

VERIFIED OPEN MEETINGS LAW COMPLAINT

Date: March 16, 2009

To: Brian Blanchard, Dane County District Attorney
Dane County Courthouse Room 3000
215 South Hamilton Street
Madison, WI 53703-3297

From: Metasteward LLC
Fred Buhr, Agent
6112 Exchange Street
McFarland, WI 53558

Re: Request for Immediate Enforcement Action Pursuant to Sections 19.96 and 19.97,
Wisconsin Statutes, Concerning Violations of the Open Meetings Law

Dear District Attorney Blanchard:

As the registered agent for Metasteward LLC, a Wisconsin Limited Liability Company established under Chapter 183 of the Wisconsin Statutes, I (Fred Buhr) am filing this sworn complaint, on behalf of Metasteward LLC, alleging violations of Wisconsin's Open Meetings Law and unauthorized use of senior citizens' personal health information by: Nell Mally, Chair of the Dane County Area Agency on Aging Legislative Committee and Legislative Committee Members: Jim Stickels, Dave Tetzlaff, Dorothy Wheeler, Esther Olson, Mary Pike, Paul Kusuda, Jan Bohn, and Jay Winter.

Metasteward LLC alleges that violations of the Open Meetings Law occurred during the meeting held by the Area Agency on Aging Board, Legislative Committee on December 17, 2008. Mr. Buhr's testimony, presented as public comments, related to Dane County's practice of collecting and storing seniors' medical information in an electronic format in the Social Assistance Management System (SAMS).

Mr. Buhr's comments, which he read to the committee, were as follows:

My name is Fred Buhr. I live at 6112 Exchange Street in McFarland. I am president and CEO of Metasteward LLC. Both personally and professionally, I am concerned about the data component of e-health.

This committee, several months ago, put e-health on its agenda but did not place minutes of its discussion on the Dane County Web site. Tomorrow, I will participate, via Webcast, on the Health Information Technology Standards Panel (HITSP) as they adopt consumer empowerment standards.

At your last meeting, I asked the committee to recommend that the Nutrition Health Assessment form be funded by the state as part of the Family Care Expansion Decision item. Today, I am here to request that you consider dropping the recording of the form in an individual's electronic record.

The assessment, in both its paper form and electronic form, violates an individual's right to privacy.

By using this form and the Social Assistance Management System (SAMS) in parallel with other county and state systems, Dane County Area Agency on Aging has compromised:

- *County Executive Falk's initiative relating to the culture of alcohol*
 - *Imagine equating 3 or more drinks per day to eating fruits and veggies*
- *Family Care and Governor Doyle's E-Health initiative*
 - *By the in-secure methods of handling seniors' health records*

This affects the security of Wisconsin's seniors and disabled and their caretakers by placing their health information outside Wisconsin's Forward Health Portal into the proprietary Agingnetwork.com portal.

The nutrition form requirement was made by the Nutrition Check Committee (in closed session) and the mandate should immediately be dropped. I calculated that the time for entry of the data (on a state-wide basis) yearly, is the equivalent of 18 full time staff.

State plans include advocating for elders' rights. In continuing the use of this form and entering the data into the electronic records of individuals, you are not advocating for the privacy rights of the elderly.

Thank you

Because of its importance to the citizens of Dane County and Wisconsin, the topic of e-health medical records should have been treated as an unexpected matter of interest and postponed and placed on a future agenda with proper notice of the topic given to the public. The Legislative Committee should have refrained from engaging in discussion and taking action on the matter. Instead, the committee discussed my comments and determined by consensus that no further action would be taken, as recorded in the minutes of the December 17, 2008, meeting:

INTRODUCTION OF MEMBERS & GUESTS: Fred Buhr presented public comment. He distributed handouts regarding consumer participation at the Nutrition Program. He expressed a concern about the forms that are completed by the participants at the Nutrition Program. He claims that has seen the whole system and has worked with the program since 2003. He feels that we have compromised privacy by participating in this program. He mentioned that he will be participating in a webcast that the state is doing regarding e-Health.

Paul stated that he is not in favor of medical information in e-format, however he does not see a problem with the information gathered for the Nutrition Program.

The legislative Committee after lengthy discussion, determined by consensus that no further action would be taken on these concerns.

A. General Information On The Parties To This Complaint

1. Metasteward LLC

Metasteward LLC is an e-health information technology company that promotes the specification and implementation of e-health information standards from the perspective of patients and consumers. Metasteward LLC is a member of the American National Standards Institute (ANSI) and participates, through its agent (Fred Buhr), in meetings of the Health Information Technology Standards Panel (HITSP) on matters relating to identifying the standards that will support the exchange of healthcare information across the United States.

Fred Buhr, agent of Metasteward LLC, has experience in health and social services dating back to the 1960's. In addition to experience as a social worker, Mr. Buhr, who holds a master's degree in social welfare along with an associate's degree in computer programming and systems analysis, has served in positions in the Wisconsin Department Health and Family Services (DHFS) including chief of the community aids budget section (1976-1987) and chief of the economic assistance research section, from 1987 until his retirement from that "career" position in 1994.

Mr. Buhr has held a number of "post retirement" positions including that of waivers specialist, acting as liaison between DHFS, federal agencies and private evaluators (under contract) related to welfare reform waiver initiatives and as applications supervisor for the Wisconsin State Supreme Court, Office of Systems and Data Processing.

From (1996-1998) Mr. Buhr held the position of linked-database analyst with responsibilities for linking files and developing ad hoc relational databases in support of health data analyses. Individual records from systems of record were de-identified and linked to produce aggregate and longitudinal databases (with masked identities) of individuals. Systems of record (among others) included birth and death records from the Bureau of Vital Statistics, hospital discharge records from the Office of Health Care Information, Medical Assistance payment and eligibility records from the Bureau of Health Care Financing and cancer reporting system records. During that period, Mr. Buhr assisted several graduate epidemiological students from the University of Wisconsin in developing their study design and securing data for their research databases. The graduate students strictly followed protocols related to human subjects' research.

