

**ADRC Advisory Committee Agenda
Jefferson County Human
Services Department**



JULY 7, 2020



ADRC Advisory Committee Agenda
Jefferson County Human Services Department

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Meeting ID: 949 0404 8088

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Date: Tuesday, July 7, 2020

Time: 1:00 p.m.

Committee Members: Russell Kutz, Chair; Jeanne Tyler, Vice-Chair; Janet Sayre Hoeft, Secretary; Ellen Sawyers, Ruth Fiege. LaRae Schultz, and Frankie Fuller.

1. Call to order
2. Roll call (establishment of a quorum)
3. Certification of compliance with Open Meetings Law
4. Approval of the agenda
5. Approval of the ADRC Advisory Committee minutes from June 2, 2020
6. Communications
7. Public comment (Members of the public who wish to address the committee on specific agenda items must register their request at this time)
8. Advocacy Updates from GWAAR – Greater Wisconsin Agency on Aging Resources and /or ORCD – Office of Resource Center Development
9. Discussion and possible action on Requests for Waiver of Transportation Co-payment
10. Discuss ADRC Report - Dominic Wondolkowski, ADRC Supervisor
11. Discuss Senior Dining Program Updates– Kimberly Swanson, Senior Nutrition Program Supervisor
12. Discuss Mobility Management Updates - Mike Hansen, Mobility Manager
13. Discuss Family Caregiver Programs - Kim Herman, Family Caregiver Specialist
14. Discussion and possible action on the 2021 Aging Plan Goals for review
15. Discuss Food Access for people with Disabilities
16. Discuss Voting in the time of Pandemic
17. Discussion on items for the Next Agenda
18. Adjournment

Next scheduled meetings: August 4, 2020
September 1, 2020
October 6, 2020

A Quorum of any Jefferson County Committee, Board, Commission or other body, including the Jefferson County Board of Supervisors, may be present at this meeting.

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



Advocacy Updates

GWAAR – Greater Wisconsin
Agency on Aging Resources
and

ORCD- Office of Resource
Center Development

Advocacy Updates



- Watch Out for COVID-19 Contact Tracing Scams
- Helping Older Adults Receive their Stimulus Payment
- IRS Alert on Economic Impact Payments
- Enrolling into Medicare During a Crisis
- Eviction VS NonRenewal of a Lease – How to tell the Difference
- New CoPay Limits for BadgerCare Plus and Medicaid
- More Wisconsin Residents Now Qualify for the Emergency Food Pantry Program

Watch Out for COVID-19 Contact Tracing Scams

By the GWAAR Legal Services Team

Public health workers use contact tracing to track the spread of an infectious disease. Workers interview people who have the disease and ask them for the names and phone numbers of everyone they have been in contact with during the time they were contagious. Then, they alert anyone who may have been exposed. The names of people who test positive are kept confidential. The workers will ask about symptoms, offer testing, and discuss steps like quarantine and treatment. These workers usually work for a state or county department of public health. Health departments have used contact tracing for decades to stop the spread of infectious disease.

The Wisconsin Department of Health Services (DHS) says that contact tracers will always identify themselves as representatives of state or local public health departments. They will reach out to you by phone, text, or email, depending on the contact information they have for you. If they contact you, they will verify that they are speaking to the correct person before they even begin to talk about contact tracing. Once they confirm that they are speaking with the right person, they will explain why they are contacting you. They will tell you that you have been exposed, but they will not identify the person you were in contact with or where you might have been exposed.

Contact tracers will ask you for: Your name, address, phone number, email address, occupation and work status, gender, race and ethnicity, and Whether you have any symptoms.

Then, the contact tracer will explain quarantine recommendations and sign you up for self-monitoring. Contact tracers will not ask you for information like your Social Security, bank account, or credit card number. In addition, they will never send you a text message or email with a link to click. You can always verify the identity of contact tracing staff by calling your local health department and asking to be connected directly to the contact tracer. All contact tracers have received training in the Health Insurance Portability and Accountability Act (HIPAA), which protects patient privacy, and the Wisconsin Electronic Disease Surveillance System (WEDSS). WEDSS is the secure system that handles the reporting, investigation, and monitoring of the information contact tracers receive. Unfortunately, scammers are pretending to be contact tracers and taking advantage of this process. Some scammers use robocalls that try to get you to speak to someone posing as a contact tracer who wants to verify your personal information. Other scammers send text messages that ask you to click a link.

If you receive a robocall, hang up immediately without responding. Do not press any buttons even if they prompt you to “Press 1 to be removed from our list.” By speaking or pressing a button the scammer knows this line has someone on the other end and may increase the calls.

If you receive a message via text, email, or through social media from someone claiming to be a contact tracer, don't click the link. This is a “phishing” scam. Clicking on the link will download software onto your device that may give scammers access to your personal and financial information. Ignore and delete these scam messages.

If you have been contacted by someone you think was not a legitimate contact tracer, please alert the Department of Agriculture, Trade and Consumer Protection: DATCPHotline@Wisconsin.gov or (800) 422-7128. You can also contact the National Center for Disaster Fraud (NCFD) Hotline at 1-866-720-5721. Alternatively, you can fill out the NCFD web complaint form here:

<https://www.justice.gov/disaster-fraud/webform/ncdf-disaster-complaint-form>.

IRS alert: Economic Impact Payments belong to recipient, not nursing homes or care facilities



WASHINGTON — The Internal Revenue Service today alerted nursing home and other care facilities that Economic Impact Payments (EIPs) generally belong to the recipients, not the organizations providing the care.

The IRS issued this reminder following concerns that people and businesses may be taking advantage of vulnerable populations who received the Economic Impact Payments.

The payments are intended for the recipients, even if a nursing home or other facility or provider receives the person's payment, either directly or indirectly by direct deposit or check. These payments do not count as a resource for purposes of determining eligibility for Medicaid and other federal programs for a period of 12 months from receipt. They also do not count as income in determining eligibility for these programs.

