

Jim Doyle  
Governor

Karen E. Timberlake  
Secretary



**State of Wisconsin**  
Department of Health Services

DIVISION OF LONG TERM CARE

1 WEST WILSON STREET  
PO BOX 7851  
MADISON WI 53707-7851

Telephone: 608-266-2000  
FAX: 608-266-2579  
TTY: 888-241-9432  
dhs.wisconsin.gov

Date: July 15, 2008

To: County Aging Units  
Tribal Aging Units  
Area Agencies on Aging

From: James Schmidlkofer  
Bureau of Aging and Disability Resources

Re: Privacy Statement

### **Aging Unit Action Required**

Aging units, and their providers, are **required** to include the "privacy statement" that follows on all registration forms, nutrition risk forms, and any other forms used to collect client-specific information that is placed in the SAMS database.

"The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff. "

Copies of prospective forms must be sent to the appropriate area agency on aging for review and approval, by October 1, 2008. The approved forms must be in use no later than November 1, 2008.

### **Area Agency Action Required**

Area agencies on aging are required to assure aging unit compliance with the privacy statement requirement. To this end, area agencies are required to submit a written assurance of compliance by **all** aging units in their PSA to BADR by November 1, 2008. This should be in the form of a single communication, rather than individual assurances of compliance.

## FAQ's Regarding Participant Information

1. **Q:** Are participants of Aging programs required to complete a registration form in order to receive services?

**A:** Participants are asked to complete a registration form with basic information, name, address, dob, etc. This information is used to validate eligibility for aging programs. An individual will not be denied services if they refuse to complete a form. However, they should understand that failure to do so could affect the local agencies funding.

2. **Q:** Are there any exceptions to this requirement?

**A:** Yes, in order for a person to receive either respite or direct services under the NFCSP, they must complete the registration and functional screen to determine eligibility. This is a federal requirement.

Additionally, persons receiving home delivered meals are required to undergo an initial functional assessment, with annual reassessments, to determine their eligibility for the program.

3. **Q:** Are nutrition programs required to have all participants complete the Nutrition Screening Form ("Determine Your Nutritional Health Checklist")?

**A:** Yes, the Administration on Aging (AOA) requires nutrition programs target their services to individuals who are at high nutrition risk. The research based Nutrition Screening Form ("Determine Your Nutritional Health Checklist") is the tool that Wisconsin is using to identify persons at high nutritional risk and assist nutrition programs in reporting this required information.

4. **Q:** Are nutrition programs required to track other information from the Nutrition Screening Form in addition to the high nutritional risk information?

**A:** Yes, in addition, effective 3/1/08 all nutrition programs are required to use SAMS to track client nutrition data from the "Determine Your Nutritional Health Checklist" Nutrition Screening Form. Please refer to the SAMS Data Entry and Reporting document that Karl Schlenker developed to help nutrition programs understand how to enter the required SAMS data.

5. **Q:** Will a participant be denied a meal if he/she refuses to complete the Nutrition Screening Form ("Determine Your Nutritional Health Checklist")?

**A:** No, the participant will not be denied a meal. If a participant refuses to fill out the form it is their choice and we should respect their choice. Nutrition Programs, should however, should encourage participants to complete the Nutrition Screening Form because there may be services, including nutrition counseling

available if they do have a nutrition risk. In addition, AoA requires that persons at high nutritional risk be identified as part of federal reporting requirements.

6. **Q:** Does the privacy statement need to be included on all registration forms, nutrition intake forms, nutrition screening forms, and nutrition assessment forms?

**A:** Yes, the privacy statement is required on all registration forms, nutrition risk forms, and any other forms used to collect client-specific information that is placed in the SAMS database. The Area Agency on Aging will be verifying that all county forms have the appropriate privacy statement in place. This requirement takes effect November 1, 2008.

## FAQ's Regarding Participant Information - 2

**Q:** Our county has already developed a privacy statement that we are required to use on all forms. What should I do?

**A:** If you are in this situation submit the forms to your area agency on aging for review to see if it meets the state standard.

**Q:** Are Benefit Specialists required to use the new standard privacy statement on the forms they use to collect participant information.

**A:** Yes. There needs to be informed consent to collect and store the data. That covers all programs including EBS. If they have such a form and it is reviewed and approved by the AAAs we will allow that, if they do not, they should use the one provided and approved by our legal counsel.

**Q:** We often gather participant information from people in an interview as compared to giving the person a form to complete. Are we required to recite the standard privacy statement to the person in this instance?

**A:** Yes.

**Q:** We often gather participant registration information from people over the telephone. Are we required to recite the standard privacy statement to the person over the telephone?

**A:** Yes. If you want to follow up with some sort of written privacy statement, that is at the discretion of the aging unit. This does not apply to conversations over the telephone, or via email, when you are not registering a client.

**Q:** We conduct a number of group events like picnics and health fairs. Are we required to recite/give the privacy statement to the hundreds of people who attend those events? We don't collect any personally identifying information on those people.

**A:** No. Aging units, and their providers, are only required to include the privacy statement on all registration forms, nutrition risk forms, and any other forms used to collect client-specific information that is placed in the SAMS database or other electronic database.