During the period 1998-2005, Mr. Buhr served as the in-house data consultant for the DHFS, Center for Uniformity, Security and Privacy (CUSP) and participated in national projects including the HIPAA Metadata Registry Coalition and Health Level 7 (HL7) standard setting activities and (at times) served as a hands-on network administrator for DHFS, managing over 6,000 network computers and servers located throughout Wisconsin.

Since August 2007, as a community service activity, Mr Buhr has been a volunteer data entry operator for the McFarland Senior Outreach Program.

2. Dane County Area Agency on Aging

The following information has been gleaned from the Dane County Area Agency on Aging's Web site:

The Dane County Commission on Aging was mandated by the state of Wisconsin in December 1972. It is an 11-member body appointed by the County Executive and approved by the County Board. It serves in an advisory capacity to the County Executive and the Health and Human Needs Committee. It also provides technical assistance to county departments and agencies, other governmental agencies, business and community groups, and the general public related to issues of aging and the needs of elderly citizens.

The mission of the Dane County Commission on Aging is to advocate for older people in order to enable them to maintain their full potential and enhance their quality of life.

The work of the Commission on Aging shall include policy development, budget prioritizing, identifying, planning, recommending, and over-seeing of county aging services. The Commission on Aging creates and promotes opportunities for communication among the entire community, including local organizations and elected representatives, public and private planners and providers of service.

Additional information on the AAA Web site shows that the work of the Agency is directed by three committees: Access Committee, Legislative Committee, and Nutrition Committee. The Legislative Committee's functions, according to the AAA Web site are described as follows:

The Legislative Committee submits position statements to the AAA Board for approval. Those positions establish the basis for action on public policy issues. This committee:

- *Sets priorities for action on issues (including intergenerational issues) that affect older adults of Dane County.*
- *Researches issues in developing priorities and writes position papers.*
- *Develops links with groups advocating for older adults and the constituency concerned about aging issues in Dane County.*
- *Develops links with agencies providing services for older adults in Dane County, especially the 16 focal points for aging services.*
- *Follows deliberations of official bodies on positions taken by this committee and reports those actions to the aging constituency.*
- *Participates in activities of other groups working toward implementing the positions of this committee.*
- *Advocates for positions taken by this committee with federal, state, county, and local bodies responsible for taking action on those positions.*

Sixteen focal point agencies located throughout Dane County have primary responsibility for programs and services for older adults. Serving designated geographic areas, these focal point agencies provide the entry points through which older persons -- and their families -- access a broad array of programs and services. There are approximately thirty

sites where meals are served. The McFarland Senior Outreach Program, a focal point agency, operates two meal sites -- one in McFarland and the other in Cambridge.

B: Background for Complaint

1. Nutritional Health Risk Assessments

In 1988, C. Everett Koop issued the first, “Surgeon General’s Report on Nutrition and Health” which examined in detail the (then) current knowledge about the relationships among specific dietary practices and specific disease conditions. It summarized the implications of that information for individual food choices, public health policy initiatives, and further research. Because the elderly population was (and is) particularly prone to inadequate nutritional status because of a number of factors, efforts were directed toward the understanding, evaluation and detection of different factors that influence nutritional status of elderly persons.

The Nutrition Screening Initiative (NSI), a collaborative effort between the American Dietetic Association, the American Academy of Family Physicians and the National Council on Aging, compiled a set of criteria to screen elderly people in the early 1990’s. From that information a number of screening tools were developed. One of those tools, a ten question checklist, *Determine your Nutritional Health*, was developed as an awareness and educational tool for use in varied settings. From the checklist, a scoring system was developed with a numerical value established for each of the questions. That scoring system resulted in the educational tool being perceived and used as a screening tool as well. **In spite of the fact that it is known (by professional dietitians and researchers) that the checklist has never been validated for use with the elderly, the checklist is widely used by State Units on Aging (SUAs) and local Area Agencies on Aging (AAAs) as a screening tool to judge whether an individual is at nutritional risk by the person’s total score.**

Between February and September 2007, Dane County AAA staff participated on a Nutrition Check Committee which surveyed several other states as to their assessment procedures and reviewed several nutrition assessment tools including the Mini Nutritional Assessment (MNA). **The committee determined that tools like the MNA required calculations that only trained professionals could calculate and that site managers because of a lack of training and expertise in nutrition would be unable to determine these calculations.**

Minutes of the Nutrition Check Committee indicate that members wanted to identify not only how nutrition participants are doing each year but to have an easy way to get into the Social Assistance Management System (SAMS) and compare their responses from year to year. It was discussed that the DETERMINE checklist to be used in Wisconsin would be adapted from the “Determine Your Nutrition Health” checklist that was developed as part of the Nutrition Screening Initiative (NSI). The SAMS system administrator then created custom data fields designed to hold responses to two annual nutritional health assessments. **Custom user fields in SAMS were chosen, according to minutes of the committee, because “current data tracking needs are limited and there may be a financial cost that includes the purchase of additional software.”**

In January 2008, all data entry operators, including those entering data for the sixteen focal points for nutritional services in Dane County, were informed that beginning in

March 2008, all nutritional health assessments were to be entered in participants' electronic records maintained in the Social Assistance Management System (SAMS) database. **But it wasn't until October 2008, a privacy statement was included on Dane County forms saying,**

“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 change to assure accuracy. You will not be denied most services if you refused to provide this information. If you have questions regarding this, please call the Area Agency on Aging of Dane County at 261-9700.”

Dane County's Web site (<http://www.co.dane.wi.us/aging/assessment.htm>) contains the Nutrition Checklist that was used prior to 2008. The site has not been updated since 2002, even though the new checklist form has been in use for over a year.

2. The Social Assistance Management System (SAMS)

The Social Assistance Management System (SAMS) is a software application that was developed by Synergy Software Technologies in the mid 1990's. It is a software that can be used in stand-alone mode, on a local area network (LAN) or as a software-as-a-service (SaaS) application hosted on a Web site accessed via the Internet.

