

DRAFT
County Aging Plan
Instructions 2022-2024

The following instructions are provided
By the
Bureau of Aging and Disability Resources
State Office on Aging

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1. Executive Summary

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

- Summarize the whole plan.
 - Who we are as an organization
 - Mission
 - Vision
 - Values
 - What does the Aging Unit provide for the community
 - Addresses the focus areas of the plan
 - Current challenges and needs of the community
 - Plans for the future /long path vision
 - Leadership of the county and the aging unit
 - Governing body chairperson
 - ADRC/Aging Unit Director
 - Commission or Advocacy chairperson

2. Context

The Context Section sets the stage for the aging plan and describes the issues to be addressed in the rest of the document. The context conveys a clear understanding of the current and future service and support needs of the older residents, and the issues, challenges and opportunities facing the Aging Unit. When responding to this section please detail the sources of information used to develop this plan. (Sources may include public health data/information, hospital information/data, census data and tribal and/or county surveys).

The aging plan context answers these questions:

- Who are the current and future older persons?
- What needs have been identified?
- How is the aging network organized to support older persons
- How are older persons supported by the Aging Unit and ADRC through programs and services?
- What are the critical issues/trends and future implications?
- Describe present and future challenges for delivery of aging services in the community
- What are the resources and partnerships? (Describe how resources are shared and how partners interact to meet the needs of older adults?)
- The Context Section should include:
 - Demographic Information
 - Demographic trends brief narrative

- Population Projections by age (graph)
- Composition of county Population 60+ (graph)
- Diversity and ethnicity and participation in aging programs and services (graph)
- Age group estimates 60-69,70-79, and 80+ (optional)
- Population density of older adults within the county (optional)
- Demographic information and other social information can be found at the following link:
- Services available to consumers through the ADRC/ Aging Unit
- Needed additional services; Examples: affordable housing, transportation and mental health services etc.
- Opportunities or plans to address health equity/ racism

❖ Resources:

- **Link to the document developed by Eric Grosso titled: Resources that may be helpful when writing the Context for your Aging Plan. Include the new section from Eric in the document (Eric brought this up on 2/15/2021 related to 60-69, 70-79, 80-80+**
- **Review the local County Health Plan. Information from your local County Health Department can be assistive with Aging Plan development: <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>**

3. Public Involvement in the Development of the County Aging Plan

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

It is expected by the State Office on Aging that each county will use a variety of methods to gather input prior to writing the aging plan. Some methods may include listening sessions (virtual or face-to-face, community conversations, focus groups, interviews and surveys. At least two methods must be used to gather public input.

- The Public Input Section should include:
 - Describe methods used to collect qualitative information from community members.
 - Specify how engaging community members in the planning process leveraged plan development.

- Include supporting documentation that depicts input collected from community members (i.e. community survey results, community conversation summaries, written and/or verbal submissions).
- Please use the Public Input Report to explain how you gathered information and ideas from the public prior to developing your plan
- Attached the completed form to the final plan. [Public Input Report form](#)

❖ Resources

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

Development and Review Process for the Aging Plan

- Gather preliminary ideas and input from the public. At least two distinct methods of input collection should be used and noted on the Public Input Report form.
- Development of a draft plan: A draft of the aging plan should address each of the aging plan goals and objectives. The plan should be developed in partnership with the community, OAA Consultant and advisory and policy-making boards. Members of the policy making body and community should have a reasonable amount of time to review and offer suggestions on the plan prior to it being sent to GWAAR.
- Submit draft plan goals and Public Input Report to GWAAR and revise as needed based on GWAAR feedback – Due: *July 23, 2021*
- Present draft plan to Advisory and Policy-making Boards
- *Collect feedback on draft plan by holding formal public hearings and other outreach.
- Revise as needed based on public feedback and resubmit to GWAAR *if significant changes were made*
- Present final plan to policy-making body for approval
- Submit final plan to GWAAR for final approval – Due: *November 5, 2021*

Public Hearing Requirement

- Before submitting the plan to the Area Agency on Aging (AAA), the aging unit must conduct one or more public hearings on the draft plan.
- *A public hearing* should be used as an opportunity to collect feedback and comments to improve the draft plan.
- The aging unit should make a sincere effort to elicit participation from older people by scheduling the hearings at a time and in locations where it is convenient for the public to participate.