The Social Security Administration (SSA) has issued [FAQs](#) on this issue, including how representative payees should handle administering the payments for the recipient. SSA has noted that under the Social Security Act, a representative payee is only responsible for managing Social Security or Supplemental Security Income (SSI) benefits. An EIP is not such a benefit; the EIP belongs to the Social Security or SSI beneficiary. A representative payee should discuss the EIP with the beneficiary. If the beneficiary wants to use the EIP independently, the representative payee should provide the EIP to the beneficiary.

The IRS also noted the Economic Impact Payments do not count as resources that have to be turned over by benefit recipients, such as residents of nursing homes whose care is provided for by Medicaid. The Economic Impact Payment is considered an advance refund for 2020 taxes, so it is considered a tax refund for benefits purposes.

The IRS noted the language in the Form 1040 instructions apply to Economic Impact Payments: "Any refund you receive can't be counted as income when determining if you or anyone else is eligible for benefits or assistance, or how much you or anyone else can receive, under any federal program or under any state or local program financed in whole or in part with federal funds. These programs include Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Security Income (SSI), and Supplemental Nutrition Assistance Program (formerly food stamps). In addition, when determining eligibility, the refund can't be counted as a resource for at least 12 months after you receive it."

Additional information about EIPs and representative payees involving Social Security and Supplemental Security Income benefits can be found on [SSA's website](#).

Additional information on EIPs can be found at [IRS.gov/eipfaq](https://www.irs.gov/eipfaq)

Enrolling into Medicare During a Crisis



STATE OF WISCONSIN
BOARD ON AGING AND LONG -TERM CARE

MEDIGAP HELPLINE SERVICES

1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
Medigap Helpline (800) 242-1060
Part D Helpline (855) 677-2783
Fax (608) 246-7001
<http://longtermcare.wi.gov>

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Barbara M. Bechtel
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Dr. Dale B. Taylor

EXECUTIVE DIRECTOR

And
STATE LONG TERM
CARE OMBUDSMAN
Heather A. Bruenner

Enrolling into Medicare During a Crisis

Persons aged 65 or older (or on disability), may have lost their jobs and subsequently their employer group healthcare coverage due the current public health crisis. In this situation, there are options to consider for replacement healthcare coverage. If available, these persons may want to consider transitioning into their employer's COBRA coverage to ensure similar coverage, or if eligible, switch to Medicare for their health insurance coverage. Some individuals may elect to have both Medicare and COBRA. Each person will need to decide which option works best for their specific circumstances.

If the beneficiary has already signed up for Medicare prior to losing their job, they will need to ensure they have both Medicare Parts A & B, and Medicare will then become primary coverage. COBRA will then pay secondary. To enroll into Medicare Parts A & B, contact the Social Security Administration (SSA) or go online to <https://www.ssa.gov> and follow the Medicare enrollment instructions. If you already have Medicare Part A and you are eligible to enroll in Medicare Part B, you can complete CMS form 40-B "Application for Enrollment in Medicare - Part B". The remarks section of the CMS-40B form allows an election preference where the beneficiary wants the Medicare Part B benefits to begin.

If you are over age 65, you need to complete the form CMS-L564 "Request For Employment Information" to show documentation of having Creditable (employer) Coverage from age 65 until laid off or retired to avoid any assessed penalty. Enrollment forms need to be completed as soon as possible for SSA to process the request and send a Medicare Card. Forms should be either mailed into your local SSA Office, faxed in at #1-833-914-2016, or can now be completed online.

Since Medicare A & B benefits do not cover medical or drug costs in full, additional coverage may be desired. If not electing a retiree group from the former employer or COBRA is not available, a beneficiary may either purchase a supplemental policy (Medigap) or enroll into a Medicare Advantage Plan. They may also enroll into a Medicare Prescription Drug Plan (Part D) or if over age 65, Wisconsin's Seniorcare may be an alternative prescription option. Be aware there are specific enrollment time frames for each option.

To start the search for secondary insurance and drug coverage options, access the official Medicare website at <https://www.medicare.gov>. Visiting Medicare.gov is often a good starting point. The Medigap Helpline at the Board on Aging and Long Term Care can also be contacted for insurance counseling pertinent to your individual needs.

Eviction vs. Nonrenewal of a Lease—How to Tell the Difference

By the GWAAR Legal Services Team

The eviction moratorium related to the COVID-19 emergency ended Tuesday, May 26, 2020. As a result, many people began receiving notices to vacate their apartments, for a host of reasons. There are two main ways a landlord can ask you to leave: evictions and non-renewals of a lease.

Eviction

- Specific Reason. An eviction is a termination of a lease prior to the end of the contract or lease agreement. If a landlord is evicting a tenant, he or she must provide a reason, such as the non-payment of rent, a lease violation, or criminal activity.
- Notice. The notice a landlord is required to give depends on the length of the lease and the reason for eviction.
- Steps to Take. If your landlord has not provided a reason for asking you to leave before your lease is up, you have the right to ask for this, including the specific section of the lease that references the reason for eviction. You also have the right to ask if you can fix the problem and stay, and if so, how long you have to fix it.

Nonrenewal of a Lease

- No reason needed. If a landlord decides not to renew your lease and your lease term comes to an end, he or she does not need to provide any reason. The reason is, simply, your contract is over. This can be frustrating for people who may think their landlord is retaliating in some way for behaviors or personality conflicts.
 - Notice. Just like evictions, the notice a landlord is required to give depends on the length of your lease.
 - Steps to Take. You must leave your apartment by the day/time your lease states. If your landlord agrees to a different date informally, make sure to get this in writing. This would be considered an amendment to the lease.
- Regardless of whether a landlord is threatening an eviction or lease termination, there are several things they have in common.
- First, you will always need to know what your lease term is – yearly? Month-to-month? Something else? The length of lease determines what type of notices are required. *Leases do not have to be in writing* (but they should)!
 - Second, if you stay in the unit longer than the eviction or termination states, then you are at risk of becoming a “holdover tenant.” In these situations, you may be charged extra rent as well as any attorney or court costs to get the court to remove you.
 - Third, a landlord cannot change your locks or refuse your entry without a court judgment and the sheriff present. There are many steps that a landlord must take from the time you receive notice to the time the sheriff is at your door.