Prior to the end of 2005 and beginning of 2006, McFarland Senior Outreach Services utilized SAMS as an application installed on the Village of McFarland's file and Citrix servers. Service order notes from March of 2004, indicate a number of problems. **A service note dated March 24, 2004, indicated a serious security hole,**

“Created samsuser account for database access. Removed terminal service logon ability. This account is generic (same and password) for all municipalities, so it is a serious security hole.”

In that same year (2004), the DHFS/Bureau of Information Systems created a ***Road Map to Integrated Health and Human Services Architecture Discovery Report*** which addressed three key issues which were raised at a State and County Collaboration meeting:

- The need for seamless sharing of data between state and county (IT) systems that do not require duplicate data entry or significant re-work on the part of the counties.
- The need for standardized collection of common data, especially demographic data.
- A collaborative approach to information technology that includes both state and county perspectives.

Four systems were identified as having overlap with existing systems and were considered for incorporation into the existing systems rather than built as stand-alone “silo” systems. **One of those identified systems, the Social Assistance Management**

System (SAMS) was proposed for integration with the Human Services Reporting System (HSRS).

However, even though it would have addressed the three key issues, been more economical and afforded more security to keep personally identifiable health information inside the State of Wisconsin's own firewall using HSRS, the Department of Health and Family Services (DHFS) made the decision to move to the Web-hosted version of SAMS with its proprietary data center located in Vermont. The conversion of the local data into a single database began in 2005 and was completed in early 2006. **The proprietary portal accessed via the Internet is called Agingnetwork.com.**

In 2006, the Federal Administration on Aging (AoA) awarded a contract to Synergy Technology Systems to construct and maintain a decision support system for the National Aging Program Information System (NAPIS). The new database was titled NAPIS CARDS (Comprehensive Aging Reporting and Data System). Although the AoA mandated NAPIS data elements are a small subset of the hundreds of data fields included in individuals' electronic records in SAMS, Dane County acts as if all fields, including those custom fields developed by the Nutrition Check Committee and placed in SAMS as well as empty fields that are filled with default values, are mandated by AoA.

Shortly after I began my volunteer position with McFarland Senior Outreach in August 2007, Synergy Software Technologies was acquired by Harmony Inc. located in Fairfax County, Virginia. Harmony Inc. has merged all the software, hardware and data assets related to the SAMS2000 product to its own line of products. The merger of these companies has resulted in a comprehensive line of human services and electronic medical records components software trademarked to Harmony Inc.

From the beginning of my work with the SAMS application, I have encountered and reported problems in regard to unexpected interruptions of service at Marmony's data center due to such things as servers overheating and shutting down because of air conditioner problems and unexpected outages of network services. Most disconcerting was encountering security flaws similar to those that had been encountered in installations of SAMS on local area networks (LANs) in years prior to 2006. While security flaws on local area network installations are serious, the same security flaws on a Web-hosted service potentially involve over forty states and the personal health and human service records of millions of individuals, their caregivers and physicians. Most importantly, those security flaws can be found and exploited over the Internet from any place in the world.

The decision by DHS (former DHFS) to implement, what is now, Harmony's suite of applications has resulted in two parallel human services management systems, HSRS and Harmony. HSRS is registered as a database that contains personally identifiable information and is professionally maintained and not subject to whimsical changes to data fields or the creation of new user defined data fields. HSRS has an identifiable record structure that is only changed via "change orders" approved at several administrative levels before being implemented. And, I believe, all data is either stored inside Wisconsin's firewall or within the firewalls of corporations under contract such as Electronic Data Systems (EDS) or Deloitte.

Because Dane County chose to implement the collection and storage of DETERMINE data elements through user defined and named fields there is no

interoperability between Dane County's data and the Omnia modules of SAMS. This incompatibility is easily seen by comparing Dane County's form containing the DETERMINE questions and names of user identified fields to the same DETERMINE questions in Harmony's Omnia module and catalog IDs of similar questions.

		YES
QI 01	I have an illness or condition that made me change the kind and/or amount of food I eat.	2
QI 02	I eat fewer than 2 meals per day.	3
QI 03	I eat few fruits or vegetables, or milk products.	2
QI 04	I have 3 or more drinks of beer, liquor or wine almost every day.	2
QI 05	I have tooth or mouth problems that make it hard for me to eat.	2
QI 06	I don't always have enough money to buy the food I need.	4
QI 07	I eat alone most of the time.	1
QI 08	I take 3 or more different prescribed or over-the-counter drugs a day.	1
QI 09	Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
QI 010	I am not always physically able to shop, cook, and/or feed myself.	2
	TOTAL	

Dane County SAMS fields are named following a pattern of QI 01, QI 02 ... QI 010 for questions relating to an initial health assessment and QR 01, QR 02 ... QR 010 for re-assessments. Not shown above, but available, are fields for the total scores of both the initial assessment and reassessment and date fields for the assessments.

In March 2008, I met with Dane County and DHS staff members (one from each agency) and utilized an AoA PowerPoint presentation entitled *Measure for Measure* (from the opening session of the 2007 Synergy user's conference) which clearly defined the assortment of measures that AoA intended to use to evaluate increased program efficiencies and improved client outcomes. **Not one measure related to any of the ten questions nor was there any indication that AoA intended local agencies to keep detailed electronic tracking records on all nutrition program participants.**

I pointed out that a similar form, found in the 2002-2004 Geriatrics Review Syllabus (GRS) which I had brought along to the meeting, included the instructions: "Circle the number in the "YES" column for those that **apply to you or someone under your care.**" This was a clear indication that the form was intended to be interpreted by a health care professional rather than being summarily entered into an individual's electronic health record.

Furthermore, discussion with the nutrition specialist revealed, that the two of us knew (which came as a surprise to the Dane County staff person) that the form had never been validated for use with the elderly. I also noted that the form in the GRS had been reprinted with permission of the Nutrition Screening Initiative (NSI) while the form being used by Dane County did not carry any indication that it was being used with permission nor that the NSI study had been completed in the late 1980's. I mentioned that the information on the back of the form that says as **many as 40% of older Americans have incomes of less than \$6,000 per year** is likely from the time period of the original study.

