COMMISSION ON AGING AND DISABILITY SERVICES

Tuesday, January 14, 2025, 9:00 am, Room G046

Haley Kenevan called the Commission on Aging and Disability Services meeting to order at 9:00 A.M.

Present

Haley Kenevan, Gary Schmidt, Del Yaroch, David Godshall

Also Present

Brittany Borchardt, Kayla Eilenfeldt, Rob Griesel, Amanda Higgins, Jessica Krueger

Excused

Shirley Kitchen, Jody Langfeldt, Lorna Negen

3. Roll Call, Introductions, and Non-Member County Board Members

Roll call and introductions commenced.

4. Public Comment

No public comment.

5. Action/Approval of the Minutes of September 10, 2024, and December 3, 2024, Meeting

Del Yaroch made a motion to approve the September 10th and December 3rd, 2024, meetings with David Godshall seconding the motion. All were in favor; minutes approved.

6. Aging/Nutrition/Transportation Program Supervisor's Activity Updates — Brittany Borchardt

All Dining Centers except Randolph are now open for Congregate dining. Due to a change in staff, the Randolph Dining Center did not reopen in the fall and will be opening on March 10, 2025. We are currently training 2 new Dining Site Coordinators and have a contingent offer out to another. Volunteer delivery drivers are staffed well, but we could always use backups. Miss Olive's Meals continue to be delivered on Fridays to our Lomira participants, and Kwik Trip Meals are delivered on Tuesdays and Thursdays to our Juneau participants.

The Transportation program was awarded a new van, which will replace an older van. The 5-year replacement schedule was updated to 7 years. The 5310 Audit has been completed. We need to make some minor corrections related to policy updates. The Transportation Program is fully staffed.

The 2025 – 2027 Aging Plan is finished and approved, with 4 new goals previously discussed at the last CADS meeting. These goals will be posted on the website soon.

7. Benefit Specialist Activity Updates — Amanda Higgins

With 2024 Open Enrollment, Elder Benefits saw 103 clients with overall savings of $62,998, with one client saving $15,000. The average overall savings was $500. Disability Specialists saw 27 clients with an overall savings of $37,479. Two individuals saved $8,500 and $1000 was the average savings. This year's deadline was November 22, 2024, and 7 additional packets came in afterward, with 2 clients reaching out to the Disability Specialists (the first year this has happened). In total, for 2024, there were 204 EBS (Elder Benefit Specialist) cases and 128 DBS (Disability Benefit Specialist) cases. Compared to 2023, Elder Benefit Specialists saw 33 more clients in 2024. The monetary impact of EBS was 2.4

million dollars (2024) vs. 1.8 million dollars (2023). DBS, even with the database changeover in August of 2024, had a $1.1 million impact vs. $906,000 (2023). This is the estimated value of benefits that the Benefit Specialist helped Dodge County clients obtain or preserve. There are changes to Part D in 2025. Due to the Inflation Reduction Act, starting January 1, 2025, the monetary cap for out-of-pocket at pharmacies is $2,000. Prescription Drug Payment Plan embedded in Part D plans. This allows for costs to level out; if there is a high cost, individuals can opt to do so. Cost of Living Adjustment (COLA)-2.5% Social Security. There are energy assistance programs such as Crisis Assistance, Home Energy Assistance, and weatherization programs. WBEV Radio is on every third Tuesday from 9:00 am to 10:00 am on Hometown Today. You can also view it on YouTube. This segment entails benefit updates as well as any ADRC updates or news. Medicare Basics and Beyond class is roughly 2 – 2 ½ hours held on the ground floor every month up until October. Every class is the same. Word of mouth is the best way to get individuals to know about this class, as surveys have shown. Individuals who would benefit from this class are those who are 65 or turning 65, have been disabled for 24 months, or need a refresher. Next classes are on January 22nd at 9 am and February 11th at 1 pm.

8. ADRC/Aging Supervisor's Activity Updates - Brittany Borchardt

There was a staffing restructure within the ADRC due to a lack of interest in the Nutrition & Transportation Supervisor position. That position was eliminated. The responsibilities of that position have been split between Brittany and Rachel, the Nutrition Program Coordinator. There was a position created for a Nutrition Program Assistant to help fill responsibilities and provide support to the Nutrition Program. This position was filled by an internal hire, who will hopefully transition to the ADRC on February 6th. Diane Coulter retired from the ADRC. Before working in the ADRC, she worked in Adult Protective Services and Child Protective Services. Collaboratively, Diane has been with the county for 22 years. Diane's position has been filled. Melissa Mata starts on Thursday and has previously worked at PAVE, which will be a great addition to the ADRC with her knowledge of community resources. Melissa is also bilingual; we have two bilingual staff in the ADRC. We currently are fully staffed in the ADRC.

Agency Call Reports starting in November are looking different. This is due to the fact that we transitioned from WellSky SAMS to PeerPlace. WellSky SAMS details the actual calls, whereas PeerPlace details the time spent on each call.

Aging Advocacy Day is being held on Tuesday, May 13, 2025. Staff are meeting tomorrow to see if there is any interest in participating in the event. Members of the board are welcome to join us. Upcoming classes are currently being scheduled for Spring.

9. Caregiver Program/ Dementia Care Specialist Program Updates – Kayla Eilenfeldt & Rob Griesel

AFCSP grant program for Alzheimer's/Dementia Caregivers has openings. For this grant, participants cannot have a combined income greater than $48,000, after subtracting Alzheimer's/dementia related costs and must have a memory impairment diagnosis. There is a waitlist for the National Family Caregiver Support Program. Flyers for Caregiver Supports have been shared with the SSM Health System to put in doctors' offices.

Conversations Support Group is a virtual group that meets every 1st and 3rd Wednesday of the month. Living Well with Dementia starts March 18, 2025, every 3rd Tuesday of the month. On February 11, 2025, there will be a virtual seminar with Dr. Michelle Braun about frontotemporal dementia, which Bruce Willis has, and the effects it has on language. The Living Well with Mild Cognitive Impairment series starts back up in March. We are hosting a watch party at Church Health Services in Beaver Dam. In April, there is a virtual Memory Café webinar led by Angela Myers, who leads the Library Memory

Project and Drea Douglas North Bend Library in Oregon. The Bringing Hope & Light to the Dementia Journey will be held in Onalaska, WI, on August 13th. Respite will be offered again. Last year, there were just over 200 individuals in attendance. This is a free conference with collaboration across the state. A Day with Lewy Conference will be in October again. We are currently finalizing a date and location. The Spark! Groups are as follows: UnMasked is held on the second Friday in Beaver Dam, Imagine That! It is held on the first Thursday in Waupun, which restarts in March, and DCCA is held on the third Thursday in Beaver Dam. There is a Memory Café that meets once a month in Watertown on the third Thursday. Minds & Voices is for individuals with mild cognitive impairment and dementia who want to advocate. It is a virtual group that meets once a month on the 2nd Wednesday. Dementia Friendly Dodge meets once a month, as well as the Watertown Dementia Coalition. March 4th, 2025 is Dementia Advocacy Day at the Capitol. Rob Griesel and the ADRC were presented with the Ginny Gives Award. We were recognized with this award for our work and efforts to enhance the quality of life for those living with dementia. This award is open to organizations in the United States and Canada.

