

Scott Walker  
Governor



DIVISION OF MEDICAID SERVICES

1 WEST WILSON STREET  
PO BOX 309  
MADISON WI 53701-0309

Linda Seemeyer  
Secretary

State of Wisconsin  
Department of Health Services

Telephone: 608-266-0036  
Fax: 608-266-1096  
TTY: 711

## Wisconsin Long Term Care Advisory Council

Tuesday, July 11, 2017

9:30 a.m. – 3:30 p.m.

Clarion Suites -- 2110 Rimrock Rd, Madison, WI 53703 -- (608) 284-1234

9:30 AM	<b>Meeting Call to Order</b> -Introductions -Review of agenda and approval of minutes	<b>Heather Bruemmer</b> <i>Long Term Care Advisory Council Chair</i>
9:40 AM	<b>Department Updates</b>	<b>Curtis Cunningham</b> <i>DHS – Assistant Administrator of Long Term Care Benefits and Programs</i> <b>Carrie Molke</b> <i>DHS – Bureau of Aging and Disability Resources</i>
10:00 AM	<b>Long-Term Care Workforce and Employment</b>	<b>Becky Kikkert</b> <i>DWD</i>
10:45 AM	<i>Break</i>	
11:00 AM	<b>AARP Scorecard</b>	<b>Sam Wilson, Kathleen Ujvari, Ari Houser</b> <i>AARP</i>
12:15 PM	<b>Comments from the Public</b>	<b>Heather Bruemmer</b> <i>Long Term Care Advisory Council Chair</i>
12:30 PM	<i>Lunch (catered)</i>	
1:00 PM	<b>Charge Summaries</b> -Final Community Development Summary  <b>Charge Guidance</b> -Secretary response regarding Communication -Communication next steps	<b>Carrie Molke</b> <i>DHS – Bureau of Aging and Disability Resources</i> <b>Curtis Cunningham</b> <i>DHS – Assistant Administrator of Long Term Care Benefits and Programs</i>
1:15 PM	<b>ADRC CY2018 Contract</b>	<b>Anne Olson, Wendy Fearnside</b> <i>DHS – Office of Resource Center Development</i>

<b>2:00 PM</b>	<b><i>Break</i></b>	
<b>2:15 PM</b>	<b>NCI Survey FY18 Custom Questions</b>	<b>Angela Witt</b> <i>DHS – LTC Integrated Data and Analytics</i>
<b>2:45 PM</b>	<b>Council Discussion</b> -Next steps regarding Long-Term Care Workforce	<b>Curtis Cunningham</b> <i>DHS – Assistant Administrator of Long Term Care Benefits and Programs</i>
<b>3:15 PM</b>	<b>Council Business</b>	<b>Heather Bruemmer</b> <i>Long Term Care Advisory Council Chair</i>
<b>3:30 PM</b>	<b>Adjourn</b>	<b>Heather Bruemmer</b> <i>Long Term Care Advisory Council Chair</i>

# The Division of Vocational Rehabilitation (DVR)

**Long-Term Care & the Workforce**

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**Long Term Care Advisory Council**

Tuesday, July 11, 2017

Madison, WI

**Becky Kikkert**

**Senior Policy Advisor**

**Department of Workforce Development**

- Health Care Workforce Projections
- What is DVR?
- Workforce Innovation & Opportunity Act (WIOA)
- Wisconsin PROMISE
- Wisconsin Project Search
- Wisconsin Fast Forward
- JobCenterofWisconsin.com