Depicted below are the ten DETERMINE questions and weights of responses from the Omnia module of SAMS. When the questions are answered the nutrition score is created automatically.

Below the DETERMINE questions are questions related to Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) which also are scored automatically in the Omnia module. **Since Dane County chose not to implement the Omnia module (because of cost concerns) scores of all assessments must be calculated by the data entry operators manually and then entered into the system.**

from assessment data. When the following questions are answered the Nutrition Score is created automatically. Those consumers with a score of 5 or higher are assigned a High Nutrition Risk status.

Question Name	Catalog ID	Weight of 'Yes' response
Changes in eating habits	2383	2
Eats <2 meals	1108	3
Eats < 5 servings of fruits or vegetables daily	2384	1
Eats < 2 servings of dairy	2385	1
Does not have enough money to buy food	1112	4
Chewing/swallowing problems	1818	2
Eats alone	1113	1
Takes 3+ drugs	1114	1
Lost or gained 10 pounds	1115	2
Not always physically able	1116	2
Has 3+ drinks	1110	2

9. ADLs - The ADL count can be entered in the consumer record as pictured below. There is also an indicator that automatically calculates the ADL count from assessment data. When the following questions are answered the ADL count is created automatically.

Question Name	Catalog ID
ADL - Bathing performance (past 7 days)	1081
ADL - Dressing performance	1077
ADL - Eating performance (past 7 days)	1078
ADL - Toilet Use performance (past 7 days)	1079
ADL - Transfer performance (past 7 days)	1074
ADL - Walking in home performance--	1076

10. IADLs - The IADL count can be entered in the consumer record as pictured below. There is also an indicator that automatically calculates the IADL count from assessment data. When the following questions are answered the IADL count is created automatically.

Question Name	Catalog ID
IADL - Meal preparation performance	1082
IADL - Shopping performance	1086
IADL - Managing medications performance	1084
IADL - Money management	1901
IADL - Rank Telephone Ability	3820
IADL - Heavy housework	1902
IADL - Light housekeeping	1903
IADL - Transportation performance	1087

SAMS Consumer Record: To see the location of these data elements – go to the list of consumers and double click to open a consumer record. You can then see the data elements within the consumer record there. Selecting Details in the contents menu will allow bring you to the 'General' section of the consumer record where you can see the NAPIS data elements.

3. Nutrition Screening Initiative Checklist May be Better Awareness/Educational Tool Than A Screening Tool

Earlier in my complaint, I mentioned that the DETERMINE Nutrition Screening Form had never been validated for use with elderly clients. **Since my meeting with Dane County and State Staff in March 2008, I have researched the issue further and found that a study reported in the July 1997, issue of the Journal of the American Dietetic Association indicated the DETERMINE tool should not be used by dietitians and care-givers as a screening tool for nutritional risk in the elderly.**

The study, written by Nadine R. Shyoun, PHD, (who was a graduate student at the time of the study) and three other researchers from the Human Nutrition Research Center on Aging at Tufts University said that the data suggested that using the Nutrition Screening Initiative (NSI) checklist as a screening tool may ignore some mortality risk factors that

could be eliminated or delayed by intervention. Because the individual questions of the checklist identify specific targeted problems that may have long-term impact, they may be missed if the cumulative score is used as the sole criterion for screening people. **The researchers said that if the individual risk factors were taken separately and their consequences eliminated, premature death might be avoided in nearly 20 percent of the men and 51 percent of the women in the original survey.**

The Tufts researchers compared the DETERMINE questionnaire with a nutritional status survey on nearly 600 Boston residents age 60 and older from 1981 to 1984. **The researchers found that only 45.8 percent of the respondents who reported poor health in the original survey would have been identified with the DETERMINE questionnaire. More significantly, the DETERMINE checklist would have uncovered only 36.2 percent of persons who reported low nutrient consumption in the previous survey.**

I mention the Tufts' study at this point because the data assets collected through SAMS by Dane County and other Area Agencies on Aging (and throughout the country by agencies in other states) could provide a wealth of health information consisting of thousands in Wisconsin, and millions nationwide, of initial assessments and subsequent reassessments that researchers only dream about accessing.

But more importantly, if DETERMINE were to be used as an educational tool by Dane County (and other agencies), as it was originally designed, and not as a screening tool, the change in using it as “an educational instrument, it could have an important impact on the early mortality of... elderly subjects.” Theoretically, the positive impact on delaying early death in 2007 by persons in Wisconsin over 60 could be calculated as follows:

Deaths by Age and Sex, Wisconsin 2007 (persons over 60)

Age Group	Male	Female
	Number of Deaths	Number of Deaths
60-64	1,553	1,045
65-69	1,733	1,224
70-74	2,213	1,644
75-79	2,849	2,506
80-84	3,422	3,705
85-89	3,090	4,531
90-94	1,795	3,857
95+	538	2,177
Totals	17,193	20,689
Early Death Factor	x 19.9%	x 51.2%
Number of Premature Deaths That Potentially Could Have Been Avoided	3,421	10,593

The following tables are theoretical estimates of premature deaths of currently living individuals that might be avoided through use of DETERMINE as an educational tool rather than a screening tool.

Wisconsin Population Estimates by Age and Sex, July 1, 2007 (persons over 60)

Age Group	Male	Female
60-64	133,730	138,490
65-69	96,970	106,330
70-74	75,620	88,660
75-79	62,320	81,910
80-84	44,580	69,280
85-89	25,400	50,940
90-94	8,490	22,680
95+	1,850	6,490
Totals	448,960	564,780
Early Death Factor	x 19.9%	x 51.2%
Number of Premature Deaths Potentially Avoided	89,343	289,167

Dane County Population Estimates by Age and Sex, July 1, 2007 (persons over 60)

Age Group	Male	Female
60+	37,155	46,629
Totals	37,155	46,629
Early Death Factor	x 19.9%	x 51.2%
Number of Premature Deaths Potentially Avoided	7,394	23,874

One very interesting finding related to the use of alcohol and mortality was as follows:

“Tests of interaction showed that the relative risks of mortality for each of the NSI corresponding questions were similar for men and women, with the exception of question 4. Question 4 indicated that there was an inverse association between use of three or more alcoholic drinks per day among women but not men.”

