Rusk County Aging Plan
FY 2022–2024

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Executive Summary

Every three years, the Rusk County Aging Unit develops a new three-year plan for aging programs and services, which we call our “Aging Plan.” The plan outlines issues and challenges for older adults, goals for our staff, and represents the county’s intention to ensure older people have the opportunity to realize their full potential and to participate in all areas of community life. Mandated by federal law, the plan is required in order to receive federal funds under the Older Americans Act of 1965, as amended. Once the plan is approved by our policy-setting ADRC Committee, it is submitted to our oversight agency, the Greater Wisconsin Agency on Aging Resources (GWAAR). We use this plan to help guide decisions and to provide an annual report on our progress achieving these goals.

What is the aging unit as an organization?

The mission of the Rusk County Aging Unit is to assure that older and disabled adults have the opportunity to realize their full potential and to be able to participate in and have access to all areas of community life. With the help of the Advisory Committee and Nutrition Committee, it shall be the body within the County which represents the views, interests, and concerns of older and disabled adults of Rusk County. It shall be responsible for identifying and promoting ways in which they can contribute to the community’s general welfare. To assure that all the above activities are carried out in a comprehensive and coordinated fashion, it shall plan, develop, maintain and coordinate senior programs which focus on providing the aging with access to services, benefits and opportunities which are available in the community through direct coordination with the Rusk County Aging & ADRC Barron, Rusk, Washburn- Ladysmith Location, its manager and staff.

Rusk County’s Aging Unit has a long history of connecting people to and providing a variety of services for people age 60+. In 2009, Rusk County joined Barron and Washburn Counties in receiving a grant to function as the ADRC of Barron, Rusk and Washburn Counties, thus incorporating the already existing Aging Units. While our ADRC is regional, our aging programs are not but we are still able to provide a “One Stop Shop”. The combination of the Aging Program and ADRC in Rusk County has provided high quality, coordinated services and operational efficiencies to the public. By incorporating all programs and services in one destination, customers can be served fully by being able to access services and we are able to offer a wide array of information and assistance from private pay to public funding options. We refer to ourselves as the “ADRC” and no longer use the term “Rusk County Aging” to minimize confusion.

By incorporating the Aging Program into the ADRC, we have been able to provide a wide variety of public outreach, education and marketing to reach older adults and their caregivers early and being able to provide them with resources, information and

prevention programs so that they may retain their independence by living at home and spend their savings wisely.

What does the aging unit provide for the community?

The ADRC plays a crucial role in advocating and supporting a community that values, supports, and empowers seniors, persons with disabilities, and their caregivers. We are a one-stop shop for many in the community to help them remain independent and healthy - ultimately preventing the need for more expensive long-term care. We offer a large range of services; most for a suggested donation, to assist people, including: senior dining, home delivered meals, nutrition education, caregiver support, healthy aging workshops, dementia support, technology support, medical equipment loan closet, scam information, commodities, Farmer's Market vouchers, information and assistance, benefits counseling, understanding Medicare, and support groups. We utilize volunteer talents and interests and community donations to help stretch our resources and community reach. We collaborate with many other community partners. We are focused on maintaining and expanding programs and services to support older adults to age well at home and are always open to revitalizing and changing when needed. The ADRC is constantly receiving and considering public input regarding how our services impact the community. Here are some examples of the input we received from our survey in April. The question was: Our rural communities can be great places to age well. What does your community offer to support people to age well? All responses are Anonymous:

"I'm fairly new here, but I do know the ADRC does great things here."

"Local transportation (RCTC) and meals (Senior Center) are a great resource for the community"

"Lots of programs through ADRC, hospital, therapy businesses!"

"My needs have all been met. :)"

"Offer many programs to assist both the person being cared for and the caregiver."

"Outdoor activities like fishing, walking, hunting; swimming pool at H.S."

"Public transportation; senior center; Meals on Wheels; food pantries; library; handicap accessible events"

"RCTC - transportation; ADRC - advice, activities, wellness classes; Nutrition program/Senior Dining; Hospital, Prevea Clinic; Farmer's Market - double coupons"

"Wonderful Dept at Courthouse for many services/activities. We met them all with my mom. Amazing service."

What was learned through community engagement?

The Rusk County 2022-2024 Aging Plan was developed with input from seniors, their caregivers, and professionals who work with older people. We provided opportunities for public input by having five listening sessions, asking every Senior Farmer Market Voucher Program participant to look at our goals, handing out the goals to our meal participants, posting on the ADRC website, Facebook, and posting information throughout our county inviting people to respond either in writing or by phone call.

As indicated in the community engagement reports, the ADRC used multiple methods to gather input for this plan. Creating an Aging Plan is a community effort. The planning process started very early in 2021 to gather input during March and April of 2021:

- A paper/online survey was developed including six questions. The paper survey was distributed to: transportation program participants, home delivered meal and "Grab and Go" participants and volunteers, healthy aging workshop participants, Senior Farmer Market Participants, ADRC specialist customers, as well as through the Source newspaper insert, other county department windows, multiple COVID-19 vaccine clinics, local food pantries, senior centers, libraries, pharmacies, housing authorities, grocery stores, and other businesses. We found that many older adults still prefer a paper survey to give input. An online survey was placed on the platform Social Pinpoint. We found that older adults and their caregivers, as well as other professionals supporting older adults in our community were more likely to give input through a web-based survey this year than they were three years ago. The online survey allowed us to reach more people than ever before.
- To help disseminate both the paper and online survey, an email encouraging assistance in disseminating the survey was sent to: Dementia Care Specialist's Constant Contact listserve, Caregiver Coalition listserve, all county employees, elected officials, County Board members, ADRC Committee members, ADRC Governing Board members, Nutrition Advisory Committee members, Public Health Facebook page, and other community partners such as IRIS, Inclusa, Northwood Technical College, faith communities, healthcare systems, Free Clinic, Chamber of Commerce and Rusk County Transit Commission. Having strong relationships with community partners is helpful when asking them to help disseminate. Additionally, more community partners asked us to see the final data and plan when completed. We are seeing more interest in the needs of older adults in our community when we involve everyone in getting input.
- A subcommittee of the ADRC Advisory Committee reviewed the input from the surveys and developed draft goal ideas based on the survey results. The draft

goal ideas were then presented at five different listening sessions and the ADRC Committee meeting. At the listening sessions, we learned that people liked the draft goals overall. The goals were enhanced based on listening session input and ADRC Committee feedback.

What are the current challenges and needs of the community?

The data collected through public input provided us with clear top community needs. Top concerns/issues include:

- healthcare
- caregiving
- understanding public and private benefits, such as Medicare
- in-home care
- family caregiving support
- understanding technology
- brain health/dementia
- scams
- isolation
- eating well
- housing

The Wisconsin Department of Health Services Division of Public Health Bureau on Aging and Disability Resources and Office on Aging required our aging unit to create goals to advance Older Americans Act Title III programs and values in these focus areas:

- Title IIIB Supportive Services
- Title IIIC Nutrition Program
- Title IIID Health Promotion
- Title IIIE Caregiver Support
- Community engagement
- Person-centered services
- Racial equity
- Advocacy

What is the long path vision of the aging unit

With Rusk County's growing elderly population of 32.6% currently, and growing to more than 44.6% by 2040, we are lucky to have our Aging Unit and ADRC housed together to service the needs of our community. This partnership allows us to be fiscally responsible and have easy transitions within our program areas to serve our growing senior population. Our long path goals include:

- increased partnerships with Rusk County's Public Health and Emergency Services Departments,
- more access to dementia care,
- development and implementation of intergenerational programs, and
- new goals to help with senior isolation and inclusivity.