If you have any questions about a notice you receive, you can contact your EBS, or visit

<https://www.tenantresourcecenter.org/>.

New Copay Limits for BadgerCare Plus and Medicaid



Medicaid and BadgerCare Plus members recently received letters telling them that copays for prescriptions and health care services would go into effect on July 1, 2020. This letter is titled, “About Your Benefits,” and tells members whether they have a premium and copay limit and how much it is. For many Medicaid programs and for BadgerCare Plus, federal law limits the amounts charged for health care premiums and copays to five percent of a member’s monthly income. In order to make sure that Medicaid and BadgerCare Plus members were not being charged more than this amount, the Wisconsin Department of Health Services (DHS) temporarily stopped requiring copays for these individuals on January 1, 2020. During this time, Medicaid-enrolled providers did not collect any copays for services provided to Medicaid and BadgerCare Plus members. This temporary suspension did not apply to individuals enrolled in SeniorCare or the Wisconsin Chronic Disease Program.

This limit is based on the members’ income and who in their household has copays. If members pay a monthly premium, that premium will count toward their premium and copay limit. Monthly limits will stay the same each month unless the member’s income changes or there is a change in the number of people in the household. Please note that this limit is the maximum amount a member might have to pay for premiums and copays in a month. A member will not necessarily have to pay this amount each month. If, for example, the member does not have any medical appointments in that month, the member will pay less than that maximum amount.

When a member reaches this limit for the month, DHS will send a letter that states the date the limit was reached. Once this limit is reached, the member will not have to pay any copays for the rest of the month. DHS will track member copay limits, copays, and premiums. Members do not have to take any action.

Members enrolled in the Medicaid Purchase Plan or SeniorCare do not have limits based on their income. Their premiums and copays may add up to more than 5% of their monthly income. In addition, the copay limit does not apply to the cost sharing required for individuals enrolled in nursing home Medicaid or long-term care Medicaid programs.

Some members will not be required to pay copays. These include:

Children age 18 and younger;

Tribal members;

Pregnant women;

Members enrolled in Wisconsin Well Woman Medicaid;

Nursing home residents and those in long-term care programs, like Family Care, Partnership, and IRIS;

Members in hospice care; and

Members who are temporarily enrolled through Express Enrollment.

BadgerCare Plus members who are between the ages of 19 and 64, not pregnant, and do not have dependent children living in their home will have to pay an \$8 copay for every visit to the emergency room (ER) that is not determined to be an emergency. Providers will begin collecting the \$8 ER copay for nonemergency visits on July 1, 2020. There is no copay for using the emergency room in an emergency. However, when there is *not* an emergency, ER staff are required to tell members about the \$8 copay and provide them with the names and locations of other providers where they may go for medical help without paying the \$8 copay. This \$8 ER copay for nonemergency visits will count toward the monthly copay limit



More Wisconsin Residents Now Qualify for the Emergency Food Pantry Program

By the GWAAR Legal Services Team (for reprint)

The Emergency Food Assistance Program (TEFAP) provides food for home preparation at food pantries and meal sites. Enrollment at a participating pantry is confidential and requires only proof of address and identification. Individuals participating in the FoodShare, School Nutrition, WIC, and Senior Meals programs may participate in TEFAP without impacting their ability to qualify for those programs.

Each Wisconsin county has at least one TEFAP food pantry. Households should call 2-1-1, the statewide helpline, to get the address, service hours, and phone number of the nearest food pantry that participates in the TEFAP program. Wisconsin's pantry volunteers are providing "no contact" food distribution during the COVID-19 pandemic by enrolling households and distributing groceries outdoors to minimize health risks. In many locations, TEFAP applicants and participants remain in their cars for service.

Previously TEFAP's qualifying income threshold was 185% FPL, or \$23,606 for a household of one. Starting June 1, 2020, **households with incomes below 300% of the federal poverty level (FPL) are now eligible** to receive a monthly share of locally grown, Grade-A foods that include meat, vegetables, fruit, juice, and more from a TEFAP food pantry. **For a household of one, that income threshold is \$38,280.** The larger the household, the higher the income threshold. Households affected by job losses may be eligible if their income drops below specific levels in any given week. The new policy went into effect on June 1, 2020 statewide.