The Tufts study entitled, “Nutrition Screening Initiative Checklist may be a Better Awareness/Educational Tool than a Screening One” was published in the Journal of the American Dietetic Association, Volume 97, Issue 7, Pages 760-764 (July 1997)

Wisconsin has been a leader among states in the development of health and social service programs and as a result of work by its eHealth Care Quality and Patient Safety Board,

established by Governor Doyle in 2005, is poised to be the leader in implementing health information technology (HIT) and developing health information exchanges (HIE) and electronic health records (EHR). One recent newspaper article included an observation by a health care activist that Dane County could become the Silicon Valley of electronic health records in the next few years. Health care information providers including Epic, GE Health Care, Metavante and Symphony are members of the board. Yahoo, Google, Microsoft and many smaller leading edge software and information entities are located in Dane County. The Morgridge Institute for Research funded by John Morgridge, chair of the board of Cisco, will open in 2010.

Because of Wisconsin's leadership role and the likelihood of it being a star in the progressive movement in health care programs, the Social Assistance Management System (SAMS) utilized by Wisconsin's Area Agencies on Aging possibly will be assumed as meeting consumer empowerment standards such as those being specified by the American Health Information Community (AHIC) relating to consumers' personal health records (PHR). Because of the standards of excellence that are routinely met throughout Wisconsin by its private and governmental agencies, just being identified as from Wisconsin carries with it a reputation for quality and an assumption of meeting or surpassing standards.

Unfortunately, the data management system utilized by Dane County for Older Americans Act programs falls far short of meeting even minimal privacy or security standards for the collection, storage, and usage of seniors' personally identifiable health data. In the statement that I read to the Legislative Committee during their meeting on December 17, 2008, I mentioned that during their November meeting I had asked the committee to recommend that the Nutrition Health Assessment form be funded by the state as part of the Family Care Expansion Decision item in order to bring Dane County's information systems for seniors more in line with information systems supporting HIPAA covered human services entities at both the local and state levels.

The Administration on Aging's (AoA) excellent reputation carries with it, as does Wisconsin's, an assumption of meeting or surpassing all standards. But AoA has not defined a minimum data set (MDS) that would meet both local and federal needs. The problems related to relying upon the state and local aging programs (without federal guidance) to be responsible for information systems are well documented in the study prepared for the National Association for State Units on Aging in December 2006, entitled, *State Information Systems Management Study*. That study can be found on the AoA Web site at: <http://www.aoa.gov/about/results/Information%20Systems%20Management%20Study.pdf> The SAMS system is cited in that study as being used by the majority of states but, depending upon their organizational relationships with HIPAA covered entities, different approaches are followed regarding data sharing activities.

4. Privacy Concerns

As there is confusion as to whether the SAMS application is the AoA information system, there is confusion at the state level as to whether SAMS is the official State of Wisconsin information system for Family Care which combines at least eight different funding sources into a comprehensive program for long term care. Older American Act funding is likely the smallest funding source but because the nutrition programs are the gateway programs to more care intensive programs, the SAMS information system serves as the gateway to patient-centric information in other systems.

My main emphasis as a privacy advocate is that everyone should be given the opportunity to be the steward of their own personal health information. Everyone should be permitted to give or deny informed consent for specific uses of their health data. There is a vast discrepancy between the administrative methods of collection of individuals' health assessment information between programs funded under titles of the Social Security Act subject to HIPAA (such as Medicare) and those funded under titles of the Older Americans Act (such as the congregate meal program). **State Units on Aging (SUA) and local Area Agencies on Aging (AAA) are (in my opinion) egregiously violating consumers privacy rights to informed consent by collecting and storing personal health assessment information in electronic databases with a misleading statement on forms saying, "The information you are being asked to provide is need to determine if you are eligible to receive Older Americans Act Service and to comply with federal reporting requirements."**

Following is an excerpt from email the State sent to all SAMS users on October 24, 2008 which would allow Social Security Numbers and SAMS IDS to be copied to Excel workbooks. Even though the procedure is prompted by the best of intentions, it is completely contrary to good data stewardship principles and should not be permitted.

"As you may notice in the video documentation, I&A functionality now exists in SAMS; it is referred to as the "SAMS IR" section of SAMS. However, Wisconsin is not yet using this piece of SAMS - meaning that you cannot yet see it or test it in SAMS. Wisconsin organizations currently using Beacon will continue to do so for some time yet. A migration of all Beacon data into SAMS is in the works; however, this will likely not occur for at least another couple of months. We (Wisconsin) are presently waiting for Harmony to implement additional, necessary I&A-related functionality into the SAMS IR screens. Once that has been done, we'll perform quite a bit of initial testing. Then we'll migrate real-world Beacon data into SAMS for a single pilot ADRC. After the pilot ADRC has had time to test and confirm that their data migrated successfully, the migration rollout can be defined and scheduled.

*As has been mentioned in previous emails, we plan to run a script which will "scrub" social security numbers from the SAMS database. (This does NOT include the SAMS benefit specialist database.) In order to ensure optimal accuracy during the upcoming Beacon-to-SAMS migrations, this SSN scrub will be performed AFTER the Beacon-to-SAMS migrations have all been completed. (This is likely several months from now.) **Some current users have expressed a desire to have continued access to SSN's which are currently stored in SAMS and/or Beacon. (The stated reason is the need to be able to look up client information in other data systems via SSN.) If you believe that you absolutely MUST retain SSN data which currently exists in SAMS and/or Beacon, please wait until after your Beacon migration has been completed. Then - at your discretion - you can perform an extraction of data from SAMS which would, e.g., list ONLY the SAMS user ID's and SSN's next to each other in some other medium (e.g., an Excel workbook). I am not endorsing this method of data retention; rather, I am merely pointing out that the option is available if your particular organization decides that it is absolutely necessary (and appropriate). If you want more information on the easiest way to extract this data, please call me.***

C. Summary of Complaint

Metasteward LLC alleges that violations of the Open Meetings Law occurred during the meeting held by the Area Agency on Aging Board, Legislative Committee on December 17, 2008. Mr. Buhr's testimony, presented as public comments, related to Dane County's practice of collecting and storing seniors' medical information in an electronic format in the Social Assistance Management System (SAMS).