Describe the leadership of the aging unit:
Manger Kathy Walthers,
ADRC/ Senior Services Manager (Rusk County)
311 Miner Avenue E
Ladysmith, WI 54848
Phone: 715-532-2203
Fax: 715-532-2288
Email: kwalthers@ruskcountywi.us
ADRC Committee Chair and Nutrition Committee Chair: Mark Schmitt
mschmitt@ruskcountywi.us

Appendix: 1,2,3,4

Context

Let's take a look at Rusk County. The population of Rusk County is primarily Caucasian. It is estimated that 98% of people over the age of 65 are white in Rusk County. The remaining 2% is comprised of: 0.3% Black/African American Alone, not Hispanic; 0.4% Native American/Alaska Native Alone, not Hispanic, 0.1% Asian Alone, not Hispanic, 0.7% Two or More Races, not Hispanic, and 0.5% Hispanic/Latino (may be any race).

Rusk County is an "aging" county. The percentage of people currently over the age of 60 in Rusk County is 32.6% compared to a state average of 23.2%. The state as a whole is predicted to have our "aging" population grow, so the number of people over age 60 will continue to increase. It is predicted that by 2040, the state average is going to be 29.0% of the population will be over 60 years of age. Rusk County by 2040 is predicted to have 44.6% of the population 60 or older. That puts Rusk at 15.6% higher than the state average. To further support this, the median age for Wisconsin is 39.5, yet for Rusk County it is 49 years of age. In Wisconsin, the total number of households that have members age 60+ are 38.7% in Rusk County, the number is 49.5%.

This leads us to looking at our next issue of concern. Rusk County has historically had a high poverty rate for people over 65 years of age. The state average is 7.6%; however, in Rusk County it is slightly higher at 7.8%. Even though this doesn't seem like a big difference, the concern is compounded by the lack of useable work force in our area. The unemployment rate across Wisconsin in July, 2021, was 4.2%; and in Rusk County, the unemployment rate was 4.1%. Due to our high "aging" population most of our work force is not in the market to work. Furthermore, since we are a high poverty county, ranked 68th out of 72 counties in the state for per capita income (based on 2010 census data), people are used to living off of a small income. Competition for workers is very high. Many workers are able to choose where to work and elect positions that pay better than our caregiver programs are able to pay. In addition, Rusk County has 25% of people age of 65 and older that live alone. Our whole county is rural with limited resources. It is roughly estimated that in 2020, there were about 413 households in Rusk County with a resident who has dementia. This is expected to increase to 704 households by 2040. This number does not include those residing in assisted living or skilled nursing facilities. This leads to us having an issue covering the caregiving needs we currently have, let alone what is predicted to come.

An additional consequence of being a poor county is that we are not as competitive at being able to get skilled professions to live and work in our county. Our county's pay rate is lower than surrounding counties which leads to us having an even harder time getting qualified personal to compete, accept, and perform our professional jobs. As an example, we might get one applicant for a position when another county might get 15 applicants for the same position. Even when Rusk County is able to hire the professionals needed, it is hard to retain them since the surrounding counties have at times been able to pay as much as $5.00 an hour more for the same position.

According to the collected public input from our surveys and listening sessions, the most identified needs of seniors in Rusk County include: health care, caregiving, understanding public and private benefits (such as Medicare), in-home care, family caregiving support, understanding technology, brain health/dementia, scams, isolation, eating well and housing.

In this time of increasing need and stagnant funding, collaborations and partnerships are essential to meet the needs of seniors. Our ADRC has a 12 years-long partnership with Barron and Washburn Counties, thus merging the already existing Aging Units in to a “One Stop Shop”. This allows for coordinated services and operational efficiencies to the public. Rusk County’s Aging Program has many additional collaborations within the county, including:

- the four congregate meal sites being located in senior and community centers,
- our office being housed inside of our County Government Center
- being part of Rusk County Health and Human Services which allows for seamless transitions between those programs,
- partnerships with local churches to provide volunteers for the home delivered meal programs, and
- longstanding partnerships with Rusk County’s medical clinics and hospitals, home care agencies, law enforcement, etc. to meet the needs of seniors.

Incumbent to being a rural county, lack of quick transportation is a problem throughout the county. While we do have Rusk County Transit Commission (RCTC), this program cannot meet the needs of all rides needed throughout the county. Due to the employee shortages at RCTC, the routes have become limited to set routes which have left people on the bus for 2 hours or more. Many seniors do not have family or neighbors who can help them with outside chores making it challenging for them to continue to independently maintain their homes and property.

According to the County Health Rankings, Rusk County’s Overall Ranking in Health Outcomes was 40th in the State. Rusk County’s Overall Ranking in Health Factors was 64th in the State. This is based on the Clinical Care and Social/Economic Factors discussed above.

Appendix: 4, 5, 6, 7

Community Involvement in the Development of the Aging Plan

Community Engagement Report

County or Tribe: Rusk County	**Date/s of Event or Effort: Survey was available end of March until April 30, June 9th 2 events, June 10th 2 events, June 17th 2 events**
Target audience(s): Any County resident, people over 60+, and family members that see a need in our service areas.	**Number of Participants/ Respondents**: Listening sessions total attendance was 38; Surveys 355 responses

Describe the method used including partners and outreach done to solicit responses:

First, we developed a survey asking participants and community members what they thought the needs were for the next three years and beyond. The survey is attached.

The survey and the Listening Sessions were advertised in 'The Source', on Facebook and on ADRC's website, as well as via posters in all the gas stations in Rusk County. First Federal Bank put the notices on their website's scroll bar. We partnered with Rusk County Transit who advertised in their buses by distributing "The Source" and the survey to riders. We sent flyers to all the Home Delivered Meals participants and gave them to the "Grab and Go" participants. Flyers also were passed out at the local Chamber of Commerce meeting.

For the Listening Sessions, we used the same resources listed above. In addition, we gave a copy of the draft goals to every Senior Farmer Market Voucher Program recipient, 122 individuals, asking for their feedback on the proposed goals and Aging Plan process.

The surveys were also given out at several Covid-19 vaccination clinics. These clinics were held weekly by Public Health throughout the month of April.

The survey results are attached.

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Appendix: 1, 8

Public Hearing Requirements

Please provide a brief summary of the hearings and input from community members.

Use the Public Hearing Report to list the dates, times, locations, and numbers of people in attendance at public hearings. The report should include a summary of public comments and explain modifications made to the draft version of the plan as a result of input collected during the public hearing. Attach Public Hearing Report(s) to the appendices of the aging unit plan.

Public Hearing Report

Completed report, copy of hearing notice, and copy of actual comments taken during the hearing should be placed in the appendices of the aging plan.

<table>
<tr><td>Date of Hearing: 10/07/2021</td><td>County or Tribe: Rusk</td></tr>
<tr><td>Location of Hearing: Rusk County Government Center- County Board Room</td><td rowspan="4">Accessibility of Hearing:
X Location was convenient, accessible & large enough
X Provisions were made for hearing/visual impairments
X Provisions were made for those who do not speak English
X Hearings were held in several locations (at least one in each county your agency serves)
X Hearing was not held with board/committee meetings</td></tr>
<tr><td>Address of Hearing: 311 Miner Ave E. Ladysmith, WI 54848</td></tr>
<tr><td></td></tr>
<tr><td>Number of Attendees: 3</td></tr>
<tr><td colspan="2">Public Notice:
X Official public notification began at least 2 weeks prior?
Date:_09/23/2021_____
X Notice must be posted in a local/online newspaper, nutrition sites and senior centers plus at least one more avenue
X *Print/online newspaper _____
X *Nutrition sites
X*Senior centers
X Newsletter, radio, TV, social media
X Sent to partner agencies/individuals
• Other_____
_____</td></tr>
</table>

X Notifications include
- X Date
- X Time
- X Location
- X Subject of hearing
- X Location and hours that the plan is available for examination

X Where appropriate, notice was made available in languages other than English

X A copy of the notice is included with this report

Summary of Comments:

The only people that came to the hearing were staff and a committee member. I did receive some public input outside of the Public hearing date. The people that I received calls or talked to in the community were mostly interested in the goals. They liked them and didn't ask for any changes past what was requested at the listening sessions.