10. Future Agenda Items - Opportunity to Request Discussion Topics for Future Meetings:
None.

11. Review of Operations:
None.

12. Meetings in 2025
The next meetings of the Commission on Aging and Disability Services will be on **March 11, May 6, July 15, September 9,** and **November 4**, all at **9:00 am** at the **Henry Dodge Office Building, Room G046** in **Juneau, Wisconsin**.

13. Adjournment
Haley Kenevan motioned to adjourn the meeting, and Del Yaroch seconded the motion. The meeting adjourned at 9:56 A.M.

Respectfully submitted,

_____

Del Yaroch, Secretary
Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.

COMMISSION ON AGING AND DISABILITY SERVICES

Tuesday, March 11, 2025 – 9:00 a.m.
Room G050

Present
Haley Kenevan, David Godshall, Del Yaroch

Also Present
Shelia Drays, Brittany Borchardt, Kayla Eilenfeldt, Ashley Sandborn, Jessica Krueger

Excused
Shirley Kitchen, Jody Langfeldt, Lorna Negen, Gary Schmidt

At 9:00 a.m., Haley Kenevan called the meeting to order. It was determined that a quorum was not present, and no business was conducted by the Commission on the Aging and Disability Services Board of Supervisors.

The per diem sheet was signed by Haley.

Meetings in 2025
The next meetings of the Commission on Aging and Disability Services will be on **May 6, July 15, September 9, and November 4,** all at **9:00 a.m.** in the **Henry Dodge Office Building**, **Room G046** in **Juneau, Wisconsin**.

Respectfully submitted,

_____
Del Yaroch, Secretary
Disclaimer: The above minutes may be approved, amended, or corrected at the next committee meeting.

ADRC OF DODGE COUNTY

2024 Home-Delivered Meal Satisfaction Survey Results

59 Surveys Completed

QUALITY

35% of participants said the food **tastes** "good" and **35%** said it **tastes** "very good"
38% said there is a "very good" **variety** of food offered while **13%** said variety is "fair"
35% of participants believe the **portion sizes** are "good" and **35%** believe they are "very good"
44% said the **temperature at which the meal arrives** is "very good" and **15%** said it is "excellent"
42% said the food looks "good"

61% of participants said they had 1-3 visitors in the past week, **while 7% had none.**
On days when a meal is not delivered, **73%** of participants prepare their own meals, while **31%** have a family member prepare their meals.

Having meals delivered provided **54%** of participants **with someone to talk to.**
Home-delivered meals provide **structure and routine** in the days of **61%** of participants.
Meals also give **64%** of participants **a feeling that other people care about them.**

SATISFACTION

49% of participants rate their **experience with program staff and volunteers** as "excellent" and **42%** rate it "very good"
Overall experience receiving meals was rated "excellent" by 44% of participants

TESTIMONIALS

"I get better meals, and I'm starting to want to have a life."

"Your people are the only people I see."

"I get a well balanced meal with a variety of food and a satisfied portion of food"

"I am the lone caregiver for my wife. I never had to cook before her stroke, so the meals give her a good meal each day."

"Relieves stress of planning and making meals for myself."

"Helps me stay in my home."

SUGGESTIONS

"More variety"

"Stop overcooking the broccoli"

"Less processed foods"

"Gravy with the potatoes"

"Prefer the same delivery time daily"

"Would like white bread"

"Baked chicken more often"

"Less liver and onions"

ADRC OF DODGE COUNTY

2024 Senior Dine-In Satisfaction Survey Results

21 Surveys Completed

QUALITY

38% of participants said the food **tastes** "good" and **38%** said it **tastes** "very good"
43% said the food **looks** good
48% said there is a "good" **variety** of food offered and **33%** said **variety** is "very good"
38% of participants believe the **portion sizes** are "good" while **4%** believe they are "poor"

ADVERTISING

How did participants hear about the program:

61%-Community/Senior Center
33%-ADRC Staff
38%-Neighbor/Family/Friend
19%-Hospital or Clinic
19%-Tv/Radio/Newspaper
19%-Internet or Social Media
42%-Other

ATTENDANCE

Participants visit dining center:

1 time per week **33%**
2 or 3 times per week **28%**
4+ times per week 28%

PARTICIPATION FACTORS

57% of participants attend to get out of the home

71% of participants intend to eat a balanced meal

28% of participants attend to see program staff and volunteers

SATISFACTION

80% of participants rate their **experience with program staff and volunteers** as "excellent"

Overall dining experience was rated "very good" by **43%** of participants while **0%** rated their experience fair/poor.

TESTIMONIALS

"As a widow, it gets me out of the house to eat a balanced meal."

"Saves me from cooking and is very affordable."

"Just being with people."

"Assured to receive daily, a nutrition well balanced meal."

SUGGESTIONS

"Perhaps have the veggies less cooked."

"Have breakfast items."

"Increase portions or seconds."

"Replace processed meats with real thing."

"Offer Coffee."

VOLUNTEERS NEEDED!

Do you like working with people?
Helping those in need?
How about giving back to your community?

Then the ADRC of Dodge County is looking for YOU!

Tuesdays & Thursdays:

- Randolph Kitchen Helper

Fridays:

- Mayville Kitchen Helper
- Horicon Driver
- Lomira Driver

The Dodge County Senior Dining Program provides more than 200 fresh, nutritious meals delivered directly to the homes of seniors and individuals with disabilities throughout the county every weekday, excluding holidays. In addition to regularly providing healthy foods, caring volunteers provide social connections that help meal recipients live independently in their homes. Our delivery routes last between 30 - 60 minutes and begin around 11:00 a.m.

Your time can greatly impact our participants and strengthen our community!

Please call 920-386-3580 or email at hsaging@co.dodge.wi.us if interested.
These could be services you might utilize one day.