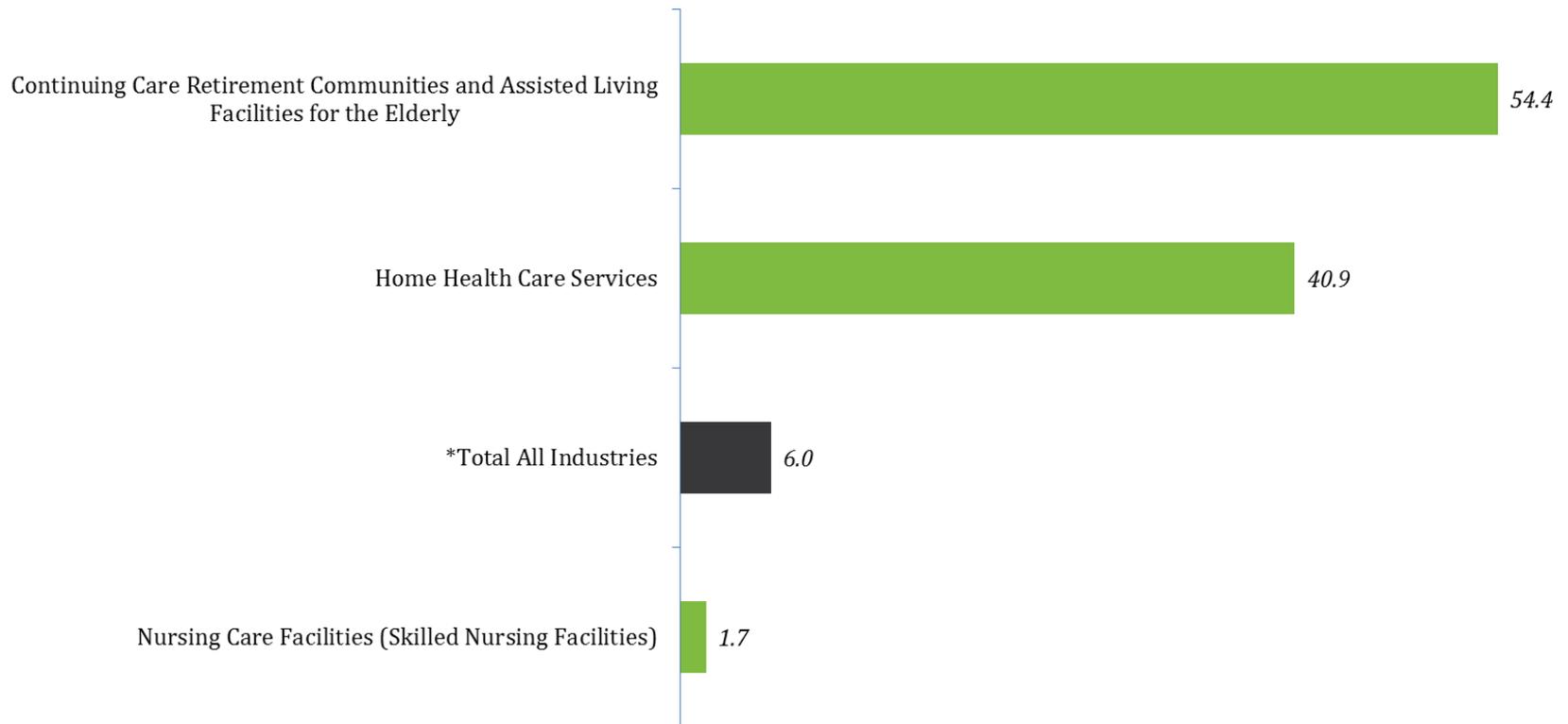
# Health Care Workforce Projections

# Health Care Industry Percent Growth



## Wisconsin Long Term Industry Projections, 2014-2024

*Private Sector Percent Growth for Select Health Care Industries*