- Public hearings are separate from public input collection done prior to drafting the plan.
- List the dates, times, locations, and numbers of people in attendance at public hearings. Summarize the comments from the public hearings, and how, the draft version of the plan was altered as a result of the comments received at the public hearings
- ❖ Resource:
 - Please use the [Public Hearing Report form](#) to document your public hearings and attach forms to the final plan.
- Public hearings must conform to the following minimum requirements:
 - ◆ *Time of the Hearing*
 - The public hearing(s) must be scheduled to allow sufficient time for the aging unit to make any modifications or revisions to the plan based on the comments received at the hearing(s).
 - ◆ *Public Notice*
 - Official public notification (through public notice processes) must begin at least two weeks prior to the hearing. Public notices commonly appear in newspapers.
 - Notifications shall include the date, time, location, and subject of the hearing. In addition, notification shall indicate the location and hours that the plan is available for examination.
 - Hearing Notice should be notarized and a copy sent to the AAA.
 - An official public hearing notice must be posted in a local newspaper and/or online newspaper publication and at least one of the following: aging unit newsletters; radio announcements; television announcements; social media; and written notices sent to agencies, organizations and individuals known to have an interest in the plan.
 - Copies of the notice must be posted at nutrition sites and senior centers at minimum.
 - Where appropriate, both written and spoken announcements shall be made in languages other than English.
 - ❖ Resources:
 - For information about the number of older adults in each county, their economic and social characteristics, and projected change in county populations, see the DHS Demographics of Aging webpage at; <https://www.dhs.wisconsin.gov/aging/demographics.htm>

◆ Location and Number of Hearings

- Locations chosen for public hearings must be convenient and accessible to older people including people with disabilities, and large enough to accommodate all who wish to attend. Provisions must be made when it is known that people with hearing or visual impairments or non-English speaking people will attend.
- Where possible, hearings should be held at several locations in the county and in conjunction with meetings of local aging organizations. Consider holding hearings at nutrition program dining centers and senior centers.
- Aging units are discouraged from holding hearings in conjunction with regular board/committee meetings.
- In the case of multi-county aging units, a public hearing must be held in each county served by the aging unit.

◆ Opportunity for Comment

- Adequate time at the hearing must be allowed to provide interested parties with an opportunity to comment on the plan. In addition, individuals must be given an opportunity to submit their comments in writing.

◆ Summary of Public Hearing Comments

- Comments received at public hearings must be recorded in written or recorded format.
- A written summary of the comments received at public hearings must be included in the plan.
- The aging unit must also indicate changes that were made to the plan as a result of the comments received at public hearings.
- Please note the public hearing process takes place after the draft plan is written and is separate from the public input process that takes place before the writing of the plan.

4. Goals for the Plan Period 2022-2024

The Goal Section describes both the goals and supporting measurable activities the aging will do during the planning period 2022-2024

Our statewide approach to the upcoming Aging Plan cycle emphasizes the needs expressed by older adults and their caregivers through local community engagement or public input activities. This approach also frames the three-year Plan period in the larger context of creating a long-term vision for the evolution of aging and disability programs and services. To that end, we encourage robust local conversation around how we want our systems to look in ten, twenty or thirty years. Also to that end, we encourage you to think of at least some of the projects in your plan as long-term projects, with annual milestones rather than project completion dates.

After determining the goals for each of the content areas aging units must describe at minimum of two measurable activities the aging unit will carry out within the planning period to move toward the larger long path goals. Each of the activities should meet SMART criteria: The activity or project must be Specific/Strategic, Measurable, Achievable/Actionable, Realistic, Timed and Tracked.

During the past several years SMART goal criteria has been expanded to SMARTIE. The “I” and “E” pertain to measurable goals and activities that are Inclusive and Equitable. Give consideration to the concept of SMARTIE constructed goals and activities.

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

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

GOALS TO ENHANCE PROGRAMS

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

1. Title IIIB Supportive Services
2. Title IIIC Nutrition Program
3. Title IIID Health Promotion
4. Title IIIE Caregiver Support
- 5.