For more information, visit

<https://www.dhs.wisconsin.gov/nutrition/tefap/index.htm>

<https://www.dhs.wisconsin.gov/news/releases/060820.htm>

ADRC Report




**DOMINIC WONDOLKOWSKI,
ADRC SUPERVISOR**

Senior Dining Program Updates



KIMBERLY SWANSON

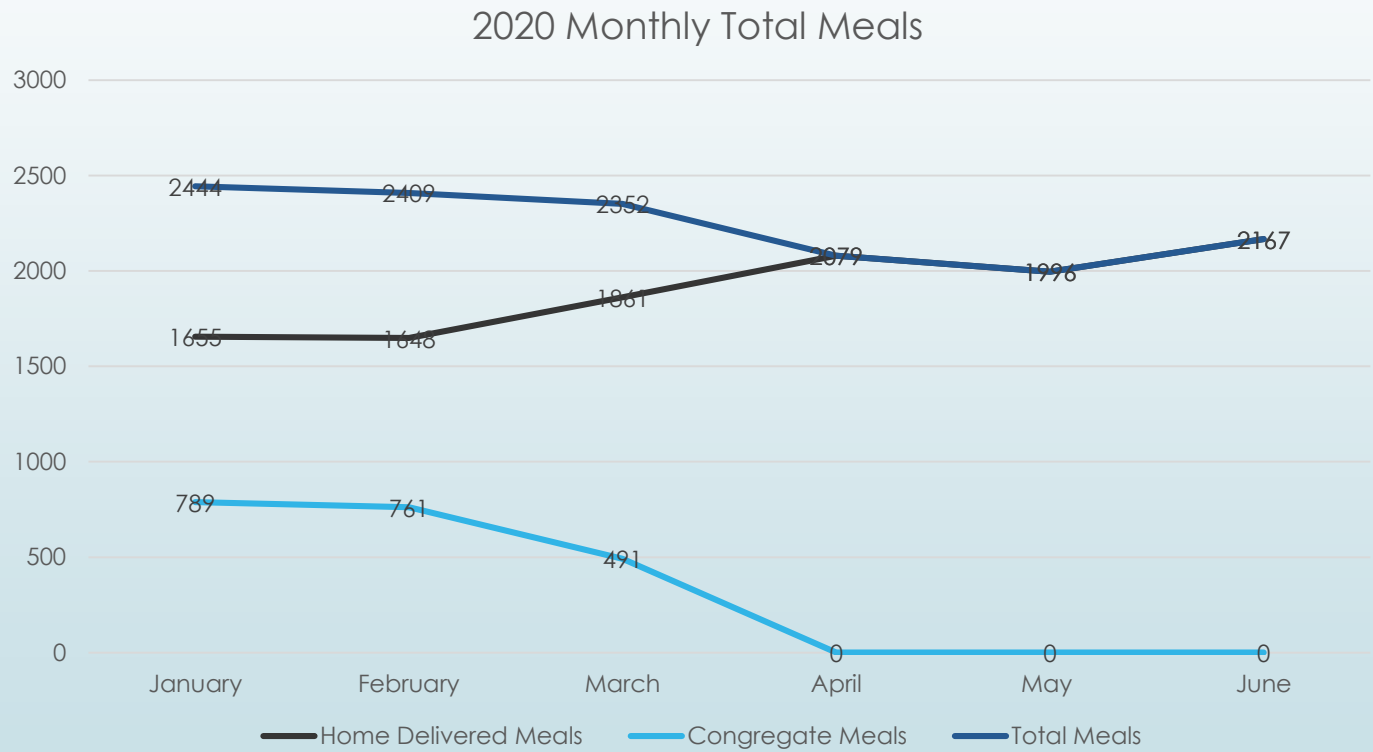
**SENIOR NUTRITION
PROGRAM SUPERVISOR**



Elderly Nutrition Program

July 7, 2020

Monthly Total Meals





Home Delivered Meals

- **Monday, July 13—return to hot meals five days/week**
- Current HDM participants and their emergency contacts received an announcement and a menu for July 13 – 31
- Former HDM participants received the announcement and menu
- Allows participants to cancel meals with more flexibility
- Can honor request for diabetic desserts again
- New HDM participants: April—21, May—10, June—15
- Expanded service to Johnson Creek to 3 days/week; served out of Jefferson Senior Center. Currently considering 5 days/week service.
- Expanded service delivery area to better serve Jefferson County residents.
 - New participants from Milton, Oconomowoc, Edgerton, and potentially Cambridge.



Weekend Home Delivered Meals

- ▶ Delivered with Friday meal
- ▶ Two frozen entrees + 2 trays of cold accompaniments + 2 milk
- ▶ Reservations/cancellations for weekend meals by noon on Friday.
- ▶ Currently 13 participants
- ▶ 11 delivery stops in Jefferson, Johnson Creek, Palmyra, Rome/Sullivan, and Watertown



Contactless Curbside Meals

- ▶ Begins Monday, July 20 with five days/week service
- ▶ Locations: Fort Atkinson, Jefferson, Lake Mills, Palmyra, Watertown, possibly Waterloo
- ▶ Hours of pick-up may vary site to site
- ▶ Menu matches the HDM menu
- ▶ Telephone reservations by noon for next day pick-up
- ▶ HDM assessment is a State requirement (3 ways to complete the form)
 - ▶ Online and bring the completed form to curbside pick-up
 - ▶ In person at curbside
 - ▶ Telephonically when making a reservation
- ▶ Monthly donation statements mailed the following month (contactless payment)
- ▶ Mailing to former congregate meal participants this week

Mobility Management Updates



MIKE HANSEN

MOBILITY MANAGER

ADRC Driver / Escort Program

Driver / Escort Ridership

Quarter	2017	2018	2019	2020
Q1	1,051	1,305	1,154	2,371
Q2	1,160	1,302	1,829	1,313
Q3	1,080	1,063	1,956	0
Q4	1,150	1,352	2056	0
Total	4,441	5,022	6,995	3,684

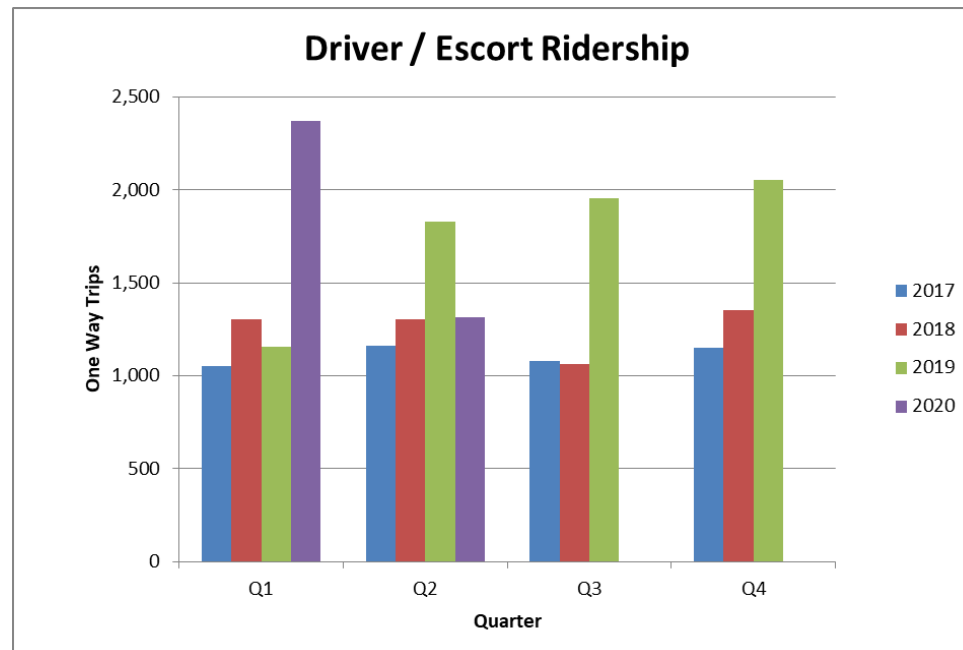
Y-to-Y Change (%)