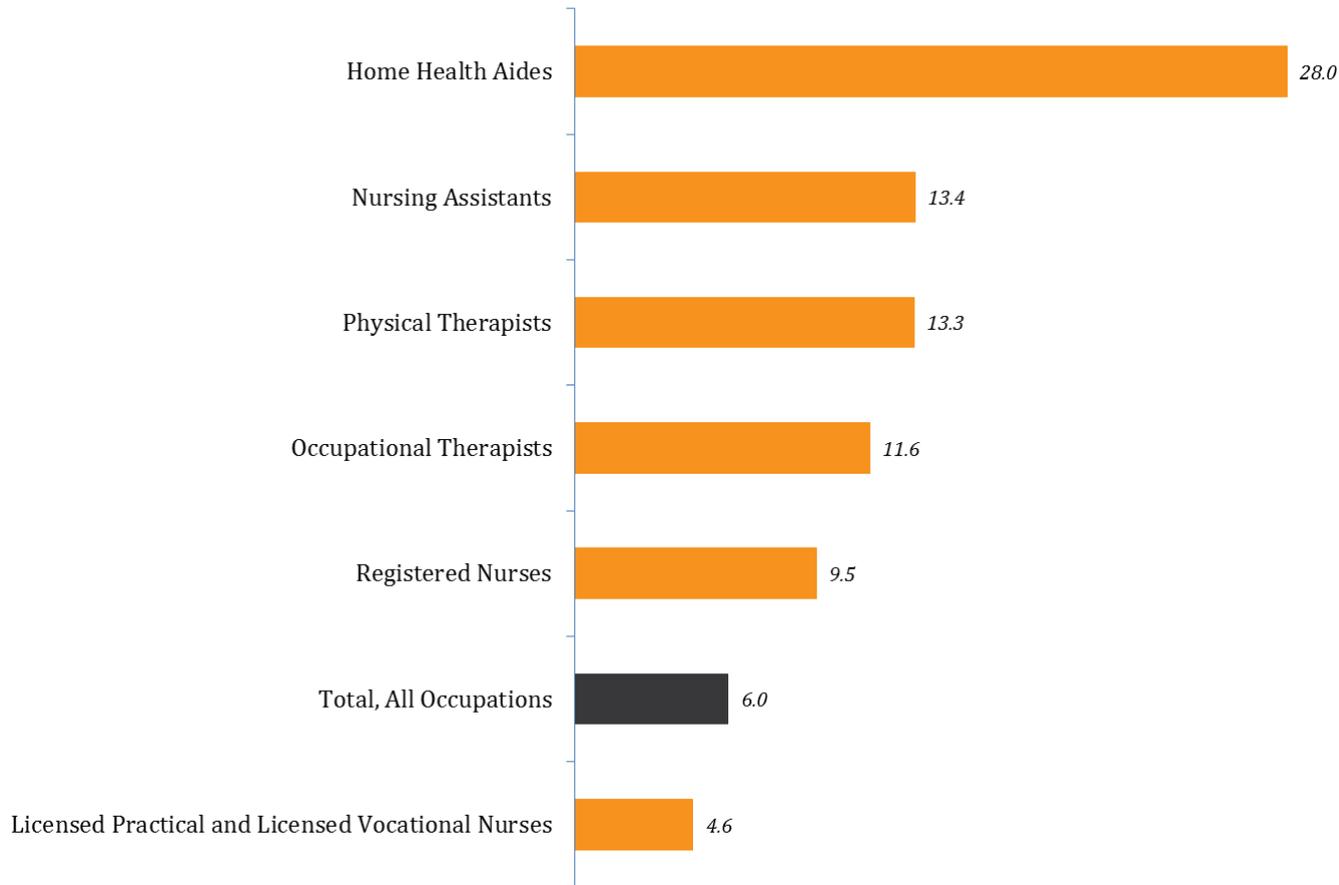
*\*This includes all ownerships (government and private) and data not covered by QCEW*

Source: Department of Workforce Development, Office of Economic Advisors (OEA), July 2016

