two-day Change Leader Academy twice each year using the NIATx model. Staff will measure competency and understanding of training materials through skill demonstration throughout training.
Outcomes	Staff will demonstrate understanding of each component of the NIATx model
Timelines	Ongoing
Deliverables	Increased understanding of quality improvement methods and standard practices.
Goal 4: Statement	**BADR will initiate the NIATx model of quality improvement/process improvement projects to address identified process problems with a focus on current three-year Aging Plan planning process.**
Objectives	Improve on processes within BADR that will increase efficiency
Strategies	Identify processes with potential for improvement and develop strategies using the NIATx model to improve current processes.
Outcomes	An improved Aging Plan development process that is efficient and allows meaningful input by all stakeholders.
Timelines	Ongoing/Sept 30, 2016
Deliverables	Improved Development Process Plan for Aging Plan