Because of its importance to the citizens of Dane County and Wisconsin, the topic of e-health medical records should have been treated as an unexpected matter of interest and postponed and placed on a future agenda with proper notice of the topic given to the public. The Legislative Committee should have refrained from engaging in discussion and taking action on the matter. Instead, the committee discussed Mr. Buhr's comments and determined by consensus that no further action would be taken, as recorded in the minutes of the meeting held on December 17, 2008.

To assist in your investigation and prosecution of these violations of Wisconsin Open Meetings Law I am enclosing the following relevant documents for your review:

1. Exhibit "A": Minutes of the December 17, 2008, Area Agency on Aging Board Legislative Committee
2. Exhibit "B": Minutes of the Nutrition Check Committee
3. Exhibit "C": Dane County Senior Dining Program Registration Sheets

I am also enclosing, for informational purposes only, a copy the February 20, 2009 Health Information Standards Panel (HITSP) meeting attendance roster listing Metasteward LLC (Fred Buhr) and other panel participants along with a copy of the *2009 Long Term Care – Assessments Extension/Gap Document* describing the type work performed by the panel relating to the interoperability of electronic health care records.

Through their actions described above, I believe that the Legislative Committee of the Area Agency on Aging Board violated Wisconsin's Open Meetings Law on December 17, 2008 and hereby request that you direct Nell Mally, Chair of the Legislative Committee of Dane County Area Agency on Aging to:

- **reverse the determination "by consensus that no further action would be taken" on the concerns related to e-health records.**
- **devote an agenda item at a future Legislative Committee meeting for the discussion of e-health electronic records.**
- **request opinions from the Dane County Department of Administration and the Dane County Chief Information Officer that the Social Assistance Management System (SAMS) meets minimum standards for Dane County systems.**

Thank you for your attention to this very important matter.



State of Wisconsin)
) ss.
County of Dane)

Fred Buhr, being first duly sworn on oath deposes and says that he is agent for Metasteward LLC, that he has read the foregoing complaint and that, based upon his belief and knowledge, the contents of this complaint are true.

Fred Buhr

Fred Buhr, Agent
Metasteward LLC

Subscribed and sworn to before me

this 16 day of March, 2009.

[Signature]

Notary Public, State of Wisconsin

My Commission Expires: May, 2010



**Exhibit "A": Minutes of the December 17, 2008, Area Agency on Aging Board
Legislative Committee**

DANE COUNTY BOARD OF SUPERVISORS

Area Agency on Aging Board Legislative Committee Minute December 17, 2008

Members Present: Nell Mally, Jim Stickels, Dave Tetzlaff, Dorothy Wheeler, Esther Olson, Mary Pike, Paul Kusuda, Jan Bohn, Jay Winter

Staff Present: Barbara Thoni, Mickey Bell

Members Excused: None

Members Absent: None

CALL TO ORDER: The meeting was called to order by Dave Tetzlaff. Nell Mally arrived after some confusion of meeting location. Nell proceeded with meeting.

INTRODUCTION OF MEMBERS & GUESTS: Fred Buhr presented public comment. He distributed handouts regarding consumer participation at the Nutrition Program. He expressed a concern about the forms that are completed by the participants at the Nutrition Program. He claims that he has seen the whole system and has worked with the program since 2003. He feels that we have compromised privacy by participating in this program. He mentioned that he will be participating in a webcast that the state is doing regarding e-Health.

Paul stated that he is not in favor of medical information in e-format, however he does not see a problem with the information gathered for the Nutrition Program.

The Legislative Committee, after lengthy discussion, determined by consensus that no further action would be taken on these concerns.

APPROVAL OF MINUTES: Dorothy Wheeler moved and Dave Tetzlaff seconded to approve the minutes. Motion Carried.

ANNOUNCEMENTS OR COMMENTS: Jan Bohn announced that she would be resigning from the committee.

COUNTY/STATE/FEDERAL BUDGET SITUATION: Mickey Bell reported that the State budget is facing a tremendous deficit of approximately \$5.3B. The Governor may be late in introducing his budget for he is waiting for Federal Economic Stimulus Package.

Dane County has two new members in the Legislature. Kelda Royce is replacing Dave Travis and Keith Ripp is replacing Eugene Hahn.

Both houses are now controlled by the Democrats

WCA has released it's Wisconsin Way Report and the leader of the Senate has rejected it. Taxation considerations are a major problem.

Mickey reported that she feels that when the Legislature comes into session, the Statewide Smoking Bill will be the first bill to be passed.

For the next meeting we will update the Legislative Directory.

The RTA may be reinstated. Study committee has been meeting.

GRANDPARENTS RAISING GRANDCHILDREN: Jay Winter brought along some hand-outs that he found on the internet. They will be attached to the minutes and considered at the next meeting.

ADVOCACY PLANNING: A letter will go out to the Legislators representing Dane County containing our agency brochure and a list of priorities that we are working on this year. Mickey will also arrange a meeting with the two new legislators.

AGENDA ITEMS FOR NEXT MEETING: Grandparents Raising Grandchildren- Invite Ethel Dunn
Advocacy letter
County and State Budget

ANNOUNCEMENTS: Dave announced that RSVP would receive this first NEV on December 19th.
DANE Class will be held in May.

NEXT MEETING: January 28, 2009 9:00 a.m.

Respectfully submitted by Barbara Thoni

Exhibit “B”: Minutes of the Nutrition Check Committee

**Nutrition Check Committee
Notes from Meeting on 2/27/07
Stevens Point, WI**

Attendees:

Kristin Hosking, Washington County, Mary Smith, Waukesha County, Linda Harris, Columbia County, Janie Riebe, Area Agency on Aging of Dane County, Mary Marks, Waushara County, Leslie Fijalkiewicz, Barron County, Ruth Kilness, Eau Claire County, and Anne Tschida, UW-Stout Dietetic Intern

Discussion:

Amy will check with other states to see what they are using for a Nutrition Screening tool or how they are screening people and report back to the group via e-mail.