Changes made to your plan as a result of the input received: Really nothing was changed as no changes were requested.

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Goals for the Plan Period

Focus area: Health Promotion & Caregiver Support		**Due Date**
Goal statement: To promote, develop, and offer training that teaches/refreshes practical skills needed when caring for loved ones at home.		5/31/24
Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.* • Survey participants pre- and post-training. • Conduct monthly follow-up with caregiver volunteers to assess skills proficiency and needs.		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Identify caregiver skills trainings needs.		
Action step: Develop list of existing caregiver skills trainings and aggressively promote these trainings to caregivers. Utilize caregiver coalition.	List developed. Trainings advertised.	6/30/22
Action step: Develop list of requested caregiver skills training/FAQs, such as oxygen safety, dental care, incontinence, lifting assistance, and foot care.	List developed.	6/30/22
Action step: Determine what caregiver practical skills are not already addressed via readily available training.	List developed.	12/31/22
Strategy 2: Develop training for skills identified in Strategy 1, Action Step 3.		
Action step: Identify local partners who can assist with development of additional skills training modules. Utilize caregiver coalition.	Partners Identified.	12/31/22
Action step: Develop training modules and advertise workshop.	Training developed and advertised.	4/1/23
Action step: Host caregiver practical skills workshop. Ask participants to conduct a pre- and post-workshop survey to evaluate success of workshop.	Event held. Surveys conducted and evaluated.	5/31/23
Strategy 3: Conduct monthly follow-up with caregiver volunteers to assess skills proficiency and needs. Develop additional training as needed based on results.		
Action step: Identify volunteers for follow-up interviews regarding caregiver skills assistance.	Volunteers identified.	5/31/23
Action step: Hold monthly discussions with caregivers to discuss skills training requests. Direct caregivers to existing training	Interviews conducted. Referrals completed. Training developed.	6/30/23

whenever possible. Develop additional training modules as needed, per Strategy 2.		
Action step: Hold annual caregiver skills trainings covering frequently requested skills.	Event held.	5/31/24
Annual progress notes		

Focus area: Nutrition Program & Racial Equality		**Due Date**
Goal statement: Expand nutrition program menu to include traditional cultural meals and provide education about cultural traditions to meal program participants.		12/31/22
Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.* • Host at least 1 cultural event annually. • Increase the number of minority elders who participate in the program, 2021 data will be used as baseline. • Increase the number of participants that attend cultural special events, 2022 will be used as a baseline • Participants knowledge of various cultures will increase as evidenced by pre and post survey scores.		
Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Research and Establish schedule for cultural meals and educational events.		
Action step: Meet with leaders from diverse groups in the community to learn more about their culture and if they have any speakers willing to do a presentation	**Meet with community leaders**	2-1-22
Action step: Develop list of cultural holidays, such as Cinco de Mayo, Bastille Day, Chinese New Year, and Juneteenth.	List developed.	2/1/22
Action step: Identify menu options that meet nutrition program guidelines.	Menus developed.	2/1/22
Action step: Determine cost and availability of ingredients for special cultural meals. Identify three meals to pilot.	Meals scheduled.	2/1/22
Strategy 2: Prepare corresponding educational materials.		

Action step: Partner with community organizations or the library to develop educational handout to distribute with the meal.	Educational materials developed.	3/1/22
Action step: Determine number of educational materials needed.	Number determined.	3/1/22
Action step: Obtain educational materials and invite guest speakers as appropriate	Materials copied. Speakers confirmed.	3/1/22
Strategy 3: Serve cultural meals and distribute educational materials.		
Action step: Advertise special meal in the *Source* and social media.	Advertisements published.	12/31/22
Action step: Highlight menu and cultural information in Beneficial Bites monthly program.	Information included in BB programming.	12/31/22
Action step: Serve meal and distribute the educational materials and have guest speaker share their culture with the group.	Meal served and educational materials distributed and presentation held.	12/31/22
Annual progress notes		

Focus area: Supportive Services, Nutrition Program & Person-Centered Services	**Due Date**
Goal statement: Provide seniors choice and modernize the elder nutrition program by adding the opportunity to eat at a local restaurant during a specified time period as the congregate meal option for the day.	6/30/23

Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.*

- Develop at least 1 new partnerships with interested and affordable restaurants that offer healthy meals.
- Offer transportation to new senior congregate restaurant meal.
- Increase participation in meal program by at least 25% new individuals participating, 2022 data will be used as baseline.

Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Develop partnerships with interested and affordable restaurants throughout Rusk County.		

Action step: Survey existing meal participants to determine which restaurants they would like to try and whether they prefer breakfast or lunch.	Survey completed and responses tallied.	6/1/22
Action step: Contact restaurants identified by survey participants to determine interest, menu options, and affordability.	Meetings with identified restaurants completed.	12/31/22
Action step: Develop schedule for pilot Senior restaurant dining option(s).	Pilot meal scheduled.	1/31/23
Strategy 2: Develop transportation plan.		
Action step: Identify transportation options from Senior Center(s) to restaurant(s).	List developed.	6/1/22
Action step: Contact transportation providers to determine interest in participating in pilot restaurant meal program.	Meetings with providers completed.	12/31/22
Action step: Develop registration program for restaurant meal program participants who would like to utilize transportation option.	Transportation registration process developed.	1/31/23
Strategy 3: Pilot restaurant meal option.		
Action step: Advertise restaurant meal and transportation.	Advertising conducted.	5/31/23
Action step: Determine interest and needed resources via registration process.	Registration completed.	6/30/23
Action step: Host restaurant meal(s).	Event(s) held. Participant evaluation conducted.	6/30/23
Annual progress notes		

Focus area: Supportive Services, Community Engagement, & Advocacy	**Due Date**
Goal statement: To increase confidence and provide a venue to host Senior Town Hall meetings that will provide seniors an opportunity to make their voice heard as a "Senior Statesmen" by discussing their aging/living independently concerns with government representatives and elected officials.	12/31/24

Plan for measuring overall goal success – H*ow will you know that you have achieved the results you want? Use data.*

- Participation by community members, government representatives, and elected officials as evidenced by sign in sheets
- Implementation of ideas advocated for Senior Town Hall(s).
- Participation in Aging Advocacy Day by at least 1 community member annually.