** Mileage Reimbursement at the Federal Income Rate is provided! **

Served Client Summary

Program: ADRC of Dodge County
02/01/2025 To: 02/28/2025
Report Run Date: 03/26/2025

State Service Type Summary

State Service Type	Total Units	Total Unduplicated Clients	Total Duplicated Clients
Additional I&A Time	0.50	1	1
Carryout Meals	223.00	24	24
Case Development	16.50	12	15
CG AFCSP Case Management	3.75	5	6
CG NFCSP Case Management	47.25	11	56
CG NFCSP Information and Assistance	2.00	2	2
CG NFCSP Public Information	726.00	711	726
CG NFCSP Respite, In-Home General	99.00	7	16
Communication	20.00	16	22
Congregate Meals	251.00	35	35
Consultation: Technical Assistance	2.00	3	3
DCS Support for PWD and Caregivers	37.00	22	37
Functional Screen	2.00	2	2
General Information, Assistance, or Referral	13.75	10	13
Home Delivered Meals	2,729.00	170	170
Home Security and Safety	7.00	7	7
Homemaker	137.00	12	12
Information and Assistance	216.70	235	309
Medicaid Application Assistance	1.25	2	2
Options Counseling	2.00	4	4
Other ADRC Spec	1.50	1	2
Other Ben Spec Activities	2.00	2	2
SHIP	30.00	19	30
Temporary Respite	25.75	1	1

Served Client Summary

Program: ADRC of Dodge County
01/01/2025 To: 01/31/2025
Report Run Date: 02/27/2025

State Service Type Summary

State Service Type	Total Units	Total Unduplicated Clients	Total Duplicated Clients
Carryout Meals	221.00	22	22
Case Development	15.75	8	12
CG NFCSP Case Management	5.50	9	10
CG NFCSP Information and Assistance	7.00	6	7
CG NFCSP Respite, In-Home General	245.40	9	25
Communication	24.25	23	29
Congregate Meals	256.00	32	32
Consultation: Technical Assistance	2.00	2	2
DCS Support for PWD and Caregivers	30.75	20	27
Disenroll Couns-Leaving Program	1.00	1	1
Enrollment Counseling	1.00	1	1
Functional Screen	1.00	1	1
General Information, Assistance, or Referral	25.00	18	28
Home Delivered Meals	2,913.00	169	173
Home Security and Safety	7.00	7	7
Homemaker	155.00	11	11
Information and Assistance	304.75	248	319
Nutrition Education	9.00	169	169
Options Counseling	0.25	1	1
Other Ben Spec Activities	2.50	3	3
SHIP	34.00	25	34
Temporary Respite	7.00	1	1

Served Client Summary

Program: ADRC of Dodge County
03/01/2025 To: 03/31/2025
Report Run Date: 04/22/2025

State Service Type Summary

State Service Type	Total Units	Total Unduplicated Clients	Total Duplicated Clients
Additional I&A Time	0.25	1	1
Carryout Meals	217.00	32	32
Case Development	12.75	9	11
CG AFCSP Case Management	1.75	4	6
CG NFCSP Case Management	14.25	13	39
CG NFCSP Information and Assistance	3.00	6	6
CG NFCSP Respite, In-Home General	166.50	10	28
Communication	16.00	16	22
Congregate Meals	280.00	47	47
DCS Support for PWD and Caregivers	28.00	18	28
Disenroll Couns-Tranf / Re-enroll	0.75	1	2
Enrollment Counseling	5.00	8	10
Functional Screen	18.25	9	11
General Information, Assistance, or Referral	12.00	10	12
Home Delivered Meals	2,836.00	166	166
Home Security and Safety	7.00	7	7
Homemaker	133.50	11	11
Information and Assistance	155.25	226	351
Medicaid Application Assistance	1.50	2	5
Options Counseling	4.25	10	11
Other ADRC Spec	3.00	9	10
Other Ben Spec Activities	1.50	3	3
SHIP	14.00	13	14

Wisconsin aging and disability programs funded by Administration on Community Living: Statement

wispolitics.com/2025/wisconsin-aging-and-disability-programs-funded-by-administration-on-community-living-statement/

April 24, 2025

Wisconsin aging and disability programs funded through the Administration for Community Living, and authorized through the Older Americans Act and Rehabilitation Act and Developmental Disabilities Bill of Right Act stand in opposition to the elimination of programs and funding cuts proposed by the federal Office of Management and Budget for federal fiscal year 2026.

On April 16, 2025, a document from the Office of Management and Budget (OMB), entitled, "Department of Health and Human Services 2026 Discretionary Budget Passback" was leaked to the media. The document included the list of programs proposed for elimination or significant funding cuts in the President's 2026 Fiscal Year (FY) 2026 budget. These potential cuts to programs that millions of older adults, caregivers, and individuals with disabilities rely on would result in devastating consequences.

The White House Office of Management and Budget (OMB) is recommending the total elimination of many disability and aging programs that serve every state and territory, including:

- State Developmental Disability Councils – in WI this is the **Board for People With Developmental Disabilities**, or BPDD
- Developmental Disabilities Protection and Advocacy agencies – in WI this is **Disability Rights Wisconsin**, or DRW
- Long Term Care Ombudsman programs – in WI this is the **Board on Aging and Long Term Care**, or BOALTC
- **State Health Insurance Assistance Programs**, or SHIP
- **Lifespan Respite Care**
- **Elder Justice and Adult Protective Services** programs
- **Aging and Disability Resource Centers** discretionary funding
- **The University Centers for Excellence** at Waisman Center in WI
- **Voting Access for People with Disabilities**
- Older Americans Act (OAA) Title III D Evidence-Based Health Promotion and Disease Prevention, including **Elder Falls Prevention** and **Chronic Disease Self-Management** education

This proposal is not a final decision, but it is a clear communication about intent. This proposal would eliminate funding for advocates charged under federal law to help people with disabilities and older adults express and be guaranteed their rights. Eliminating independent advocate voices and capacity for enforcement of disability and aging rights has the potential to impact the health, safety and well-being of millions. This would take us back to days when older and disabled persons had no options other than expensive nursing homes, and to a time when a lack of oversight and advocacy led to mistreatment, excessive disability, and death.

The proposal also calls for significant reductions in federal staff responsible for the administration and oversight of aging and disability programs and services through the elimination of the Administration for Community Living (ACL), and restructuring these programs within the Department of Health and Human Services (DHHS). Splitting up these core Older Americans Act programs across different DHHS agencies makes essential partnerships and collaborations an impediment to effective advocacy and smooth systems management. Additionally, the proposal directs significant dollars to states to manage these programs as part of Independent Living programming. This move places undo hardship on Designated State Entities overseeing IL Services, and eliminates the very supports they would need at the federal level to successfully deliver on the intent of the eliminates programs. Congress would have to agree to these changes if they become part of the President's budget proposal for next year. Public hearings to determine their impact are needed before these programs are considered for elimination.