# Health Care Occupations Percent Growth



**Wisconsin Long Term Occupation Projections, 2014-2024**  
*Percent Growth for Select Health Care Occupations*

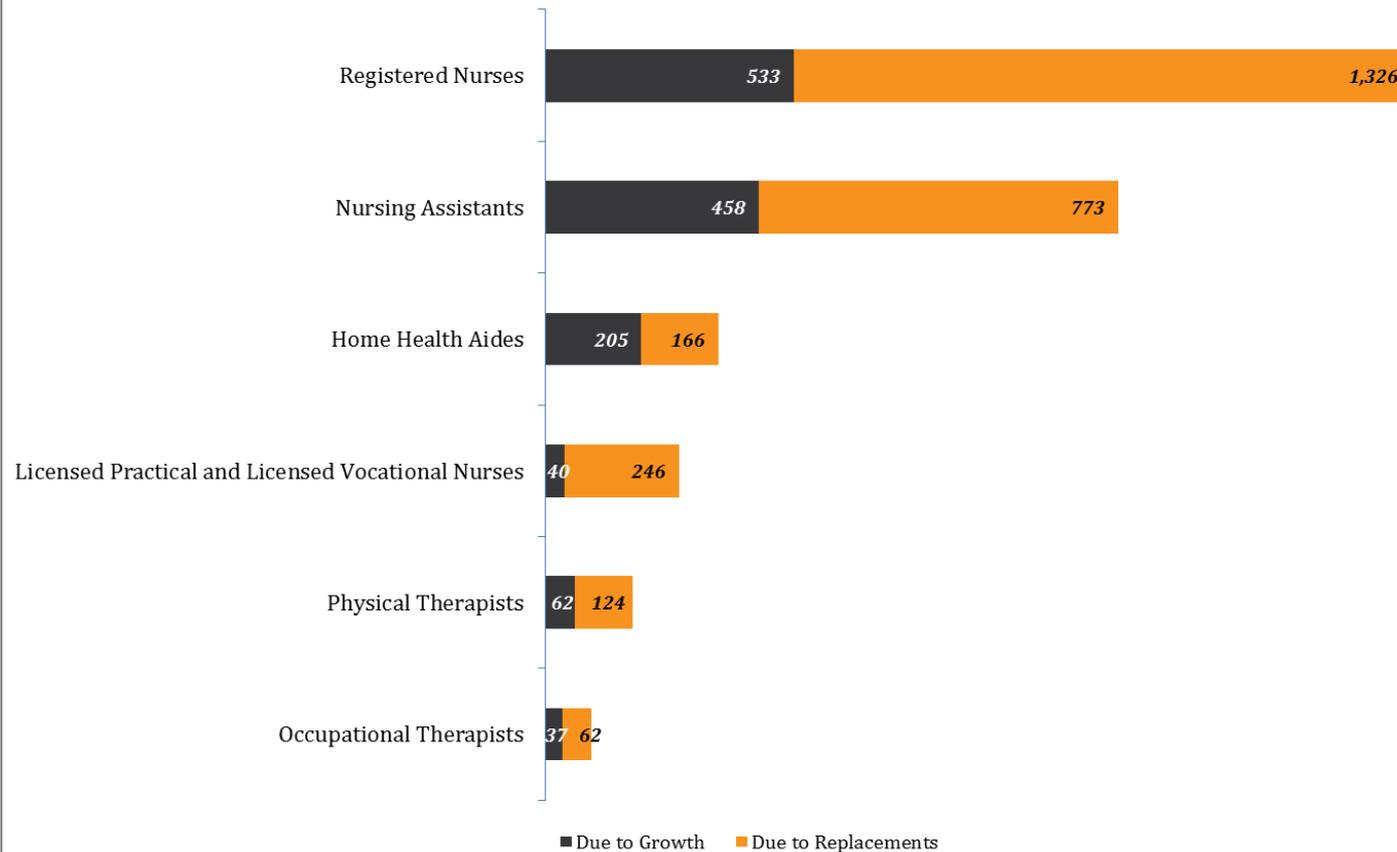


Source: Department of Workforce Development, Office of Economic Advisors (OEA), July 2016