Specific strategies and steps to meet your goal:	**Measure** *(How will you know the strategies and steps have been completed?)*	**Due Date**
Strategy 1: Identify topics for Senior Town Hall(s).		
Action step: Identify and select topic(s) for Senior Town Hall(s), such as elder abuse, senior care financing, and transportation.	List developed based on feedback from community input results	6/1/23
Action step: Partner with subject matter expert(s) (SMEs) on selected topic(s). Identify facilitator.	Partners and Facilitator identified.	6/1/23
Action step: Develop agenda/format for town hall with SMEs and facilitator.	Agenda/format developed.	6/1/23
Strategy 2: Schedule Senior Town Hall(s).		
Action step: Invite appropriate government representatives (GRs) and local/state elected officials (EOs) to participate in Senior Town Hall(s).	Attendance commitments in place.	6/1/23
Action step: Coordinate SME/GR/EO schedules to schedule Senior Town Hall(s).	Date(s) confirmed.	7/1/23
Action step: Secure location for Senior Town Hall(s).	Location booked.	8/1/23
Strategy 3: Host Senior Town Hall(s)		
Action step: Advertise Senior Town Hall(s) and offer transportation	Advertisements placed.	8/31/23
Action step: Hold Senior Town Hall(s).	Event held.	9/30/23
Action step: Work with GRs and EOs to track implementation of ideas discussed during Senior Town Hall(s). Include progress reports in *The Source*/social media.	Progress reports published in *The Source* and/or social media.	12/31/24
Annual progress notes		

Coordination Between Title III and Title VI

The coordination of services between the county aging unit, tribal aging units and tribal members is essential to maximize efforts toward health equity within our aging programs. In Rusk County, we don't have a tribal aging unit, but we do have some tribal members. In an effort to reach the tribal members in our community, we advertised throughout the community as discussed above. To further enhance our outreach efforts and services for tribal members who reside in Rusk County, we are requesting guidance from the Regional Office of the Bureau of Indian Affairs and other similar State and Federal Tribal Liaisons in our Region.

Organization, Structure and Leadership of the Aging Unit

Primary Contact to Respond to Questions About the Aging Plan

Name: Kathy Walthers

Title: ADRC Manager

County: Rusk

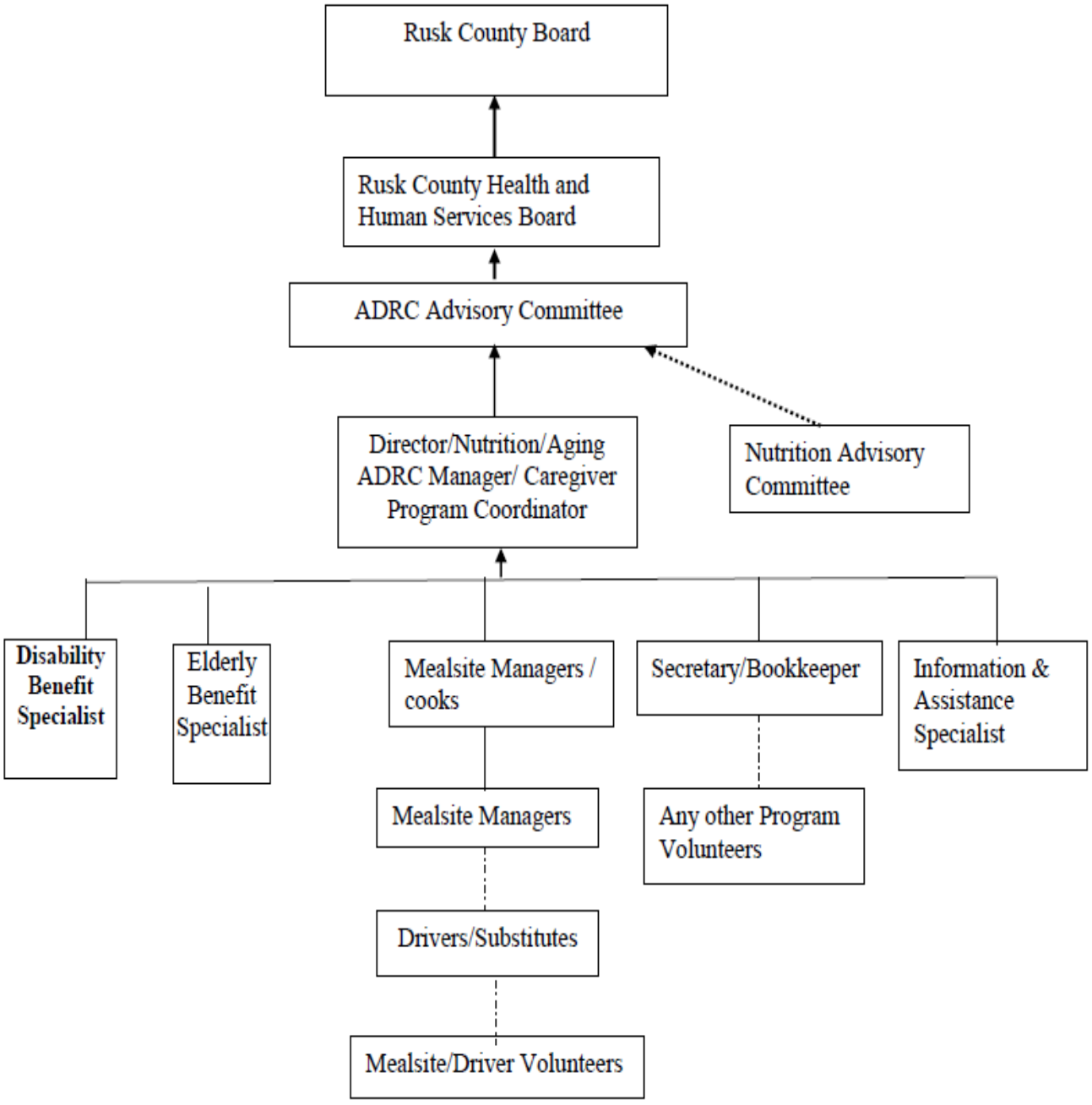
Organizational Name: ADRC BRW- Ladysmith Location (Rusk County)

Address: 311 Miner Ave E.

City: Ladysmith State: WI Zip Code:54848

Email Address: kwalthers@ruskcountywi.us Phone #715-532-2176

Organizational Chart of the Aging Unit



Staff of the Aging Unit

Staff of the ADRC/ Aging Unit

List the people employed by the aging unit. Include additional rows as needed.

Name: Kathleen Walthers Job Title: ADRC/ Senior Services Manager (Aging Unit Director, Nutrition Director, Family Caregiver Coordinator) Telephone Number/email Address: 715-532-2203; kwaltlhers@ruskcountywi.us
Brief Description of Duties: Supervisor of ADRC staff and Older Americans Act Programming, Nutrition Director, and Care Coordinator.
Name: Kay Whittenberger Job Title: Receptionist Telephone Number/email Address: 715-532-2176; kstewart@ruskcountywi.us
Brief Description of Duties: Front desk answering, SAMS input for OAA programs, Bill payments, statements for meals, general office work.
Name: Fawn Hryniewiecki Job Title: Elder Benefit Specialist Telephone Number/email Address: 715-532-2176; fhryniewiecki@ruskcountywi.us
Brief Description of Duties: Elderly Benefit Specialist
Name: Kayla Poppe Job Title: Disability Benefit Specialist Telephone Number/email Address/email Address: 715-532-2176; kpoppe@ruskcountywi.us
Brief Description of Duties: Disability Benefit Services for 18-59 population.
Name: Angela Harvey Job Title: Information and Assistance Specialist Telephone Number/email Address: 715-532-2176; aharvey@ruskcountywi.us
Brief Description of Duties: Information and assistance with: resources, option counseling, enrollment and disenrollment for family care and IRIS.

Name: Jessica Carr Job Title: Head Site Manager/Cook Telephone Number/email Address:715-532-2638; N/A
Brief Description of Duties: Preparing meals for all sites, ordering of food and equipment, staff training, Nutrition paperwork and scheduling.
Name: Lillan Davis Job Title: Bruce Site Manager Telephone Number/email Address: 715-868-3411; N/A
Brief Description of Duties: Food distribution and monitoring, Senior socialization and education, cleaning, paperwork.