What do these disability and aging programs do?

- Respond to allegations of abuse, neglect and exploitation; ensure a responsive investigation, prosecution of perpetrators, due process and crime victims' supports.
- Support older adults and people living with disabilities in living independently and actively, avoiding unnecessary and expensive placement in long-term care.
- By ensuring the least restrictive environment for care and support, advocates also ensure the best stewardship of the financial resources of the state and federal government.
- Provide oversight and advocacy to persons living in long-term care settings when quality of care and quality of life fall below consumer needs and expectations.
- Connect people with disabilities and older adults to programs such as Medicaid or children's long-term care in every county.
- Provide Medicare counseling, assist with benefit denials, and provide oversight to unethical practices.
- Remove state and local barriers to voting for eligible older people and adults living with disabilities.

- Through education, support and respite services, prevent burnout among family caregivers, many of whom work outside the home while also serving as the primary caregiver for a loved one. Minimize the risks of abuse and premature institutionalization by supporting unpaid caregivers so they, too, can live a balanced life.
- Ensure that older and disabled persons who cannot leave their homes, or those who can travel to a congregate mealsite, receive a hot, nutritious meal each day.
- Prevent unnecessary and restrictive guardianships by helping vulnerable Wisconsinites learn skills and find trusted people to help them with decisions.
- Provide evidence-based health promotion programs offering solutions to self-managing chronic conditions and falls risk.
- Advise governors, the President, and state legislatures and members of Congress about the impacts and often unintended consequences of laws and policies on older adults and people with disabilities, and advocate for improvements to programs such as Medicaid and special education.
- Challenge illegal discrimination and ensure that people with disabilities have access to basic life necessities like health care, housing, jobs and education.
- Conduct research and evaluation to understand causes of chronic diseases, their impacts and interventions. Promote and train students to want to work in health, education, and social service systems.

Together, these vital and informed agencies improve access to employment, health, food security, housing and transportation. They take steps to ensure laws and rules increase safety and independence, and minimize premature and expensive admissions to long-term care settings while also working toward best health outcomes through systems improvement. They also decrease healthcare costs and reduce burden on public safety resources, and on individuals and their families.

Advocacy agencies exist to protect people's access and rights to participate in their communities, and help communities to build programs that enable productive, meaningful lives. Collectively, these partner agencies advocate for improved public programs and laws that keep vulnerable Wisconsinites living healthy, safe lives in their communities, as well as create a system of autonomy and accountability. We are concerned that the actions in this proposal will weaken the strong partnerships and clear goals of our mutual organizations.

We encourage you to contact your state and federal legislators to ask them to stand up for the rights, health and safety of older and disabled persons in need of vital long-term care services and supports, asking them to say no to the dismantling and de-funding of these programs.

- Jill Jacklitz, Executive Director, Disability Rights Wisconsin (DRW), (608) 658-2224

- Jessica Trudell, Executive Director, WI Board on Aging and Long-Term Care (BOALTC), 800-815-0015
- Beth Swedeen, Executive Director, WI Board for People with Developmental Disabilities (BPDD), (608) 220-2924
- Janet Zander, Advocacy & Public Policy Coordinator, Great Wisconsin Agency on Aging Resources (GWAAR) (608) 228-7253
- Lisa Schneider, Executive Director, Respite Care Association of WI (RCAW) (608) 222-2033
- Leann DaWalt, Director, Waisman Center University Center for Excellence in Developmental Disabilities, (608) 263-1656
- Jason Glozier, Executive Director, WI Coalition of Independent Living Centers (WCILC), (608) 422-0525
- Jill Henken, Executive Director, Wisconsin Institute for Healthy Aging, (715) 340-4866

ADRC Funding: Medicaid potential impacts 2025-2026

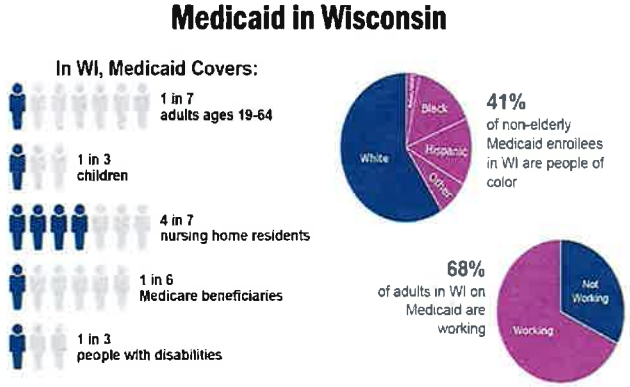
House budget resolution passed 2.25.25 and sent to the Senate. This budget framework commits the House to $2 Trillion in total cuts and a minimum of $880 billion cuts (over 10 years). This framework was sent to the committee that oversees Medicaid to find the savings.

Federal Proposals to Cut Medicaid (handout given at HSC) – 6 in play- all have the same outcomes to reduce dollars coming to states that will need to decide how to manage the cuts and in which programs: Medicaid2025_WIworksservespays_020525.pdf

What Medicaid is:

- 1965 signed into law by President Johnson
- Its medical insurance- ***not a cash benefit***
- Its paying workers-it is a ***workforce program*** really -the dollars go to support jobs- the economic footprint goes way beyond the individual receiving the benefit.
- It is used for work ***already*** provided- so its really a job program paying workers for important care
- The only way that people can get care -this care is not available in the private market- chores, shopping unless paying privately

How does Wisconsin Use Medicaid



Wisconsin has **19 different Medicaid programs** that are known by many different names: MA, Badger Care, Family Care, IRIS, MAPP, Institutional, https://www.dhs.wisconsin.gov/publications/p02383.pdf •

26% of Wisconsin $50 Billion dollar budget is Medicaid

- $9.24 billion is Federal money
- $3.7 Billion is State Money that matches the Federal Dollars
- $13 Billion dollars or 26% of the whole Wisconsin Budget is Medicaid
- 1.2 million Wisconsinites are on Medicaid

Who is on Medicaid in our state: Children, older adults (11% 156,000), people with PD, ID (30%), Mental Health, Low-income pregnant women and low-income working adults. While more are children and adults under 64 (76%) the expenditures are much higher for older adults and adults or disabilities. (57%)

Medicaid In Dodge County

2023: 16.5% Dodge County residents are on Medicaid- with Badger Care Plus being the greatest utilized. 9.9% are older adults and 14% are adults https://ccf.georgetown.edu/2025/02/06/medicaid-coverage-in-wisconsin-counties-2023/

Good Chart Reflects What Medicaid Infuses Into Individual Counties- impacts on businesses Medicaid-Matters-to-Wisconsin_3.pdf

- In Dodge County in 2023, ***209 Businesses utilized Medicaid and $120,321,863*** dollars were reimbursed right here in our community.