GOALS TO ADVANCE VALUES

6. At least one goal is required to **enhance ongoing community engagement** with aging plans and program operations so that they build a sense of ownership and commitment by the community.
7. At least one goal is required to **address progress within one or more program area** toward person-centered services, maximizing consumer control and choice. This may include efforts to expand choice and participant direction in specific Title III programs. One example might be a goal to introduce a choice-based restaurant model as part of the congregate meal program. The person centered services goal can be a stand-alone goal or met in either the Title IIIB, Title IIIC, Title IIID or Title IIIE.
8. At least one goal is required to **address a barrier to racial equity within one or more program area**. This may include efforts to expand the racial equity or inclusiveness of specific Title III programs. One example might be a goal to move closer to equitable distribution of aging services to reflect county demographics. The racial equity goal can be a stand-alone goal or met in either the Title IIIB, Title IIIC, Title IIID or Title IIIE.
9. At least one goal is required to increase local aging and disability network participants' knowledge and skills related to **advocacy**. This may include efforts to educate older adults about policy making or legislative processes, sometimes known as "Senior Statesman" training. The advocacy goal can be a stand-alone goal or met in either the Title IIIB, Title IIIC, Title IIID or Title IIIE.

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

Please note: To the greatest extent possible, **all of the above goals should address local needs** as defined by the community, by program participants, or by stakeholder groups such as local aging commissions, advisory councils or boards.

We would like to see goals that will result in quality program improvements. Some of your goals may represent some systemic changes that you may not hear in your community engagement events. Staff may be aware of issues or community concerns that are the result of looking at other sources such as SAMS data or your work with county health or mental health departments.

It is recognized by the State Office on Aging that Aging Plan goals are not representative of all of the work aging units do in the community. However the goals described in your aging plan should be representative of some of your best efforts to deliver services that address the need of older adults in your community.

❖ **Resources**

- Counties may choose to use the goal development toll developed by GWAAR
- [Link to Excel –Goal Development Tool](#)
- [Goal examples for aging plans- Developed by OAA and GWAAR](#)

5. Coordination between Titles III and VI
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The coordination of services for between the county and tribal aging units is essential to maximize efforts toward health equity within our aging programs.

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

If the county includes part or all of a federally recognized tribe or is home to a significant population of tribal members, describe how the County and Tribal aging units will work together to coordinate and ensure the provision of services to tribal elders.

Provide a narrative describing collaboration efforts and at least one goal and supporting activities that will results in increase coordination between T-III and T-VI programs. This can be a stand-alone goal or part of another goal.

6. Budget

In preparing the separate budget worksheets aging units may assume the same allocations from the Bureau of Aging and Disability Resources received in the final 2020 award. The actual allocations may differ. Round all figures to the nearest whole dollar.

The budget for the first year of the plan must be submitted on the Excel worksheet labeled “2022 Aging Unit Budget.”

Transfer Requests

The budget worksheet will also serve the purpose of capturing allowable transfers of funds that agencies may request in order to tailor the operation of their programs.

- Agencies may transfer up to 20% of their Title III-C1 funds to Title III-C2.
- Agencies may transfer up to 20% of their Title III-C2 funds to Title III-C1.
- Agencies may transfer up to 15% of their Title III-C nutrition funds to Title III-B.
- Agencies may transfer up to 15% of their Title III-B funds to Title III-C1 or C2.

Agencies may request to transfer additional funds beyond the 20% limitation between Title III-C1 and C2 as well as beyond the 15% limitation between Title III-C and Title III-B. These transfer requests beyond the stated limitations will be allowed to the extent that we can accommodate them within our statewide restrictions under the OAA.

Title III-C1 allocations may only be used to report expenses for: Congregate Meals, Nutrition Counseling, and Nutrition Education.

Title III-C2 allocations may only be used to report expenses for: Home Delivered Meals, Nutrition Counseling, and Nutrition Education.

Agencies will utilize the Title III-B, III-C1, and III-C2 tabs to indicate the requested transfer within the constraints outlined above by designating the amounts on the relevant service/expenditure category line in the first column.

Calculating Match

Use the examples below to calculate the local match requirement.

Most OAA programs require a matching share of one (1) dollar of cash or in-kind match for every nine (9) dollars of federal money. This means that ten percent of the **combined** sum of the Bureau of Aging allocation and local funding allocation for the program must be in the form of match.

For example, if a grantee/provider has a program with a total cost of \$10,000, the recipient would request \$9,000 (ninety percent) in federal funds and the matching share would be \$1,000 (ten percent).