Name: Jacquelyne Nitek Job Title: Hawkins Site Manager Telephone Number/email Address: 715-585-2381; N/A
Brief Description of Duties: Food distribution and monitoring, Senior socialization and education, cleaning, paperwork.
Name: Craig Willkom Job Title: Sheldon Site Manager Telephone Number/email Address/email Address: 715-452-5484; N/A
Brief Description of Duties: Food distribution and monitoring, Senior socialization and education, cleaning, paperwork and home delivery.
Name: Laura Papiernik Job Title: Head Assistant Cook Telephone Number/email Address: 715-532-2638; N/A
Brief Description of Duties: Food prep, serve food, cleaning and fill in for head cook.
Name: Donald Mataczynski Job Title: Cook Aide/ Home Delivery Driver Telephone Number/email Address:715-532-2638; N/A
Brief Description of Duties: Food distribution/delivery and food monitoring, cleaning and serving of food, senior socialization.
Name: Michal Mendeleski/open Job Title: Ladysmith Home Delivery Driver Telephone Number/email Address: 715-532-2638; N/A
Brief Description of Duties: Food distribution/delivery and food monitoring, senior socialization.
Name: Louis Franzen/Helen Kay Van Patter Job Title: Bruce Home Delivery Driver Telephone Number/email Address: 715-868-3411; N/A
Brief Description of Duties: Food distribution/delivery and food monitoring, senior socialization.
Name:Tim Farley Job Title: Hawkins Home Delivery Driver Telephone Number/email Address/email Address: 715-585-2381; N/A
Brief Description of Duties: Food distribution/delivery and food monitoring, senior socialization.
Name: Rebecca Kinney/Joan Campbell/ Janet Kennedy/Nancy Daily/Gilbert Johnson/James Richard Job Title: Substitute Driver and Cook Telephone Number/email Address: 715-532-2638; N/A
Brief Description of Duties: Food distribution/delivery and food monitoring, cleaning and serving of food, senior socialization, duties as assigned.
Name

ck Telephone Number/email Address: 715-532-2638; N

/ABriefDescriptionofDuties:Food prep, serve food

, cleaning and fill head assistant cook.

Aging Unit Coordination with ADRCs

Briefly describe the organizational arrangement that exists between the aging unit and ADRC. Include an indication of whether the aging unit is organizationally integrated with the ADRC or separate; whether the two are co-located; and whether the aging unit and ADRC serve a single county or multiple counties.

Statutory Requirements for the Structure of the Aging Unit

Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units. Consider if the county or tribe is in compliance with the law. If the aging unit is part of an ADRC the requirements of 46.82 still apply.

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	**Check One**
(1) An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
(2) A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	x
(3) A private, nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	**Check One**
For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	
For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	x
For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	**Circle One** Yes

Role of the Policy-Making Body

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

Appendix 12

Membership of the Policy-Making Body

The commission is the policy making entity for aging services (46.82 (4) (a) (1)) and an aging advisory committee is not the commission. List the membership of the aging unit's policy-making body using the template provided below and include in the body of the aging plan. There are term limits for the membership of the policy-making body.

Membership of the Policy-Making Body Template

Official Name of the County Aging Unit's Policy-Making Body:

Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Mark Schmitt	x	x	4/2019
Vice chairperson: Kathy Mai	x		6/2020
Jennifer Hengst			4/2016
Peggy Hraban	x		12/2015
Ron Moser	x		4/2016
Kathy Halbur			9/2018
John Smatlak	x		10/2019
Shannda Ladwig			9/2021
Elizabeth Hanson	X		In process

Role of the Advisory Committee

Where an aging unit has both an advisory committee (sometimes referred to as the advisory council) and a policy-making body, a key role of the advisory committee is to advise the policy-making body in the development of the plan and to advocate for older adults. Evidence of this involvement should be listed as an attachment in the appendices of the aging unit plan.

Membership of the Advisory Committee

An aging advisory committee is required if the commission (policy-making body) does not follow the Elders Act requirements for elected officials, older adults, and terms, or if the commission is a committee of the county board (46.82 (4) (b) (1)). If the aging unit has an advisory committee, list the membership of the advisory committee using the template provided below and include in the body of the aging plan. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee. There are no term limit requirements on advisory committees.

Membership of the Advisory Committee Template

Official Name of the County Aging Unit's Advisory Committee:

Name	Age 60 and Older	Elected Official	Start of Service
Chairperson: N/A (Same group of people**)**			

Budget Summary

	Federal Contract Funds	Cash Match Funds	Other Federal Funds	Other State Funds	Other Local Funds	Program Income Funds	Total Cash Funds	In-Kind Match Allocations	Grand Total
Supportive Services	$ 27,730.00	$ 32,997.00	$ -	$ -	$ -	$ -	$ 60,727.00	$ 14,500.00	$ 75,227.00
Congregate Nutrition Services	$ 49,430.00	$ 1,830.00	$ -	$ -	$ -	$ 6,500.00	$ 57,760.00	$ 6,000.00	$ 63,760.00
Home Delivered Nutrition Services	$ 50,406.00	$ 75,000.00	$ 17,266.00	$ 5,264.00	$ -	$ 75,000.00	$ 222,936.00	$ 18,000.00	$ 240,936.00
Health Promotion Services	$ 2,665.00	$ 350.00	$ -	$ -	$ -	$ -	$ 3,015.00	$ 344.00	$ 3,359.00
Caregiver Services - 60+	$ 10,762.00	$ -	$ -	$ -	$ -	$ -	$ 10,762.00	$ 3,662.00	$ 14,424.00
Caregiver Services - Underage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Alzheimer's	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Elder Abuse	$ -	$ -	$ -	$ 9,900.00	$ -	$ -	$ 9,900.00	$ -	$ 9,900.00
Grand Total	$ 140,993.00	$ 110,177.00	$ 17,266.00	$ 15,164.00	$ -	$ 81,500.00	$ 365,100.00	$ 42,506.00	$ 407,606.00

Highlight cells A1 through K9, then right click Copy.
Paste into Aging Plan on a page in Landscape orientation.
Paste as a Picture to maintain formatting/size.

For Alzheimer's and Elder Abuse the Cash Match Funds, Other Local Funds and In-Kind Match Allocations fields can be entered in to.

Verification of Intent

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

Use the template provided below and include in the body of the aging plan.

Verification of Intent Template

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate their title. This approval must occur before the final plan is submitted to the AAA for approval.

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

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

Mark J Schmitt — 10-18-21

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

Mark J Schmitt — 10-18-21

Signature and Title of the Authorized County Board Representative — Date

Assurances of Compliance with Federal and State Laws and Regulations

A signed copy of this statement must accompany the plan. The plan must be signed by the person with the designated authority to enter into a legally binding contract. Most often this is the county board chairperson. The assurances agreed to by this signature page must accompany the plan when submitted to the AAA and BADR.

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

Use the template provided below and include in the body of the aging plan.

Compliance with Federal and State Laws and Regulations for 2022-2024

On behalf of the county, we certify

Rusk County Aging
(Give the full name of the county aging unit)

has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024. We assure that the activities identified in this plan will be carried out to the best of the ability of the county in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2022-2024.

Mark J. Schmitt — 10-18-21
Signature and Title of the Chairperson of the Commission on Aging — Date

Mark J. Schmitt — 10-18-21
Signature and Title of the Authorized County Board Representative — Date

1. Legal Authority of the Applicant

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

1. Outreach, Training, Coordination & Public Information

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging.

2. Preference for Older People with Greatest Social and Economic Need

   The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources Resource's designated Area Agency on Aging for serving older people with greatest social and economic need.

3. Advisory Role to Service Providers of Older Persons

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

4. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.

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

5. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
  (a) Have full access to any information about one's self which is being kept on file;
  (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
  (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately necessary for determining an individual's need and/or eligibility for services and other benefits.

- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:
  (a) By court order; or,
  (b) When securing client-requested services, benefits, or rights.
- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:
  (a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,
  (b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.
- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

6. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated Area Agency on Aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

7. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the county/tribal or area plan shall be licensed or shall meet the requirements for licensure.
- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

8. Civil Rights

   - The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
   - All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
   - The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
   - The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
   - All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

9. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

   The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of federal and federally assisted programs.

10. Political Activity of Employees

    The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs. [Information about the Hatch Act is available from the U.S. Office of Special Counsel at http://www.osc.gov/]

11. Fair Labor Standards Act

    The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219), as they apply to hospital and educational institution employees of state and local governments.

12. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

13. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources Resource's authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

14. Maintenance of Non-Federal Funding

- The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.
- The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

15. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

16. Older Americans Act

Aging Units, through binding agreement/contract with an Area Agency on Aging must support and comply with following requirements under the Older Americans Act (Public Law 89-73) [As Amended Through P.L. 116-131, Enacted March 25, 2020] Reference: 45 CFR Part 1321 – Grants to State and Community Programs on Aging.

Sec. 306. (a)

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-
(A) services associated with access to services (transportation, health services **(**including mental health services**)**, outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the Area Agency on Aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(3)(A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and (B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4)(A)(i)(I) provide assurances that the Area Agency on Aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the Area Agency on Aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the Area Agency on Aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each Area Agency on Aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the Area Agency on Aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
(4)(C) Each area agency on agency shall provide assurance that the Area Agency on Aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each Area Agency on Aging shall provide assurances that the Area Agency on Aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the Area Agency on Aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(9)(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title; and (Ombudsman programs and services are provided by the Board on Aging and Long Term Care)

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the Area Agency on Aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the Area Agency on Aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the Area Agency on Aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13) provide assurances that the Area Agency on Aging will

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(B) disclose to the Assistant Secretary and the State agency-

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the Area Agency on Aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

Wisconsin Elders Act

If the applicant is an aging unit, the aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

(1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
(2) A unit, within a county department under s. 46.215, 46.22
(3) or 46.23, with the primary purpose of administering programs of
(4) services for older individuals of the county.
(5) A private corporation that is organized under ch. 181 and
(6) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the Area Agency on Aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) *Duties.* Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.
2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.

3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non–English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long–term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community –based long–term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s.
46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.
18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.

19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.
20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission on Aging.

(a) Appointment.
1. Except as provided under subd. 2., the county board of supervisors in a county that has established a single–county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy–making body to be known as the commission on aging.
2. In any county that has a county executive or county administrator and that has established a single–county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.
A commission on aging, appointed under par. (a) shall be one of the following:
1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.
2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.
3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one–third of the members shall expire each year, and no member may serve more than 2 consecutive 3–year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two–thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.
A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit.

Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full–time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

(a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging. 2. In any county that has a county executive or county administrator and that has established a single–county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.
(b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.
(d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

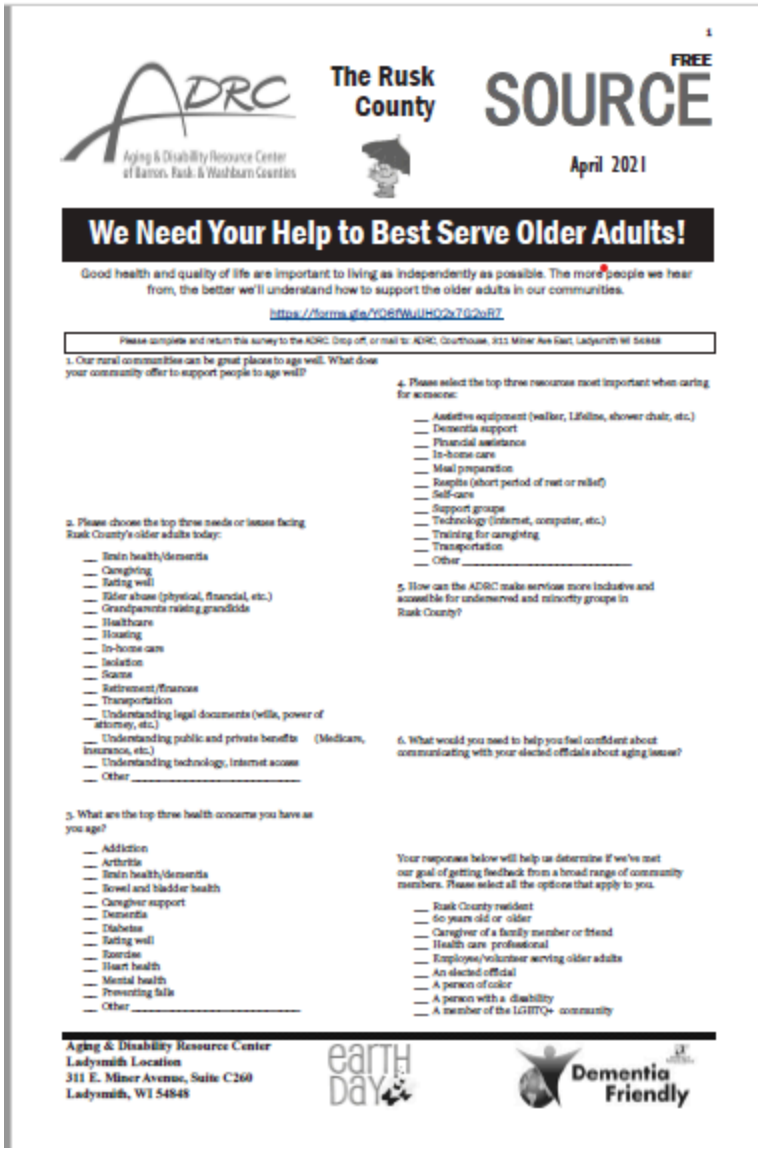
Appendices

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

Attach other documents that support the aging unit plan.

Appendix 1 Survey
Appendix 2 Rusk County Community Input for 2022-2024
Appendix 3 Rusk County Community Input Surveys
Appendix 4 County Population Projections Through 2040
Appendix 5 Estimated and Projected Population Ages 65 and Older with Dementia Living in Households in Wisconsin Counties
Appendix 6 Rusk County Profile of Persons Age 65 and Older
Appendix 7 Population numbers
Appendix 8 Listening Session notice Source
Appendix 9 Public Hearing notice Source
Appendix 10 Public Hearing newspaper
Appendix 11 Public Hearing Notice for Government Center and Radio
Appendix 12 ADRC Committee Minutes (Final plan approval)

Appendix 1



1

ADRC Aging & Disability Resource Center of Barron, Rusk & Washburn Counties

The Rusk County SOURCE

FREE

April 2021

We Need Your Help to Best Serve Older Adults!