What it covers: Hospital services, doctor visits, medication, home care, transportation to medical appointments, Family Care, Nursing homes and more

ADRC of Dodge County Use of Medicaid and Other Federal dollars

Medicaid: Renewal Data | Wisconsin Department of Health Services State Dashboard of Medicaid utilization by program and county

27% of the total ADRC Budget is Medicaid. $306,659 of Medicaid was reimbursed for services rendered in 2024: Each program has a different percentage of reliance dependent on the work they do and how their salaries are funded.

The senior nutrition program received $39,468 reimbursement for family care meals provided in 2024.

The caregiver program has Federal and State dollars that fund those services but, alone, are not adequate to fund our current programs.

The ADRC relies on Older Americans Act funding to operate Older American's Act Programs (OAA), which is primarily Federally funded with some additional state dollars. The Older Americans Act was not reauthorized in September and is needed to occur with the Federal Budget- it could also see reductions outside of the Medicaid cuts. OAA serves people of all income levels but is required to prioritize low income and rural populations.

These Older American's Act Programs are:

- Elderly Nutrition Program
- National Family Caregiver Programs
- Social Programs and Evidence Based Classes

What Medicaid Does for People through the ADRC:

- Phone, office and home visits for EVERYONE who asks- money or not- to help them spend their dollars wisely and stay at home- 1 dollar spent here saves $3.88 for the system as we prevent and delay institutionalization.
- Medicaid funded meals helps support non-Medicaid funded meals (1-2)- so EVERYONE benefits-we can serve even more people.
- Benefit Counseling saves people dollars, ensures access to critical benefits and brings dollars into our community- so people can buy what they need to stay at home- medication, pay utilities, housing et...
- Prevention programs keep people well and demonstrate costs savings in falls, diabetes, isolation, managing chronic conditions-ER's and EMT's are so thankful for our work and provide direct referrals into our programs
- We are a great bang for the buck! 91 volunteers take our dollars so much farther as they drive meals, educate the public, work in our café and so much more

Applies to:
ADRC
Tribal ADRS

P-02923-06 (12/2022)

Confidentiality Policy

Last Revised: December 2022

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This policy applies to aging and disability resource centers (ADRCs) and Tribal aging and disability resource specialists (Tribal ADRS), herein referred to as "agency" or "staff."

I. Purpose

The purpose of this policy is to provide guidance on how information should be accessed or shared consistent with the customer's right to privacy and with the requirements of state and federal law. The policy and procedures in this document are fundamental to any county or Tribal confidentiality policy that applies to the ADRC or Tribal ADRS. Agencies may have one confidentiality policy for their county or Tribe as long as the requirements in this policy are included in the county or Tribal policy.

All ADRC staff, including volunteers, board members, contractors, and Tribal ADRS are expected to be familiar and comply with the requirements of this policy. Benefit specialists are subject to the confidentiality requirements specific to their program and should follow their program guidelines when different from this policy.

II. Principles

A. Respect for the Privacy and Best Interest of the Customer

Decisions about what customer information is accessed or shared will be based on what is in the best interest of the customer and consistent with the customer's right to privacy. Customers should not be pressured to reveal more than they are willing to share and will be allowed to remain anonymous if they so desire.

B. Informed Consent

Customers should be told that the information they share with the agency is kept in confidence and may be shared, when needed, with the customer's permission. It is best practice to inform customers about how their information will be used and to obtain at least a verbal consent, even when consent is not strictly required.

If staff have reason to believe that the information the customer has shared or is about to share would not be protected, they should inform the customer of the limits to confidentiality. These include reporting abuse or neglect; cooperating with public health, adult protective services, law enforcement, or a court order; and emergency situations.

C. "Need to Know" and "Minimum Necessary" Standard

Staff shall obtain only that information which they need to know to assist the customer and will use customer information only for purposes directly related to the provision of services to the customer.

D. Compliance With Confidentiality Laws and Policies

Customer confidentiality is protected by federal and state statutes and regulations and by county or Tribal government policies and procedures. The agency and its staff will abide by all legal requirements relating to confidentiality.

III. Policy

A. Staff Training and Assurances

All newly hired staff will be trained on the confidentiality policy as part of their orientation. Refresher training will be provided to all staff annually.

All staff must sign a confidentiality and non-disclosure agreement stating that they have reviewed, understand, and will abide by the confidentiality policy before being given access to confidential customer information. A copy of the policy will be given to each staff member for their records, and a copy of the signed confidentiality agreement will be kept in each staff member's personnel file. This agreement shall be reviewed and signed annually, at a time determined by the agency.

B. Types of Confidential Customer Information

All personal information about a customer is considered confidential. This includes but is not limited to:

- The person's name, address, birth date, Social Security number, and other information that could be used to identify the customer.
- The person's physical or mental health, functional status, or condition.
- Any care or services that the customer has received, or will receive, from the agency or any other provider.
- Financial information, including income, bank accounts and other assets, receipt of benefits, eligibility for public programs, or method of payment for services provided to the customer.
- Employment status or history.
- Education records.
- Any other information about the customer that is obtained by staff.

C. Access to Confidential Customer Information

Staff, including directors and supervisors, may access confidential customer information to provide information and assistance, options counseling, benefits counseling, functional

eligibility determination, enrollment counseling, and other ADRC services.

D. Disclosure of Customer Information

Staff may not disclose or acknowledge whether a person has received or is receiving services from the agency, unless it has been established that the information can be legitimately shared. When unsure, staff receiving an inquiry regarding the status of a customer will respond in a non-committal manner. For example, staff may say, "The agency confidentiality policy does not permit the disclosure of that information."

1. Disclosures That Require Prior Written Informed Consent

The types of disclosures that require prior signed authorization from the customer or the customer's legal representative include:

- Information with counties outside of the agency's service area for purposes other than access to publicly funded long-term care programs.
- Medical information with an employer, life insurer, bank, marketing firm, news reporter, or any other external entity for purposes not related to the customer's care.
- Substance use disorder (SUD) treatment records.
- School records.
- Any disclosure for purposes not relating to the services provided by the agency.

2. Process for Obtaining Written Informed Consent

The agency will obtain a release of information form that describes the information to be shared and who can receive and use the information, and that is signed and dated by the customer whose information is to be shared or by their legal representative. A copy of the signed release form will be given to the customer or their legal representative.

The customer's records and a copy of the signed release of information form will be kept in the customer's file.

Any written disclosure of confidential information by staff will be accompanied by a written statement documenting that the information is confidential and that further disclosure without the customer's consent or statutory authorization is prohibited by

law.