13.1

39.3

93.26 % Incr.
-39.63 over
previous
year

Quarterly Results



ADRC Driver / Escort Program

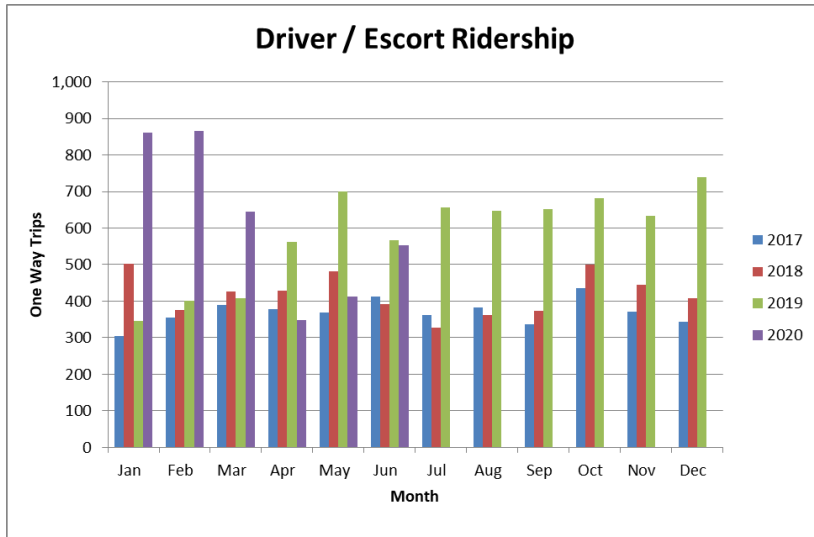
Driver / Escort Ridership

Month	2017	2018	2019	2020
Jan	305	503	346	861
Feb	356	376	400	865
Mar	390	426	408	645
Apr	379	428	561	349
May	368	482	701	412
Jun	413	392	567	552
Jul	361	328	657	
Aug	382	362	647	
Sep	337	373	652	
Oct	435	499	682	
Nov	372	444	634	
Dec	343	409	740	
Total	4,441	5,022	6,995	

Y-to-Y Chng (%) 13.08 39.29

149 % Incr.
116 over
58 previous
-38 year
-41
-3

Monthly Results



ADRC Driver / Escort Program



Sneeze Barrier

- 6 ft of #4 gauge copper wire (Menards)
- 4 hose clamps (Menards)
- 2 yards 8 gauge clear vinyl (JoAnn's)
- ~14 grommets (Menards)
- 2-4 short bungee cords (Dollar Store)

Cost ~ \$20 / vehicle

Family Caregiver Program Updates



KIM HERMAN

**FAMILY CAREGIVER
SUPPORT SPECIALIST**

CAREGIVING in the U.S. 2020

The number of Americans providing unpaid care has increased over the last five years.*



NEARLY ONE IN FIVE (19%) ARE PROVIDING UNPAID CARE TO AN ADULT WITH HEALTH OR FUNCTIONAL NEEDS.**

More Americans are caring for more than one person.



More family caregivers have difficulty coordinating care.



More Americans caring for someone with Alzheimer's disease or dementia.

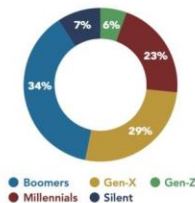


More family caregivers report their own health is fair to poor.



23% OF AMERICANS SAY CAREGIVING HAS MADE THEIR HEALTH WORSE.

Who are today's family caregivers?



45%
HAVE HAD AT LEAST ONE FINANCIAL IMPACT



AARP
Family Caregiving™

*Provided care to an adult or child with special needs.
**The remainder of this data is based on the 19% or 48 million caregivers caring for an adult.
URL: www.aarp.org/uscaregiving DOI: <https://doi.org/10.26419/ppi.00103.002>

nac
National Alliance for Caregiving

Caregiving in the U.S. 2020.
National Alliance for Caregiving and AARP
For media inquiries, contact Media@aarp.org

Caregiving Programs



Supportive Services

- 62 people enrolled
- 10 enrolled since 6/01/2020
- No waiting list

NFCSP

- 23 Caregivers
- 25 Recipients
- 5 Newly enrolled since 6/01/2020
- No waiting list

AFCSP

6 Caregivers
6 Recipients

5 people contacted on wait
list pending

2021 Aging Plan Goals



SHARON OLSON

ADRC DIVISION MANAGER



2020

Advocacy Related Activities

- 6.A.2. By 12/31/2020, Partner with the GWAAR Advocacy staff to provide training to 20 individuals for Senior Awareness Day. Workshops for older adults and caregivers to include motivational speakers, films and presentations to help inspire advocacy and esteem. Participants will engage in advocacy workshops and improve communications with local, state and national community leaders. A goal would be for 10 program graduates to attend WAAN's Advocacy Day in Madison.



2021

Advocacy Related Activities

- 6.A.3. By 12/31/2021, invite local legislative representation to a Meet and Greet Your Legislator. This will give people the opportunity to meet and discuss their issues and concerns in person with legislatures. Our goal will be to recruit 20 individuals.