The committee also discussed the Nutrition Check and how it is currently being incorporated into SAMS. All were in agreement that it would be better if the Nutrition Check could incorporate Yes/No Questions vs. numbers because numbers can be confusing to participants or staff when they are trying to fill out the form.

The committee also agreed that it would be better if the committee developed one screening tool vs. multiple tools. The committee still needs to decide if the nutrition check should be used as a screening tool for the state or whether a different tool may be more effective. Members will research other possible tools and report back to the rest of the committee.

It was also discussed that the committee may want to look at the functional screening tool and examine whether or not it contains any nutritional risk/screening questions.

Once the committee has decided on a tool it was agreed that the committee will pilot the tool in a few locations throughout the state to test its effectiveness. Also, the group thought it may be good to invite Karl from BADR to one of our meetings to discuss how the group could incorporate a new screening tool into SAMS. Also, Karl could attend a WAND training to discuss how to utilize the new screening tool once it is incorporated into SAMS. Another idea was to organize a "best practice" panel at a WAND training to discuss how they are using the new screening tool to enhance their nutrition programs.

Amy will send out an e-mail to check everyone's availability for another meeting. It was decided that the next meeting would be by conference call instead of in person.

Notes compiled by: Amy Ramsey, Nutrition/Prevention Specialist, BADR

**Nutrition Check Committee
Notes from Meeting on 4/5/07
Conference Call**

Attendees:

Kristin Hosking, Washington County, Mary Smith, Waukesha County, Linda Harris, Columbia County, Janie Riebe, Area Agency on Aging of Dane County, Mary Marks, Waushara County, Leslie Fijalkiewicz, Barron County, Ruth Kilness, Eau Claire County

Discussion:

The committee reviewed a summary of the responses from State Unit's on Aging in regards to whether or not they are using the "Determine Your Nutritional Health" checklist as part of the Nutrition Screening Initiative project by AAFP, ADA, and NCOA, or whether they have adapted the form. In reviewing the responses, several states are using the "Determine Your Nutritional Health" checklist. In addition, New York uses a combination system with some areas using the DETERMINE checklist in paper forms and others using it in electronic form as it appears in various software packages either for client assessments and/or NAPIS reporting. South Dakota has created a NAPIS form that includes this information. New Jersey has adapted the DETERMINE checklist which they shared with Amy via e-mail. The group reviewed this checklist. Wyoming indicated that the information would be more useful if programs used the same basic screening form.

The committee discussed the SAMS ILA and basic NAPIS intake assessment information. It was discussed that the nutrition screening questions that are in the SAMS ILA and NAPIS intake assessment information are an adaptation of the DETERMINE checklist. The committee asked whether these questions could be adapted to reflect the DETERMINE checklist.

The committee discussed other tools that may be used in place of the DETERMINE checklist. Group members indicated that after searching for other tools that may be appropriate in place of the checklist; they were unable to find any other tools that would be appropriate to determine high risk. Specifically, group members felt other tools would not be appropriate because they required information that was too difficult for site managers to obtain. Tools such as the MNA, required calculations that only trained professionals could calculate, site managers would be unable to determine these calculations due to a lack of training and expertise in nutrition.

Thus, the committee decided that Wisconsin should use the DETERMINE checklist. It was discussed that the committee would meet with Karl Schlenker to determine how the DETERMINE checklist could be entered into SAMS. It was also discussed whether each question from SAMS should be entered into SAMS

in order to track participant high risk data. The committee decided that it would be more effective if all questions be entered into SAMS.

Amy will contact everyone via e-mail to set up a conference call with Karl Schlenker.

Notes compiled by: Amy Ramsey, Nutrition/Prevention Specialist, BADR

**Nutrition Check Committee
Notes from Meeting on 6/29/07
Conference Call**

Attendees:

Kristin Hosking, Washington County, Mary Smith, Waukesha County, Janie Riebe, Area Agency on Aging of Dane County, Mary Marks, Waushara County, Leslie Fijalkiewicz, Barron County, Ruth Kilness, Eau Claire County, Karl Schlenker, BADR

Discussion:

Karl asked committee members what type of reporting that they wanted to get from the DETERMINE checklist/screening form. Committee members indicated that they wanted to only have yes responses and have numbers assigned to those yes responses. The members indicated that they only wanted to have to click on the questions that participants circle yes for. By giving it a yes response it could then assign a point level. Then a director could go back and compare results from one assessment to another. Members indicated that they wanted to identify how nutrition participants are doing each year in terms of nutrition risk. Also, to compare responses to questions; year to year. In addition, members wanted an easy way to go into SAMS each year and compare data year to year. Currently, members indicated there is no easy way to do this.

Karl presented two possible options to the committee. The first option being assessment forms. The second option being custom user fields. Both options had several limitations. For example, assessment forms would not allow aging programs to run a report. Members felt this option may not be a viable option because current data tracking needs are limited and there may be a financial cost that includes the purchase of additional software. In addition, custom user fields cannot generate an unlimited number of historical assessments, data entry is not convenient, and reporting will be limited.

Despite these limitations, the committee decided that Option B to be preferable to Option A.

It was discussed that Amy will create the DETERMINE checklist to be used in Wisconsin which would be adapted from the "Determine Your Nutrition Health" checklist as part of the Nutrition Screening Initiative project by AAFP, ADA, and NCOA. Karl will create custom data fields within SAMS from the form and create a document indicating how to perform SAMS Data Entry and Reporting and committee members/aging programs will pilot the SAMS Data Entry and Reporting process using the new DETERMINE checklist. Pilot programs will report back to other committee members at the next meeting.