3. When Verbal Consent Is Sufficient

The following situations require only verbal consent to share customer information:

- Sharing information with the customer's family, friends, caregivers, and providers who are involved with the person's care, when necessary to coordinate services for the customer.
- Contacting an agency or service provider on the customer's behalf.
- Referring the customer to services provided by the agency.
- Referring the customer to services provided by other county or Tribal departments or agencies.
- Linking customers to community resources.

Records of verbal consent should be documented and kept in the customer's file.

4. Customer Right to Revoke Consent

A written release of information or verbal consent may be rescinded by the customer or their legal representative at any time. This should be done in writing, if possible. Revocation of a prior consent should be documented in the customer's file.

5. Disclosures That May Be Made Without Written or Verbal Informed Consent

Neither written nor verbal informed consent is required in the following situations; however, it is advisable to let the customer know that these exchanges may take place when:

- Exchanging customer information necessary for the agency to perform its duties or coordinate the delivery of services to the customer.
- Transferring the long-term care functional screen for the purpose of enrollment into a managed care organization (MCO) or IRIS[1] consultant agency (ICA) in the

[1] IRIS stands for "Include, Respect, I Self-Direct".

agency's service area.

- Transferring the long-term care functional screen to the ADRC serving the county in which the customer resides.
- Exchanging information necessary to coordinate the delivery of ADRC services, county human services, Tribal services, social services, or community programs to the customer.
- Reporting possible abuse or neglect of an elderly person or vulnerable adult, per Wis. Stat. §§ 46.90 and 55.043.
- Cooperating with public health, adult protective services, or elder or adult-at-risk investigations.
- Cooperating with a law enforcement investigation. Check with your legal counsel before providing information in this type of situation, as there are limited situations where you can disclose information to law enforcement.
- Sharing information in the event of an emergency, per established emergency procedures.
- Exchanging information necessary for the Wisconsin Department of Health Services to administer the Family Care, IRIS, or Medicaid programs.
- Exchanging information necessary to comply with statutorily required advocacy services for Family Care and IRIS enrollees and prospective enrollees.
- Required by a signed court order.

IV. Procedures

A. Staff Actions to Safeguard the Confidentiality of Customer Information

Staff are expected to employ the following practices to safeguard customer confidentiality:

- Only access personal and identifiable customer information when you need it to perform your job.
- Disclose confidential information only to those who need it to complete their jobs and are authorized to receive it.
- Obtain informed consent prior to accessing or disclosing information, consistent with

provisions outlined in this policy.

- Do not discuss a customer's information with anyone else unless access to such information is expressly permitted by the customer.
- Do not access information about your family members, neighbors, or friends. Review any requests to serve people you know with your supervisor.
- Refrain from communicating information about a customer in a manner that would allow others to overhear.
- Keep confidential information out of sight.
- Protect access to electronic data.
- Send fax transmissions that contain confidential information with a cover sheet that includes a confidentiality statement.
- Delete or dispose of information that is outdated and no longer needed in accordance with record retention guidelines and state and federal laws.
- Report any violations of confidentiality to your supervisor.
- Check with your supervisor if you are unsure whether information may be disclosed.

B. Measures to Safeguard the Privacy of Customer Records and Data

In addition to the above guidelines for staff, the agency must have the following safeguards in place to protect the privacy of records and data and to prevent inappropriate use or disclosure of customer information:

- Locked file cabinets for confidential information and a secure area for records storage are provided.
- Confidential documents that are no longer needed are shredded.
- Staff computers are equipped with security features to protect customer data from unauthorized interception, modification, or access during electronic transmission and receipt, transfer, and removal of electronic media.
- Computers, laptops, and portable devices have encryption software installed.
- When disposing of printers, copiers, scanners and fax machines, the hard drives are wiped, or otherwise disposed of, in a way that prevents access to captured document images.

- Staff who leave their employment or affiliation with the agency lose their ability to access customer information and data systems, effective immediately upon their departure.

C. Accessing Records from Outside of the Agency

Customers or their legal representatives will be asked to sign a release of information form to permit the agency to access any confidential records needed to complete the long-term care functional screen or provide other services to the customer. The signed form will be kept in the customer's file and a copy of the signed form will be provided to the customer.

D. Informing Customers of Their Rights

1. Informing Customers About the Confidentiality Policy

As a common practice, staff will ask customers whether they have any objection to sharing information, even if written authorization is not required. Staff will inform customers about the agency's confidentiality policy and the customer's right to see their records, obtain copies, and contest the information contained in those records.

2. Customer Requests to View or Get Copies of Their Records

Customers have a right to view and receive copies of their records on file at the agency. To do so, the customer or their legal representative will submit a written request, a copy of which will be kept in the customer's file, together with a record of the information that was disclosed. The agency may charge the customer for paper copies of records exceeding 10 pages.

3. Requests to Share Agency Information with a Third Party

If the customer wants information from their record given to another person or agency, the customer or their legal representative must complete a release of information form indicating which information is to be sent and to whom. The agency may charge the customer for paper copies of records that exceed 10 pages.

E. Monitoring and Ensuring Compliance

Supervisors are responsible for monitoring and ensuring staff compliance with this

confidentiality policy by conducting periodic compliance checks, reviewing the confidentiality policy with annually with staff, and providing training to staff.

1. Reporting Security Violations and Breaches of Customer Confidentiality

Staff will report any breach of customer confidentiality to their supervisor or privacy officer as soon as it is discovered and follow the designated incident reporting process, where applicable. The ADRC director or supervisor should report the breach to their assigned regional quality specialist for awareness.

2. Mitigating and Correcting Breaches of Confidentiality

Violations of the confidentiality policy will be documented and corrected. Where required or appropriate, customers will be notified of the breach and of actions taken to mitigate the situation.

V. Additional Information

If you have questions or would like additional information, contact your assigned regional quality specialist.

Confidentiality and Non-Disclosure Agreement — ADRC Representative

As a representative of the Aging and Disability Resource Center of _____, I have reviewed and received training on the confidentiality policy. If I do not fully understand this policy or how it is relevant to my employment or association with the ADRC, I will not sign this statement until I have spoken with the ADRC supervisor and I understand this policy.

I acknowledge that I will be required to review the confidentiality policy on an annual basis.

As a representative of the ADRC, I acknowledge, by signature, that I have reviewed the confidentiality policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of ADRC staff to protect the confidentiality of ADRC customers in accordance with this policy.

Printed name and title:

Date of policy review:

_____ _____

Signature: Date signed:

_____ _____

Supervisor Signature: Date signed:

Confidentiality and Non-Disclosure Agreement — Tribal ADRS

As a Tribal Aging and Disability Resource Specialist for the _____, I have reviewed and received training on the confidentiality policy. If I do not fully understand this policy or how it is relevant to my employment or association as a Tribal ADRS, I will not sign this statement until I have spoken with my supervisor and I understand this policy.