2020 & 2021

Elder Nutrition Program

- 6. B. 1. By the end of 2019, the Nutrition Program will open a restaurant model dining site in one rural community and achieve participation of 12 participants on an average day. If successful, this model will be duplicated in other identified rural areas at least 1 per year for 2020 and 2021.



2020

Elder Nutrition Program

- 6. B. 3. To increase community interactions for program participants, outreach to community providers (Girls and Boy Scouts, 4 H, Adopt a grandparent) to complete service learning projects will be completed via mailings, emails, and/or face to face with community group leaders.
- These service learning projects may be activities such as decorating placemats to be distributed to congregate meal sites for participants, writing holiday/seasonal cards to be distributed to congregate and home delivered meal participants, or creating holiday/seasonal décor to be distributed to home delivered participants or to be displayed at the congregate meal sites during the appropriate holiday season.
- By 12/31/2020, community groups will create a minimum of 25 placemats/decorations/cards or other projects agreed upon per month for a total of 12 service learning projects for the year for Jefferson county nutrition program participants.



2021

Elder Nutrition Program

- 6. B. 3. To increase community interactions for program participants, outreach to community providers (Girls and Boy Scouts, 4 H, Adopt a grandparent) to complete service learning projects will be completed via mailings, emails, and/or face to face with community group leaders.
- These service learning projects may be activities such as decorating placemats to be distributed to congregate meal sites for participants, writing holiday/seasonal cards to be distributed to congregate and home delivered meal participants, or creating holiday/seasonal décor to be distributed to home delivered participants or to be displayed at the congregate meal sites during the appropriate holiday season.
- If successful, 12 new service learning projects will be completed by community groups in 2021.



2021

Elder Nutrition Program

- 6. B. 4. To increase rural nutrition program participation, the aging unit will educate rural residents about meals programs and ways of obtaining food and groceries by:
 - 1. Noting additional external resources available (i.e. grocery delivery through stores) to the current resources guide currently provided.
 - 2. Then, providing resources guides to 30 local businesses that will allow them to be displayed such as doctor's offices, grocery stores, etc. As well as displaying and distributing them at the ADRC.
 - 3. By educating rural residents about services available, we hope to achieve an increase in meal delivery volunteers by an addition of 8 more volunteers through
 - Increasing community awareness of the program and volunteer opportunities to service new rural participants.
 - Objectives are to be accomplished by 12/31/2021 to meet and end goal of increasing rural program participation by 5% of the current quarterly total participation rate of 406 consumers.



2020

Services in Support Of Caregivers

- 6.C.1 Many of the caregivers from the Caregiver needs assessment, identified stress as a concern, not getting enough help, not getting enough quiet time, and a few shared they need more sleep. In order to reduce stress for caregivers, and empower caregivers in providing their best care and to make informed decisions, there will be two Powerful Tools for Caregiver workshops conducted in 2019. The goal would be to have 16 caregivers complete the Powerful Tools for Caregiver workshop.
- Two Classes are scheduled for 2020.



2020 & 2021

Services in Support Of Caregivers

- 6. C. 2. Of the 34 Caregiver needs assessments completed in 2018, 21 caregivers shared that they did not have a crisis plan or Plan B. In order to strengthen caregivers and support their need of crisis planning, an Emergency Kit/folder with resources and tools will be created and distributed to all caregivers who are participants of the NFCSP and AFCSP program as well as those that are on the wait list for these programs. Caregivers will be invited to provide input in at least two meetings on the product and to test the usefulness of the kits. The goal will then to distribute 40 kits/folders to caregivers in 2020 and an additional 40 kits in 2021 to caregivers who may not be on a program.



2020 & 2021

Services in Support Of Caregivers

- 6. C. 3. In 2017, a Caregiver Resource Fair in was held and 3 caregiver attended. To provide caregiver training and educational resources to family caregivers to strengthen family capacity to provide care, a goal for 2019, 2020, and 2021 is to increase caregiver participation in a Caregiver Conference. Goal for 2019 is to get 10 participants, 2020 – 20 participants and 2021 – 40 participants.



2020 & 2021

Services to
People
with
Dementia

- 6.D.1 Work with community partners to open one Memory Café in Jefferson County in 2019, 2020 and 2021.



2020 & 2021

Services to People with Dementia

- 6.D.2 To increase awareness of the business-friendly community, the goal is to target outreach efforts to those organizations that have not received dementia training. Training will be offered to 2 businesses each year as well as support individuals who have taken the Dementia Friends training to offer support and outreach. This will be an annual goal for 2019, 2020 and 2021.



2020 & 2021

Services to People with Dementia

- 6.D.3. To provide early diagnostic of memory loss, the number of memory screens for each year will exceed the previous year by 10%. Memory screen clinics will be conducted through-out Jefferson County. In 2016, the Dementia Care Specialist and I & A staff completed 45 memory screens, in 2017 95 screens were completed. The annual goal will be to increase by 10 additional screens per year for 2019 would be 10 additional screens (105), 2020 would be 116 screens , and for 2021 129 screens.
- In 2019 10 events and 117 Memory Screens completed.



2020 & 2021

Healthly Aging

- 6. E. 3. To maximize the integration of person-centered philosophy in our service delivery, the Dementia Care staff will receive REACH II training and provide two workshops by the end of 2019. Two workshops will be completed in 2020 (10 participants) and 2021, with an additional 10 participants.
- This goal was edited to be for Dementia Live Training.



2020 & 2021

Healthly Aging

- 6. E. 4. To expand access to, and increase participation in evidence-based health promotion and disease prevention programs, a goal is to increase the number of those who participate in evidenced based health promotion programs by increasing leadership availability to provide Living Well with Chronic Condition/Diabetes and Pain Self-management classes. At this time, the ADRC has two trained leaders for LSWCC, by the end of 2020, our goal is to have two more trained LWCC/D/Pain self-management leaders to provide 2 workshops each year with 10 participants for each class.