Notes compiled by: Amy Ramsey, Nutrition/Prevention Specialist, BADR

**Nutrition Check Committee
Notes from Meeting on 9/24/07
Conference Call**

Attendees:

Kristin Hosking, Washington County, Mary Smith, Waukesha County, Janie Riebe, Area Agency on Aging of Dane County, Mary Marks, Waushara County, Leslie Fijalkiewicz, Barron County, Ruth Kilness, Eau Claire County, Karl Schlenker, BADR

Discussion:

Pilot counties reported that overall; the data entry was fast and easy to enter into the SAMS database. A few suggestions were made to streamline the SAMS Data Entry and Reporting.

Amy determine the next steps would be implement the new DETERMINE checklist screening form and SAMS Data Entry and Reporting Process statewide. All committee members were in agreement with the statewide implementation.

Notes compiled by: Amy Ramsey, Nutrition/Prevention Specialist, BADR

Exhibit "C": Dane County Senior Dining Program Registration Sheets

**OCTOBER 2008 – SEPTEMBER 2009
Dane County Senior Dining Program Registration Sheet**

Dear Nutrition Consumer: We need your help to obtain/maintain funding for our Nutrition Programs, so we ask that you complete this form once each year.

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 call the Area Agency on Aging of Dane County at 261-9700.

If you have questions about your meal service, please call your local meal site.

Please Print

Today's Date:	Name of Meal Site:	Birth Date:
Name:		Male _____ Female _____
Address:		
City:	Zip Code:	Telephone:
Emergency Contacts – Name, Relationship, and Phone Number (This is for your meal program only. Please provide two emergency contacts.)		
If you live alone, is your income level less than \$10,400 per year? Yes _____ No _____		
If there are two people living in your home, is your income less than \$14,000 per year? Yes _____ No _____		
Do you live alone? Yes _____ No _____		
Do you live in the City of Madison? Yes _____ No _____		
If you answered NO, please write the City, Village or Township in the following box: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
White _____ African American _____ Asian _____ Hispanic _____ American Indian _____ Other _____		

The Warning Signs of poor nutritional health are often overlooked. Use this checklist to find out if you or someone you know is at nutritional risk.

Read the statements below.

Circle the number in the yes column for those that apply to you.

For each yes answer, score the number in the box.

Total your nutritional score.

DETERMINE YOUR NUTRITIONAL HEALTH

		YES
Q1 01	I have an illness or condition that made me change the kind and/or amount of food I eat.	2
Q1 02	I eat fewer than 2 meals per day.	3
Q1 03	I eat few fruits or vegetables, or milk products.	2
Q1 04	I have 3 or more drinks of beer, liquor or wine almost every day.	2
Q1 05	I have tooth or mouth problems that make it hard for me to eat.	2
Q1 06	I don't always have enough money to buy the food I need.	4
Q1 07	I eat alone most of the time.	1
Q1 08	I take 3 or more different prescribed or over-the-counter drugs a day.	1
Q1 09	Without wanting to, I have lost or gained 10 pounds in the last 6 months.	2
Q1 010	I am not always physically able to shop, cook, and/or feed myself.	2
	TOTAL	

Total Your Nutritional Score. If it's –

- 0-2** **Good!** Recheck your nutritional score in 6 months.
- 3-5** **You are at moderate nutritional risk.**
See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.
- 6 or more** **You are at high nutritional risk.**
Bring this checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that warning signs suggest risk, but do not represent diagnosis of any condition. Turn the page to learn more about the Warning Signs of poor nutritional

These materials have been adapted from the Nutrition Screening Initiative, a project of American Academy of Family Physicians, The American Dietetic Association and National Council on the Aging, Inc.

The Nutritional Screening Initiative, 2626 Pennsylvania Avenue, NW Suite 301, Washington, DC 20037. The Nutrition Screening Initiative is funded in part by a grant from Ross Laboratories, a division of Abbott Laboratories

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 refused to provide this information. If you have questions regarding this, please call the Area Agency on Aging of Dane County at 261-9700.

DISEASE

Any disease, illness or chronic condition which cause you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you've eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

EATING POORLY

Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

TOOTH LOSS / MOUTH PAIN

A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don't fit well or cause mouth sores make it hard to eat.

ECONOMIC HARDSHIP

As many as 40% of older Americans have incomes of less than \$6,000 per year. Having less – or choosing to spend less – than \$25-30 per week for food makes it very hard to get the foods you need to stay healthy.

REDUCED SOCIAL CONTACT

One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

MULTIPLE MEDICINES

Many older American's must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals when taken in large doses act like drugs and can cause harm. Alert your doctor to everything you take.

INVOLUNTARY WEIGHT LOSS / GAIN

Losing or gaining a lot of weight when your are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

NEEDS ASSISTANCE IN SELF CARE

Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

ELDER YEARS ABOVE AGE 80

Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.

Name: _____

Date: _____

Home Delivered Meal Registration Requirement:

When you receive home delivered meals, we ask you to fill out this form to provide our funders with information about the people served with this program. Information is kept confidential. Please check the appropriate box. If you need help with the task, please check "NO."

Activities of Daily Living:	Yes	No
I take care of my own bath or shower.		
I can dress and undress myself.		
I walk without someone helping me. (OK, if you use cane or walker.)		
I can use the bathroom by myself and otherwise take care of my private needs.		
I can get in and out of bed and chairs by myself, without a lift.		
I can eat by myself. (It is OK if you use adaptive devices.)		
(For SAMS – Count and Enter Total NO Boxes.)		

Next, go through this list and check the appropriate box for each question. Answer "NO" if you need help with the task.

Instrumental Activities of Daily Living:	Yes	No
I can plan and prepare my own meals, including cooking on the stove.		
I can drive or use public transportation or taxi.		
I can plan and shop for food and other necessities.		
I can prepare and take medications safely and at the correct dose.		
I can use the telephone and make emergency calls.		
I can do light housekeeping.		
I can do all of my own chores like laundry, yard work and heavy cleaning.		
I can pay my bills and balance my checkbook.		
(For SAMS – Count and Enter Total NO Boxes.)		

OCTOBER 2008 – SEPTEMBER 2009**Dane County Senior Nutrition Program Home Delivered Meals Registration Sheet**

If you have any questions about this form, please call the Area Agency on Aging at (608) 261-9700.
If you have questions about your meal service, call your local meal site.