Good health and quality of life are important to living as independently as possible. The more people we hear from, the better we'll understand how to support the older adults in our communities.

https://forms.gle/YQ6fWuUHQ2x7G2oR7

Please complete and return this survey to the ADRC. Drop off, or mail to: ADRC Courthouse, 311 Miner Ave East, Ladysmith WI 54848

1. Our rural communities can be great places to age well. What does your community offer to support people to age well?

2. Please choose the top three needs or issues facing Rusk County's older adults today:

___ Brain health/dementia
___ Caregiving
___ Eating well
___ Elder abuse (physical, financial, etc.)
___ Grandparents raising grandkids
___ Healthcare
___ Housing
___ In-home care
___ Isolation
___ Scams
___ Retirement/finances
___ Transportation
___ Understanding legal documents (wills, power of attorney, etc.)
___ Understanding public and private benefits (Medicare, Insurance, etc.)
___ Understanding technology, internet access
___ Other _____

3. What are the top three health concerns you have as you age?

___ Addiction
___ Arthritis
___ Brain health/dementia
___ Bowel and bladder health
___ Caregiver support
___ Dementia
___ Diabetes
___ Eating well
___ Exercise
___ Heart health
___ Mental health
___ Preventing falls
___ Other _____

4. Please select the top three resources most important when caring for someone:

___ Assistive equipment (walker, Lifeline, shower chair, etc.)
___ Dementia support
___ Financial assistance
___ In-home care
___ Meal preparation
___ Respite (short period of rest or relief)
___ Self-care
___ Support groups
___ Technology (internet, computer, etc.)
___ Training for caregiving
___ Transportation
___ Other _____

5. How can the ADRC make services more inclusive and accessible for underserved and minority groups in Rusk County?

6. What would you need to help you feel confident about communicating with your elected officials about aging issues?

Your responses below will help us determine if we've met our goal of getting feedback from a broad range of community members. Please select all the options that apply to you.

___ Rusk County resident
___ 60 years old or older
___ Caregiver of a family member or friend
___ Health care professional
___ Employee/volunteer serving older adults
___ An elected official
___ A person of color
___ A person with a disability
___ A member of the LGBTQ+ community

Aging & Disability Resource Center
Ladysmith Location
311 E. Miner Avenue, Suite C260
Ladysmith, WI 54848

earth day

Dementia Friendly

Appendix 2

Rusk County Community Input for 2022-24 Aging Plan - Google Forms
https://docs.google.com/forms/d/1fp7ml22gXH5AyOdGDbVGG88zXgAekoekDcLVHmao9QA/edit#responses 1/4

Rusk County Community Input for 2022-24 Aging Plan

Questions Responses

355

355 responses

Accepting responses Summary Question Individual

1. Our rural communities can be great places to age well. What does your community offer tosupport people to age well? 192 responses

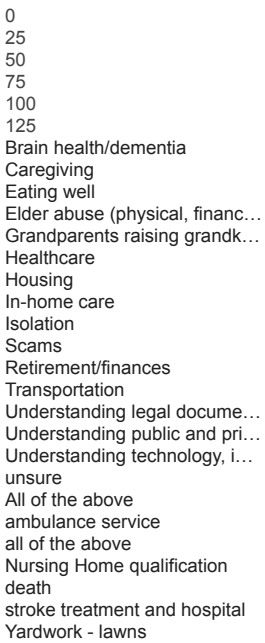
?
not sure
yes
n/a
Don't know
Meals on Wheels
I don't know
test
Meals programs

Rusk County Community Input for 2022-24 Aging Plan

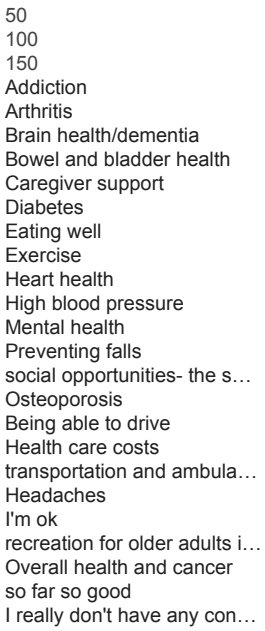
Questions Responses

355

2. Please choose the top three needs or issues facing Rusk County's older adults today: 340 responses



3. What are the top three health concerns you have as you age? 347 responses



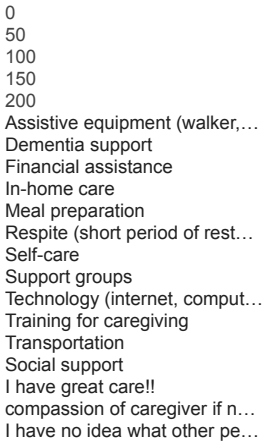
breathing issues/asthma
housing for seniors
Lymes
Available special healthcare 83 (24.4%) 96 (28.2%) 55 (16.2%) 9 (2.6%) 45 (13.2%) 123 (36.2%) 42 (12.4%) 80 (23.5%) 84 (24.7%) 79 (23.2%) 71 (20.9%) 53 (15.6%) 48 (14.1%) 87 (25.6%) 90 (26.5%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 10 (2.9%) 137 (39.5%) 137 (39.5%) 44 (12.7%) 45 (13%) 72 (20.7%) 95 (27.4%) 134 (38.6%) 97 (28%) 91 (26.2%) 79 (22.8%) 59 (17%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 5/10/2021 Rusk County Community Input for 2022-24 Aging Plan - Google Forms
https://docs.google.com/forms/d/1fp7ml22gXH5AyOdGDbVGG88zXgAekoekDcLVHmao9QA/edit#responses 3/4

Rusk County Community Input for 2022-24 Aging Plan

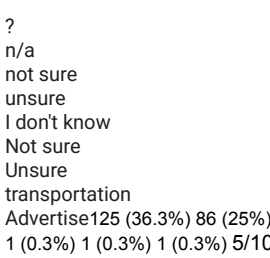
Questions Responses

355

4. Please select the top three resources most important when caring for someone: 344 responses



5. How can the ADRC make services more inclusive and accessible for underserved and minoritygroups in Rusk County? 185 responses



Advertise 125 (36.3%) 86 (25%) 137 (39.8%) 164 (47.7%) 65 (18.9%) 61 (17.7%) 92 (26.7%) 46 (13.4%) 53 (15.4%) 104 (30.2%) 73 (21.2%) 1 (0.3%) 1 (0.3%) 1 (0.3%) 1 (0.3%)

Rusk County Community Input for 2022-24 Aging Plan
QuestionsResponses
355

6. What would you need to help you feel confident about communicating with your elected officialsabout aging issues?181 responses

?
n/a
not sure
nothing
Nothing
N/A
I don't know
Information on the process
To think that they care

Your responses below will help us determine if we've met our goal of getting feedback froma broad range of community members. Please select all the options that apply to you.338 responses

0
100
200
300
400
Rusk County resident
60 years old or older
Caregiver of a family member o…
Health care professional
Employee/volunteer serving old…
An elected official
A person of color
A person with a disability
A member of the LGBTQ+ com… 309 (91.4%) 145 (42.9%) 57 (16.9%) 17 (5%) 27 (8%) 10 (3%) 5 (1.5%) 46 (13.6%) 4 (1.2%)

Appendix 3

3 Copy of Rusk County Community

Appendix 4

County Population Projections Through 2040
All-Ages
Population

County	All Ages 2010	All Ages 2015	All Ages 2020	All Ages 2025	All Ages 2030	All Ages 2035	All Ages 2040
Rusk	14,755	14,755	14,440	14,335	14,105	13,855	13,310

Wisconsin Total	**5,686,986**	**5,783,015**	**6,005,080**	**6,203,850**	**6,375,910**	**6,476,270**	**6,491,635**

County Population Projections Through 2040
Population Ages 60 and Older

	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	Ages 60 and Older	% Ages 60 and Older	% Ages 60 and Older
County	**2010**	**2015**	**2020**	**2025**	**2030**	**2035**	**2040**	**2010**	**2040**
Rusk	3,973	4,590	5,120	5,675	5,900	5,985	5,935	26.9 %	44.6 %
Wisconsin Total	1,091,139	1,266,860	1,478,825	1,671,010	1,786,595	1,845,810	1,885,415	**19.2 %**	**29.0 %**

Source: Wisconsin Department of Administration Updated Population Projections for Counties by Age: 2010-2040; Vintage 2013 Prepared by Eric Grosso, Bureau of Aging and Disability Resources 8/2015; P-00138A (09/2015)

Appendix 5

Estimated and Projected Population Ages 65 and Older with Dementia Living in Households in Wisconsin Counties, 2010-2040

County	2010	2015	2020	2025	2030	2035	2040
Rusk	364	377	413	474	555	640	704
Wisconsin	**94,066**	**101,489**	**114,126**	**135,477**	**162,295**	**190,657**	**213,238**

Notes:
Estimates prepared by Eric Grosso, Demographer, Wisconsin Department of Health Services, Office on Aging.