Total costs of program	\$ 10,000	
Matching share (ten percent)	<u>x .10</u>	
	<u>\$ 1,000</u>	Matching share

Total costs of program	\$ 10,000	
Federal/state share (ninety percent)	<u>x .90</u>	
	<u>\$ 9,000</u>	Federal share

Matching share (ten percent)	\$ 1,000
+ Federal share (ninety percent)	<u>+ \$ 9,000</u>
Total program costs	<u>\$ 10,000</u>

From a different perspective, if a grantee/provider knows the amount of federal money available to the project and is developing a budget using that figure, the following process is used to determine the amount of matching share needed:

\$ 9,000	Federal funds
<u>÷ 9</u>	Divided by 9
<u>\$ 1,000</u>	Matching share

The matching share may be cash, in-kind, or a combination of both.

See below for specific match requirements for each program.

Note: Dollars are only listed once on each budget page. Dollars listed in any given budget cell on a budget cannot be also listed in another cell. The only exceptions are cells in the "Total Budget" column, which naturally represent the sum of funds listed elsewhere on the budget page.

*Dollars listed in any given budget page may not be shown elsewhere on another budget page. The **only** exception is the Summary Budget, which summarizes all other budget pages.*

Expenditure Categories and Services Definitions

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When aging units are preparing budgets they need to use the most up-to-date expenditure categories and definitions which will be part of your budget worksheets.

Note: Updates are occurring to expenditure categories and services definitions to align with new ACL reporting structure that will occur on October 1, 2021

Contact your AAA or BADR for additional information about services definitions.

Title III-B Supportive Services Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-B of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-B funds.

There is a 10% minimum non-federal matching share requirement.

Unless you have received a waiver:

- ◆ **There is a 7% minimum for Access to Services.**
- ◆ **There is a 6% minimum for In-Home Services.**
- ◆ **There is a 5% minimum for Legal/Benefit Assistance.**

Title III-C1 Congregate Meals Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C1 of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C1 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-C2 Home-Delivered Meals Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-C2 of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-C2 funds.

There is a 10% minimum non-federal matching share requirement.

Title III-D Disease Prevention and Health Promotion Services Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-D of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-D funds. Aging units must support evidence-based health promotion disease prevention programs with these funds.

Note: This funding source includes a requirement that they be used only for health promotion and disease prevention programs that have been scientifically proven effective with the older adult population, with results published in a peer-reviewed journal; have been effectively implemented in a community setting; and have replication guidelines (protocols) available to the public.

There is a 10% minimum non-federal matching share requirement.

Title III-E Family Caregiver Support Program

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under Title III-E of the Older Americans Act. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to Title III-E funds.

There is a 25% minimum non-federal matching share requirement.

AFCSP-State Alzheimer's Family and Caregiver Support Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Alzheimer's Family and Caregiver Support Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Alzheimer's Family and Caregiver Support Program funds.

Note: If AFCSP funds are used as match for the federal Title III-E Family Caregiver Support Program show the AFCSP funds in the local cash match column on the Summary Budget according to the services expenditure category funded with the AFCSP/Title III combination. AFCSP funds that are not used as match are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the aging unit is not the designated AFCSP agency.

State Elder Benefit Specialist Services Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Benefit Specialist Program. Also included are local matching resources, other federal, state, and local County Aging Plan Instructions 2022-2024 v.7

resources, as well as program income, which relate to the State Elder Benefit Specialist Program funds.

There is a 10% minimum non-federal matching share requirement.

State Elder Abuse Direct Service Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Elder Abuse Direct Service Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Elder Abuse Direct Service funds.

Note: State Elder Abuse Direct Service funds are placed in the "Other" expenditure category on the summary budget.

Note: This budget does not apply if the aging unit is not the designated elder abuse agency.

State Senior Community Services Program Budget

This budget represents the aging unit's proposed budget for funds received from the Bureau of Aging and Disability Resources under the State Senior Community Services Program. Also included are local matching resources, other federal, state, and local resources, as well as program income, which relate to the State Senior Community Services Program funds.

There is a 10% minimum non-federal matching share requirement.

Other Budget

This budget represents the aging unit's proposed budget for funds for aging services other than resources related to the federal and state funds received from the Bureau of Aging and Disability Resources.

Examples of such funds might include Department of Transportation 85.21 (federal and state) funds, United Way funds (not used as match elsewhere), and other federal, state, and local funds.

Note: If any funds from Title III of the Older Americans Act are involved in the provision of a service, including supportive and administrative services, the non-Title III funds must be reported on the appropriate Title III budget page.