2020 & 2021

Healthly Aging

- 6. E. 1. The ADRC will sponsor a Fall's prevention initiative. Staff will be trained to provide the "Stepping On" evidence-based falls prevention series of workshops to conduct 2 workshops by December 31 of each year 2019, 2020, and 2021. Goal would be 20 participants in 2019, 30 in 2020 and 40 for 2021.
- 1.5 classes completed in 2019



2020 & 2021

Local Priorities

- 6. F. 1. The Elder Benefit Specialist will create a condensed presentation of Puzzled about Medicare and present at two community settings such as an apartment complex, library or community center in 2019 to inform Medicare Beneficiaries about benefits and promote wellness by providing information on LIS – Low-Income Subsidy and MSP – Medicare Savings Programs. The goal will be to present to 10 residents at each location.



2020 & 2021

Local Priorities

- 6. F. 1. The Elder Benefit Specialist will create a condensed presentation of Puzzled about Medicare and present at two community settings such as an apartment complex, library or community center in 2019 to inform Medicare Beneficiaries about benefits and promote wellness by providing information on LIS – Low-Income Subsidy and MSP – Medicare Savings Programs. The goal will be to present to 10 residents at each location.



2020 & 2021

Local Priorities

- 6. F. 2. Promote the Sip and Swipe program that is available at community locations. Many survey recipients are interested to learn more about technology such as computer, I-pads and cell phones. Many respondents reported isolation and loneliness so the ability to connect them to a social network and applications may be resourceful. Many mindfulness programs are free and available on the computer, iPad and cell phone. Goal is to have 50 participants enrolled in the My Strength App in 2019, 100 by 2020.



2020 & 2021

Local Priorities

- 6. F. 3. To promote Elder Abuse Awareness, the Adult Protective Services staff will offer presentations on scams, guardianship roles and responsibilities, and Prevention on Elder Abuse. The plan would be to conduct 2 presentations a year: a guardianship presentation in the spring and prevention program in the fall and have 10 for attendance at each presentation. Participants will be surveyed for effectiveness of the presentation materials.



2020 & 2021

Local Priorities

- 6. F. 4. Columbia 211 Suicide training for all ADRC staff including Nutrition site managers, nutrition volunteers and volunteer drivers as well as patrons of the senior programs. In 2019, our goal will be to train 200 people and increase this incentive by 10 % a year.



2020 & 2021

Local Priorities

- 6. F. 5. To expand training and education opportunities to the aging network of the unique need of the aging lesbian, gay, bisexual, transgender, queer (LGBTQ) community, a goal will be to conduct a least one provider training annually: 2019, 2020 and 2021.

Food Access Surveys

BUREAU OF AGING AND DISABILITY RESOURCES,
OFFICE FOR PHYSICAL DISABILITIES AND INDEPENDENT LIVING AND
GOVERNORS COMMITTEE FOR PEOPLE WITH DISABILITIES
JUNE 2020

Office for Physical Disabilities and Independent Living Overview

- Provides Staff Support to Governor Appointed Disability Councils
 - Governor's Committee for People with Disabilities
 - Wisconsin Council on Physical Disabilities
 - Assistive Technology Advisory Council
 - Independent Living Council of Wisconsin
- Administers and Oversees Programs
 - WisTech Program (State Assistive Technology Program)
 - iCanConnect (National Deaf-Blind Equipment Distribution Program)
 - Independent Living Services

Governor's Committee for People with Disabilities Overview

In 1948, a Governor's Committee was established with one goal: to improve employment opportunities for people with disabilities. The group's mission was broadened in 1976 to cover many aspects of disability in Wisconsin and became the Governor's Committee for People with Disabilities (GCPD). Unlike other disability councils in state government, the focus of the Governor's Committee includes all disabilities and six of its members represent specific disability constituencies.

GCPD is charged with the following duties:

- Advise the Governor and state agencies on problems faced by people with disabilities.
- Review legislation affecting people with disabilities.
- Promote effective operation of publicly-administered or supported programs serving people with disabilities.
- Promote the collection, dissemination and incorporation of adequate information about people with disabilities for purposes of public planning at all levels of government.
- Promote public awareness of the needs and abilities of people with disabilities.
- Encourage the effective involvement of people with disabilities in government.

Development of Food Access Surveys

- Consumer and agency inquiries have been received in our office during the pandemic related to people not having access to food or nutrition services.
- Consumer councils were also receiving inquiries related to food access.
- There was a need to get real data versus individual stories to assess scope of this issue.
- OPDIL/GCPD sent the survey out June 1, 2020.
- In one week, 141 individuals responded and 4 agencies.
- Individual Survey and Agency Survey are open for response until June 30, 2020.
 - [Individual Survey](https://www.surveymzmo.com/s3/5611309/Individuals-food-access-and-nutrition-support) (is targeted to people with disabilities):
<https://www.surveymzmo.com/s3/5611309/Individuals-food-access-and-nutrition-support>
 - [Agency Survey](https://www.surveymzmo.com/s3/5612922/Agency-Food-Access-and-Nutrition-Support):
<https://www.surveymzmo.com/s3/5612922/Agency-Food-Access-and-Nutrition-Support>

Individual Survey Findings To Date

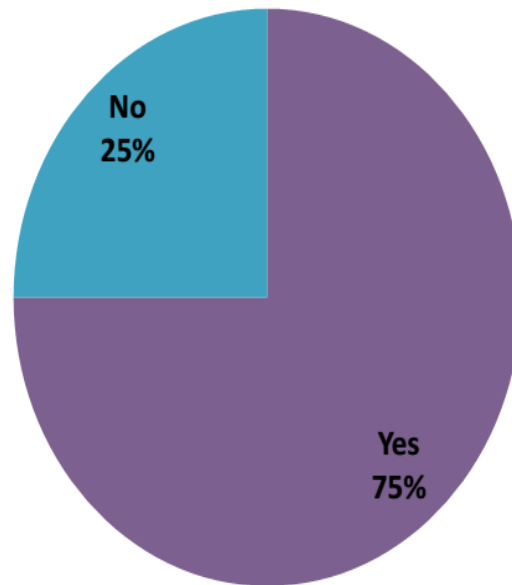
- Have had 141 individual responses.
- People from 37 counties have responded.
- Majority of respondents were in the 18-25 years old age range.
- 82% of survey respondents have a disability, so the survey is reaching intended audience.
- 38% of survey respondents stated that they have experienced problems getting food during the COVID-19 pandemic.
- Three main reasons people cited they did not have access to food were: being high-risk and could not go to grocery store (58%); Not having access to transportation (34%); and restaurants I usually go to are closed (30%).
- Of those individuals who have experienced issues accessing food, when asked who they contacted for help 74% stated a family member. The second highest rated resource was other (30%).