This is a linear projection of those with dementia in household population based on holding derived national prevalence rates by age group constant over the projection period. These data do not account for prevalence in non-household, institutional settings such as nursing homes. Assisted living facilities are enumerated as household population by the U.S. Census. As such, there are no specific assisted living facility population estimates via the U.S. Census from which to confidently estimate prevalence. These estimates are intended for communities' planning purposes only.

Sources:
2014 Alzheimer's Disease Facts and Figures, Alzheimer's Association, Chicago Health and Aging Project (CHAP) Hebert LE, Weuve J, Scherr PA, Evans DA, Alzheimer's disease in the United States (2010-2050) estimated using the 2010 Census, Neurology 2013;80(19):1778–83.

U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, States, Counties, and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2013, Release Date: June 2014.

U.S. Census Bureau, American Community Survey, 2012 Person-records PUMS file, December 2013

Appendix 6

6 Rusk County Profile of Persons A

Appendix 7

7 Population numbers.xlsx

Appendix 8

The Rusk County

FREE SOURCE

June 2021

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Public Input Needed! Listen sessions

Rusk County

AGING PLAN 2022-2024

Aging programs and services play a major role in the health of our community. The of ADRC BRW- Ladysmith Location is undergoing a planning process to determine how best to provide the services that keep older people healthy and independent. We need your input! Please consider attending public sessions to provide valuable feedback.

June 9th 9:00 am –10:00 am

Parksite Homes Community Room, 503S. Coleman St. Bruce, WI 54819

June 9th 12:30 pm-1:30pm

Sheldon Community Center W5594 Main St. Sheldon, WI 54766

June 10th 10:00-11:00 am

Hawkins Community Center 509 Main St. Hawkins, WI 54530

June 10th 5:45-6:45

Behind the Ladysmith Senior Center 825 E. 3rd St N. Ladysmith, Wi 54848 **Outside in the JLL building.**

June17th 11:30-12:30 pm

Rusk County Government Center County Board /Law Enforcement Center Conference Room 311 Miner Ave E. Ladysmith, Wi 54848 and/or Virtually

County Board Room/LEC or

To join the meeting on a computer or mobile phone:
https://bluejeans.com/7155322203?src=calendarLink
Phone Dial-in
+1.408.419.1715 (United States (San Jose))
+1.408.915.6290 (United States (San Jose))
Meeting ID: 715 532 2203

Appendix 9

September Source

The Aging and Disability Resource Center

Your Input Needed!

2022-2024 Rusk County Aging Plan

Aging Programs play a major role in the health of our communities. Rusk County is undergoing a planning process to determine how best to provide the services that keep older adults healthy and independent.

We need your input!

We invite you to take a look at our plan and give us your feedback. Starting September 23rd Our Aging Plan will be posted on our website, www.adrconnections.org, stop by our office to pick up a copy, or plan to attend our public hearing session.

Public Hearing:

Thursday, October 7, 2021
3:00 p.m.—4:00 p.m.
Rusk County Government Center
311 Miner Ave E., Room County Board room
Ladysmith, WI

Facilitated by: Kathy Walthers
ADRC Manager

Written comments will be accepted until Thursday, October 14, 2021.

Please send to:
Kathy Walthers, Manager
311 Miner Ave E. Suite 260
Ladysmith WI 54848
(715) 532-2176
kwalthers@ruskcountywi.us

For more information contact Aging and Disability Resource Center
715-532-2176 or www.adrconnections.org

Appendix 10
Ladysmith News Paper Thursday, September 23, 2021

NOTICE OF PUBLIC HEARING

Public Hearing Notice for the 2022-2024 Rusk County Plan for Services for Older People

Thursday, October 7, 2021
3:00 p.m. – 4:00 p.m.
Rusk County Government Center
311 Miner Ave E. County Board Room
Ladysmith, WI 54848

A copy of the plan is available for review on our website www.adrcconnections.org and at the Aging & Disability Resource Center (ADRC), 311 Miner Ave E. Ladysmith, WI 54848 between 8 a.m. and 4:30 pm.

Written comment on the plan can be sent to this address until October 14, 2021. Persons needing accommodations in order to attend the hearing should call the ADRC at 715-532-2176 or toll free 1-888-538-3031 at least 48 hours in advance of the hearing.

24N

Appendix 11
Notice sent to the radio on 9/22/21 Posted at the Government center 9/23/2021

Public Hearing Notice for the 2022-2024 Rusk County Plan for Services for Older People

Thursday, October 7, 2021
3:00 p.m. – 4:00 p.m.
Rusk County Government Center
311 Miner Ave E. County Board Room
Rusk, WI 54848

A copy of the plan is available for review on our website www.adrcconnections.org and at the Aging & Disability Resource Center (ADRC), 311 Miner Ave E. Ladysmith, WI 54848 between 8 a.m. and 4:30 pm.

Written comment on the plan can be sent to this address until October 14, 2021. Persons needing accommodations in order to attend the hearing should call the ADRC at 715-532-2176 or toll free 1-888-538-3031 at least 48 hours in advance of the hearing.

Appendix 12 (Committee approvals)

Rusk County Department of Health and Human Services
Aging & Disability Resource Center
Advisory Committee Meeting

The Rusk County Aging & Disability Resource Center Board held its bi-monthly meeting on August 19, 2021 at 1:02 hhtps://bluejeans.com/2469220556?src=calendarLinkor phone at: 888-748-9073or 844-540-8065

PRESENT: Kathy Walthers, Angie Harvey, Kayla Poppe, Fawn Hryniewiecki, Kathy Halbur (computer), Mark Schmitt, John Smatlak, Peggy Hraban, Kathy Mai, Ron Moser, Shannda Ladwig(computer), Jeremy Jacobs,
EXCUSED:, Chris Soltis, Jennifer Hengst, Ashley Nelson, Erik Stoker

1. Call meeting to order 1:02 by Mark Schmitt
2. Approval of minutes from previous meeting. Smatlak, Hraban
3. **Adult Services Report:** Attached
   a. **Children and Family:** Continuing growth, presenting trackchair (still working for deck/garage), go through CCS for in home therapies.
4. **Veterans:** No report
5. **Aging & Disability Resource Center/Senior Services**
   a. Committee openings possible new member approval. - Jim had to decline due to health. Liz Hanson the possibility of coming back. County Board- no replacement of Josh and no active recruitment.
6. **Aging**
   a. Funding (ARP)- no funding received as of yet, no confirmation of total amount just speculation of average.
   b. 2022-2024 Aging plan Final draft to GWAAR Motion to approve Smatlak/Halbar approved.
   c. Health Promotions funding and expenditures- Discussed and approved purchase $5k, new laptops, cases of books, etc.
7. **Other:**
   a. Potluck will be December 16th stating at 12:30 at the Senior Center then meeting will follow there.
   b. Approve minutes from December 16th to be added to the Aging Plan.
   c. Kayla Poppe Evaluation by Program Attorney: Excelling in role

Motion to adjourn: Smatlak motioned, Hraban 2nd at 2:00pm

Next Meeting date is **Thursday, December 16, 2021**, 1:00 p.m. at the Senior Center.

These minutes was prepared by Kathy Walthers, Program Manager of the ADRC under direction of Mark Schmitt, committee chair.