Summary Budget

This budget represents the overall budget of the aging unit. It presents a concise picture of how the agency proposes to budget the federal and state funds it receives from the Bureau of Aging and Disability Resources/ Area Agency on Aging as well as the match, program income, and other sources of funds available to the aging unit.

7. Verification of Intent

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

The person(s) authorized to sign the final plan on behalf of the commission on aging and the county board must sign and indicate his or her title. This approval must occur before the final plan is submitted to the area agency on aging for approval. A draft plan must be submitted to the area agency on aging during the month of July 2020 for review, prior to 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.

Role of the Policy-Making Body

The aging unit plan must be approved by the policy-making body, also called the Commission on Aging. Evidence of this required involvement shall include, but not be limited to the following:

1. Minutes of policy-making body meetings focused on the development of the plan;
2. Review and approval by the policy-making body of the draft version of the plan prior to its release for public comment and public hearings; and
3. Review and approval by the policy-making body of the final draft of the aging unit plan, following a review of the comments received from public hearings, community organizations, and the advisory committee.

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. Evidence of the involvement of the advisory committee shall, at a minimum include the items listed below:

1. Minutes of the advisory committee meetings focused on the development of the plan;
2. Review and comment by the advisory committee on the draft version of the plan prior to its release for public comment and public hearings; and
3. Review and approval by the advisory committee of the final draft of the aging unit plan, following a review of the comments received from public hearings and community organizations.

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

8. Organization and Structure and Leadership of the Aging Unit

8.1 Primary Contact to respond to questions about the aging plan

- Provide contact information for the most appropriate person to answer questions or make comments about the plan or the aging unit, to aid people who may have questions about the plan or the aging unit.

8.2 Organizational Chart of the Aging Unit

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

8.3 Staff of the Aging Unit

- Provide the required information on the people employed as the aging unit director, nutrition director, program nutritionist (including under contract), lead information and assistance specialist, benefit specialist, family caregiver coordinator, transportation coordinator and other aging unit staff (as applicable). Please recall that Chapter 46.82 requires a full-time aging director. State policy requires this to be "one" FTE (Cannot be equivalent FTE). Information on other staff may also be included at the discretion of the aging unit. If the aging unit is combined with the ADRC please show both staffs.

8.4 Aging Unit Coordination with ADRCs

- Briefly describe the organizational arrangement that exists between your county's aging unit and the Aging and Disability Resource Center that serves your area. Include an indication of whether your Aging Unit is organizationally integrated with the ADRC or separate; whether the two are co-located; and whether the Aging Unit and ADRC serve a single county or multiple counties. Explain how the Aging Unit will collaborate and/or coordinate with the ADRC in carrying out the goals included in this Plan.

8.5 Statutory Requirements for the Structure of the Aging Unit

- This section refers to requirements in [Chapter 46.82 of the Wisconsin Statutes](#).
 1. Choose the option that represents the organizational structure of your aging unit.
 2. Choose one of the options for the composition of commissions on aging and advisory groups, and
 3. Confirm the aging unit has a full-time director as required by law. (The aging director cannot be equivalent FTE)

In answering these questions, carefully consider whether the county is in compliance with the law. If the aging unit is part of an Aging and Disability Resource Center (ADRC) the requirements of [46.82](#) still apply. Please direct questions to the area agency on aging.

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

8.6 Membership of the Policy-Making Body

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

Chapter 46.82 of the Wisconsin Statutes states that: "Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than two consecutive 3-year terms." In the case of county board members the requirement is three consecutive 2-year terms (six years total).

In completing this roster of the policy-making body carefully consider whether the county is in compliance with the law. Completion of this roster is also a useful

check if the aging unit is in compliance with the compositional requirements noted in the Statutory Requirements for the Structure of the Aging Unit above

8.7 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 (i.e. policy-making body) is a committee of the county board (46.82 (4) (b) (1)).

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

Chapter 46.82 (4) (b) 1 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership. In completing this roster of the advisory committee, carefully consider whether the county is in compliance with the law. Completion of this roster is also useful to check if the aging unit is in compliance with the compositional requirements noted in Section 3-D. Please direct questions to the appropriate area agency on aging.

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

9. 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.

10. Assurances

The assurances agreed to by this signature page must accompany the plan when submitted to the area agency on aging and the Bureau of Aging and Disability Resources.

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

11. Appendices

Attach copies of comments received during public review of the plan.
Indicate any changes made in the aging plan following public comment.

Attach other documents that support the aging unit plan.