Individual Survey Findings To Date

- Only 14% had reported ever eating at a congregate meal site.
- 3% of survey respondents reported receiving Meals on Wheels.
- 20% of survey respondents stated there were other people in their homes or family who need access to food or nutritional support during COVID-19 pandemic.

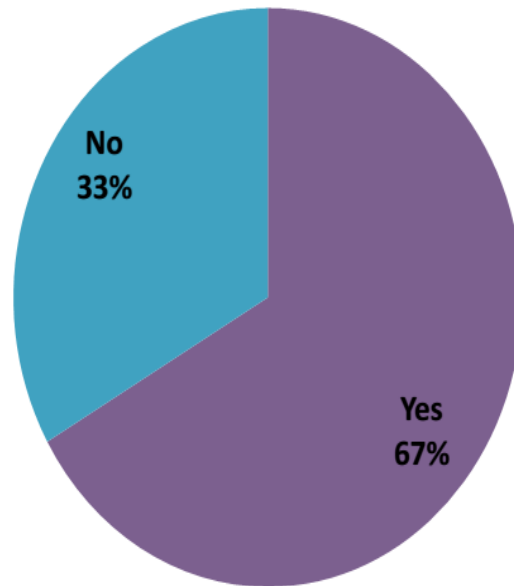
Agency Survey Findings To Date

Have you received calls or requests from individuals due to lack of access to food during the COVID-19 pandemic?







Agency Survey Findings To Date

Is your agency able to assist individuals directly?



Agency Survey Findings To Date

What are some of the challenges or barriers consumers in your region or county are experiencing related to either food access or nutritional supports during COVID-19 pandemic? (check all that apply)

Value	Percent	Responses
Lack or limited transportation	 75.0%	3
Individuals are too high risk being out in public	 100.0%	4
No income due to job loss because of COVID-19 pandemic	 75.0%	3
<u>Other - please explain (click to view)</u>	 75.0%	3

Agency Survey Findings To Date

How are you reaching out to consumers to inform them of resources related to food access and nutritional supports within the community?

- Facebook posts, phone calls, emails
- Staff have been in contact with consumers on a weekly basis since late March to gauge need. We have sent out flyers to consumers letting them know that they can contact our agency for assistance. We have a new collaboration with Hunger Task force for monthly food pick-up and we have begun work on a plan to reach out to individuals with disabilities through our social media outlets. Information is available for callers as well.
- They call us/general phone calls to consumers to inquire how there are/referrals from area agencies and organizations.
- Via phone calls and emails.

Thank you

Feedback or Questions?

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Make the Disability Vote Count in the 2020 Elections

February 18, 2020: Spring Primary

August 11, 2020: Partisan Primary

April 7, 2020: Spring Election & Presidential Preference

November 3, 2020: General & Presidential Election

Register to vote online at MyVote.wi.gov

- Questions? Call Wisconsin Election Commission: 1-866-VOTE-WIS / elections.wi.gov or email elections@wi.gov

- For help with disability related voting issues:

Disability Rights Wisconsin
Voter Hotline: 844-DIS-VOTE / 844-347-8683

The #2020Census counts:
Be counted!



Follow Wisconsin Disability Vote Coalition:

www.disabilityvote.org

www.facebook.com/wisconsin Disability Vote Coalition / • info@disabilityvote.org



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Protection and advocacy for people with disabilities.

The Wisconsin Disability Vote Coalition is a project of Disability Rights Wisconsin and the Wisconsin Board for People with Developmental Disabilities.



Your Vote is Your Voice! Voting in Wisconsin

KNOW YOUR VOTER RIGHTS



- You have the right to vote privately and independently.
- You have the right to access the polling place, including an accessible route to enter the building.
- You have the right to use an accessible voting machine.
 - All polling places are required by law to have an accessible voting machine.
- You have the right to assistance marking your ballot. You may bring someone to assist you or ask a poll worker for assistance.
 - Note: You cannot receive assistance from your employer or from your union representative.
- You have the right to ask for reasonable accommodations at the polling place.
 - Some common reasonable accommodations that people ask for might be:
 - a chair to sit on
 - a signature guide
 - a magnifying glass
 - assistance with stating a person's name and address
- If you are unable to enter your voting location due to disability, you may request curbside voting.

REGISTERING TO VOTE

Check if you are registered to vote at myvote.wi.gov

In Wisconsin, you can:

- Register to vote online or by mail up to 20 days before Election Day
- Register to vote in person at your municipal clerk's office until the Friday before Election Day
- Register to vote in person at the polls on Election Day



You will need to provide proof of residence when registering to vote. Find examples of acceptable proof of residence documents at: elections.wi.gov/publications/voter-guides/proof-of-residence



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The Wisconsin Disability Vote Coalition is a project of Disability Rights Wisconsin and the Wisconsin Board for People with Developmental Disabilities.

www.disabilityvote.org/



www.facebook.com/wisconsin Disability Vote Coalition

Items for the Next Agenda



**TRANSPORTATION & MOBILITY
MANAGEMENT GRANTS 5310**

**COMMITTEE AND PUBLIC MEETING FOR
ADVOCACY 101 TRAINING FROM GWAAR**

AGING GOALS