I acknowledge that I will be required to review the confidentiality policy on an annual basis.

As a Tribal ADRS, I acknowledge, by signature, that I have reviewed the confidentiality policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of the Tribal ADRS to protect the confidentiality of Tribal ADRS customers in accordance with this policy.

Printed name and title:

Date of policy review:

_____ _____

Signature: Date signed:

_____ _____

Supervisor Signature: Date signed:

Conflict of Interest Policy

Last Revised: January 2023

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This policy applies to aging units, aging and disability resource centers (ADRCs) and Tribal aging and disability resource specialists (Tribal ADRS), herein referred to as "agency" or "staff."

Purpose

The purpose of this policy is to ensure conflicts of interest are prevented, recognized, and promptly addressed so that the agencies can provide customers with objective and unbiased information about a broad range of programs and services.

Agency representatives, employees, volunteers, Commission on Aging, and ADRC governing board members must be sensitive to their own personal potential for conflicts of interest, be vigilant about the existence of conflicts of interest elsewhere, and take steps to limit, mitigate, or eliminate conflicts of interest that are discovered.

Definitions

Agency: The agency responsible for the ADRC, Aging Unit, or Tribal ADRS grant(s).

Agency Representative: Representatives include, but are not limited to, all limited-term or permanent employees of the ADRC, Aging Unit, or a Tribal ADRS (contracted or otherwise), volunteers, Commission on Aging, and ADRC governing board members.

Conflict of Interest: A conflict of interest is a situation that interferes with an agency representative's ability to provide objective information or act in the best interest of the customer. Avoiding conflict of interest is important to the reputation of the agency and to the public's trust in the agency as a place where people can get unbiased, professional advice and support.

Direct Service: A tangible product or specific service provided to an individual or a group in which a financial donation or payment, or other type of payment, is requested or expected. Examples of direct services include home delivered meals, congregate meals, health promotion workshops, respite services, etc.

Integrated ADRC/Aging Unit: For the purpose of this policy, integration is defined by the public's perception of the ADRC and Aging Unit as a single entity. Examples of public perception of integration could include the use of a single organization name, a common phone number, a single website or social media presence, or shared reception for both the ADRC and Aging Unit.

Potential Conflicts of Interest: Potential conflicts of interest include, but are not limited to, financial relationships. For example, secondary employment with an outside agency is a potential conflict of interest. All potential conflicts of interest should be discussed with the agency supervisor or director.

Policy

Representatives of the agency will be mindful of their duty to represent the interests of the general public as related to long-term care and therefore not represent the interest of any one group or agency. The function of the agency is to represent the interest of the customer at all times. Agencies that provide direct services to a customer, such as federally- or state-funded aging services, must ensure that customers are informed of all of the provider options in the community. For example, a customer may need nutrition services and the agency must provide all options including the elder nutrition program, mail order meals, etc.

Agency representatives will avoid potential conflicts of interest as described in this policy in order to provide impartial agency services. Agency representatives will likely encounter situations that may be a potential conflict of interest or something that is not clearly prohibited. Whenever an agency representative is concerned about a potential conflict of interest, they must discuss the situation with their agency supervisor or director. Not all situations that pose a potential conflict of interest are prohibited so long as the potential conflict can be mitigated, and mitigation efforts are documented.

Staff who are dually employed by both the agency and another employer are required to notify their agency supervisor or director in order to ensure a conflict of interest does not exist. The agency must establish a mitigation plan for any staff person that is dually employed with an entity that may have a relationship with the agency, such as a long-term care provider or health care provider. Examples of long-term care providers or health providers include, but are not limited to, managed care organizations, home health agencies, skilled nursing facilities, and assisted living facilities. The agency must make the mitigation plan available to the Department of Health Services (DHS) upon request. Mitigation plans must be reviewed and approved by the ADRC's governing board chair (or commission on aging, if applicable) and a designated county or Tribal official, such as a local corporation counsel. Staff that are dually employed by an entity that does not have a relationship with the agency do not need to complete a mitigation plan.

The following conflicts of interest are prohibited:

- Staff cannot counsel or otherwise attempt to influence customers for financial gain or other self-interests.
- Staff cannot counsel or otherwise attempt to influence customers in the interest of any provider, managed care organization (MCO), IRIS consultant agency (ICA), IRIS fiscal employer agent (FEA), or other organization.
- In accordance with the Federal Home and Community Based Services Rule § 441.730, an agency representative is not allowed to provide agency services to customers if they are:

- Related to the customer by blood or marriage or related to any paid caregiver of the customer.
- Financially responsible for the customer.
- Empowered to make financial or health-related decisions on behalf of the customer.
- Holding financial interest in any entity that is paid to provide care for the customer.
- Serving in a policy or decision-making position for any entity that provides or could provide direct services to the customer.

Agency representatives will work with their supervisor or director to ensure that another staff person provides agency services to customers in this situation.

- Elder benefit specialists and disability benefit specialists may not perform the long-term care functional screen, conduct eligibility determinations for SSI-E or other programs, or provide guardianship or adult protective services.
- Staff who also work in adult protective services may not provide enrollment counseling to any adult protective services client with whom they are working.
- Staff may not continue to provide services to customers in any situation where a mitigation plan is required but has not yet been approved by the ADRC board, commission on aging, or designated county agency for implementation.

Procedure

A perceived or potential conflict of interest may exist even if there has been no misconduct on the part of an agency representative. Perceived or potential conflicts of interest may occur in any situation that might lead a representative to put other interests ahead of those of the customer. Mitigation measures are needed to ensure that perceived or potential conflicts of interest do not turn into actual conflicts of interest or misconduct.
Agencies are required to:

- Have all staff review and sign this policy on an annual basis.
- Require one of the following:

- That customers sign the Customer Service Agreement (F-02923-03a) at the onset of options counseling; or
- Include a disclosure about conflict of interest on another document that is provided to all customers who receive options counseling. For example, the disclosure could be added to a client rights document if that is provided to all ADRC customers receiving options counseling.
- Exemption: ADRCs that are not integrated with their Aging programs **and** do not provide any direct service are exempt from the disclosure statement requirement. Examples of direct services that an ADRC may provide include health promotion and prevention workshops or assistive technology loan closets.

Ensure that no revenue generated from service provision is used to support options, benefits, or enrollment or disenrollment counseling.

Director or management responsibilities

The director or designee will identify any perceived or potential conflict of interest, determine whether to address the conflict, and when required, assist the agency representative in terminating or minimizing the conflict.

Agency representative responsibilities

The agency representative will exercise sound judgment by being aware of and reporting instances of potential or present personal conflicts of interest. In addition, agency representatives are prohibited from accepting gifts, loans, or favors from individuals or providers who might stand to benefit from referrals or other actions made by the agency.

Training

All agency representatives will receive training on the agency's conflict of interest policy prior to having contact with customers. ADRC governing board members and commission on aging members will receive training before serving on the ADRC governing board or commission. This policy will be reviewed with agency representatives annually.

Disclosure

Agencies that provide options counseling to customers must use the Customer Service Agreement Form (F-03093) or include the following disclosure language in another document of the agency's choice. Only ADRCs that are not integrated with their Aging programs **and** do not provide any direct services, such as health promotion workshops or loan closets, are exempt from using the disclosure statement.

> *The primary purpose of the ADRC Specialist is to provide the customer with unbiased information about services that will meet their needs. This includes sharing information with customers about agencies that provide needed services. The ADRC may operate programs that provide direct services to customers.*
>
> *The ADRC Specialist:*
>
> - *Cannot attempt to influence customers for financial gain or other self-interests.*
> - *Cannot attempt to influence customers in the interest of any service or program provider, including the ADRC itself.*
>
> *The ADRC is prohibited from using revenue generated from direct service programs to support the ADRC Specialist program.*

Federal regulation 42 CFR 438.810 prohibits the use of revenue generated direct service programs to be used to support ADRC Specialist services.

Assurances

Each agency representative will acknowledge, by signature, the receipt of training and the obligation to be objective and customer centered.

Reporting

Agency representatives will identify and report potential or present conflicts of interest to the director (or designee) upon hire or whenever a conflict is identified. All potential conflicts of

interest are treated as if a conflict exists until a determination is made and the potential conflict has been resolved.

Response

The director (or designee) will receive reports of possible conflicts of interest from agency representatives, employees, volunteers, Commission on Aging, and ADRC governing board members. The director (or designee) will then make a determination as to whether the situation is, in fact, a conflict of interest.

Resolution

The director (or designee) and the agency representative involved shall take immediate steps to terminate or minimize the conflict of interest. This may involve finding an alternative agency representative or source of service or terminating the relationship that has resulted in a conflict of interest.

Advocacy

The agency representative must ensure that customers receive appropriate advocacy, representation, and information, especially in regard to a customer's choice of or eligibility for program benefits or services. Therefore, agency representatives are required to provide the Customer Services Agreement to any customer who agrees to options counseling or Client Services Agreement to any customer who agrees to benefits counseling.

Conflict of Interest Policy Assurance—ADRC or Aging Unit Representative

As a representative of the Aging Unit or Aging and Disability Resource Center of _____, I have reviewed and received training on the conflict of interest policy. If I do not fully understand this policy or how it is relevant to my employment or association with the ADRC or Aging Unit, I will not sign this statement until I have spoken with the ADRC or Aging Unit director and I understand this policy.

I acknowledge that I will be required to review the conflict of interest policy on an annual basis, including the circumstances that may be potential conflicts of interest and the procedures for disclosing and mitigating potential conflicts of interest.

I understand that prior to a customer receiving options counseling, they must either:

a. Review and sign the Customer Service Agreement (F-03093); or

b. Review another agency document that includes the conflict of interest disclosure. If the document does not require a customer signature, agency staff should note in client tracking that the conflict of interest disclosure was reviewed with the customer.

I understand that prior to a customer receiving any other agency service, an optional Customer Service Agreement may be obtained.

As a representative of the ADRC or Aging Unit, I acknowledge, by signature, that I have reviewed the conflict of interest policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of ADRC and Aging Unit staff to be objective and customer centered.

Printed name and title:

Date of policy review:

_____ _____

Signature: Date signed:

_____ _____

Supervisor Signature: Date signed:

Conflict of Interest Policy Assurance—Tribal ADRS

As a representative of _____, I have reviewed and received training on the conflict of interest policy. If I do not fully understand this policy or how it is relevant to my employment or association with the Tribe, I will not sign this statement until I have spoken with the Tribal supervisor and I understand this policy.

I acknowledge that I will be required to review the conflict of interest policy on an annual basis, including the circumstances that may be potential conflicts of interest and the procedures for disclosing and mitigating potential conflicts of interest.

I understand that prior to a customer receiving options counseling, they must either:

a. Review and sign the Customer Service Agreement (F-03093A); or

b. Review another agency document that includes the conflict of interest disclosure. If the document does not require a customer signature, agency staff should note in client tracking that the conflict of interest disclosure was reviewed with the customer.

I understand that prior to a customer receiving any other agency service, an optional Customer Service Agreement may be obtained.

As a representative of the Tribe, I acknowledge, by signature, that I have reviewed the conflict of interest policy, received training on the policy, and agree to comply with its provisions. I acknowledge the obligation of the Tribal ADRS to be objective and customer centered.

Printed name and title:

Date of policy review:

_____ _____

Signature: Date signed:

_____ _____

Supervisor Signature: Date signed:

Starting March 18th!!

SUPPORT GROUPS FOR PEOPLE:

LIVING WITH DEMENTIA

WE ARE OFFERING 2 SUPPORT GROUPS!!

1) Support group for folks who are newly diagnosed with dementia, memory loss, or mild cognitive impairment (MCI)

2) Support group for new caregivers who are living with a person who has been diagnosed with dementia, memory loss, or mild cognitive impairment (MCI)

NEW Day & Time for 2025!!

Every 3RD Tuesday of the month from 10:30-12:00 at The Collective - 672 Johnson Street Watertown, WI Lower Level Community Room

PARK IN TOP LOT! PLEASE JOIN US!!

ADRC Aging and Disability Resource Center of Jefferson County

Your Bridge to Support

ADRC Aging and Disability Resource Center of Dodge County

Respite available upon request

Jefferson County residents contact Tonya for more info at 920-675-4035

Dodge County residents contact Rob for more info at 920-386-4308

Save the Date!

2nd Annual Conference:
Bringing Hope & Light to the Dementia Journey

Join us for an inspiring full-day conference organized by Dementia Care Specialists (DCS) along with community partners in Wisconsin. This event is designed to assist individuals living with dementia and their caregivers by offering vital tools and resources. Participate in sessions led by those experiencing mild cognitive impairment (MCI) or dementia, creating a valuable and supportive environment for everyone involved.

Keynote Speaker: Jolene Brackey
Author of Creating Moments of Joy

August 13, 2025

8:30 am - 3:30 pm

First Free Church
123 Mason Street
Onalaska, WI 54650

On site respite is available

Stay tuned, registration details to follow