# Health Care Annual Job Openings



**Wisconsin Long Term Occupation Projections, 2014-2024**  
*Annual Job Openings for Select Health Care Occupations*

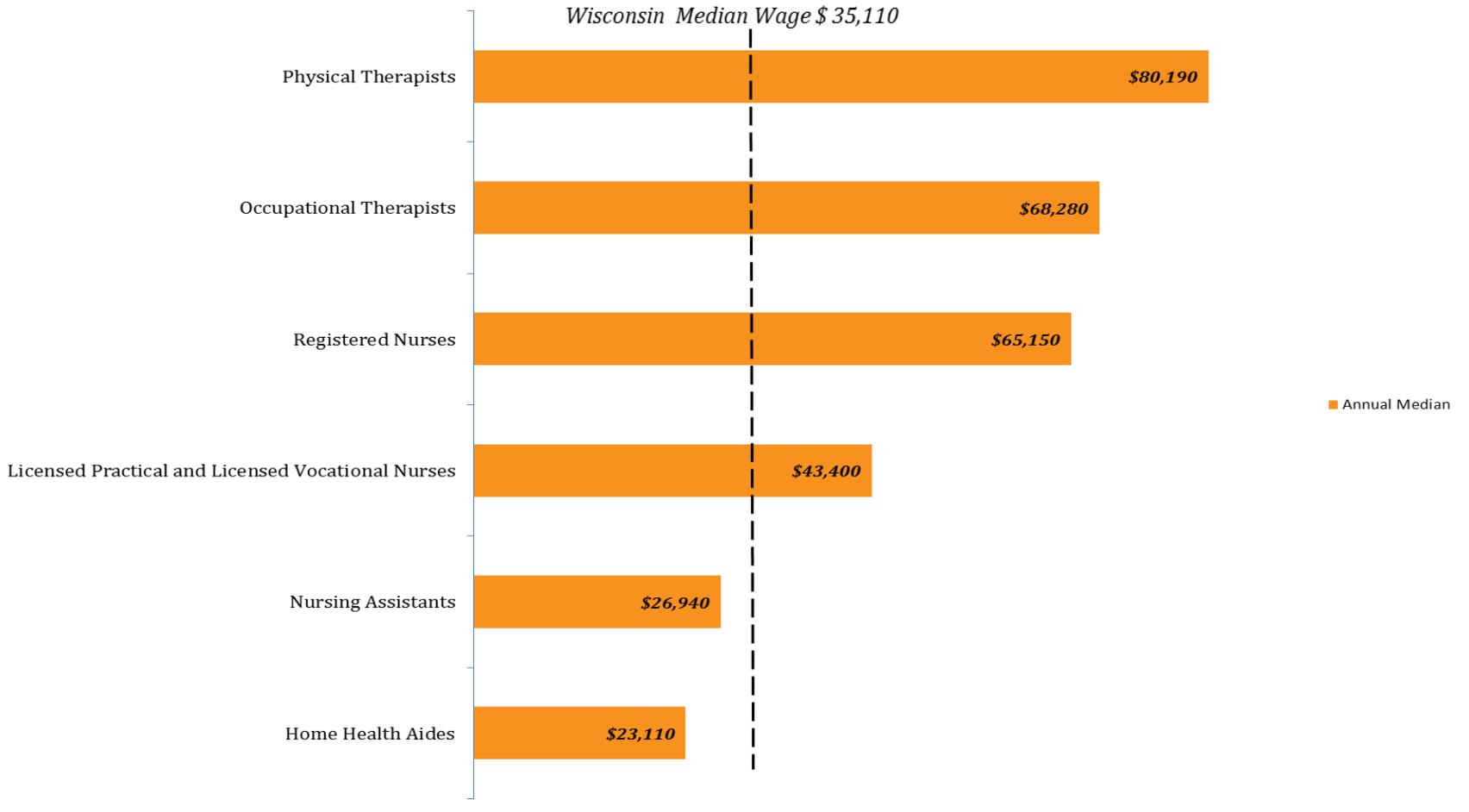


Source: Department of Workforce Development, Office of Economic Advisors (OEA), July 2016

# Health Care Median Wage



## Select Health Care Occupations Median Wage



Source: Bureau of Labor Statistics, Occupational Employment Statistics (OES), May 2015

# What is DVR?



- The Division of Vocational Rehabilitation (DVR) provides individualized services to people with disabilities who want to work
  
- Services include but are not limited to:
  - Vocational counseling
  - Skills development
  - Temporary work experiences
  - Supported employment
  - Education necessary to achieve career goals

# What Does DVR Do?



- DVR is actively engaged with almost 16,000 job seekers with disabilities who are working toward an employment goal
- DVR job-seekers develop an Individualized Plan for Employment (IPE) with their DVR counselor, which defines:
  - The job goal
  - The services that are need to reach that goal
  - The job-seeker's role and responsibilities

# DVR Director Locations

## Other DVR Locations

Ladysmith:  
1104 Lake Ave. West

Wausau:  
364 Grand Ave.

Eau Claire:  
221 W. Madison St.

La Crosse:  
2615 East Ave. South

Madison:  
1801 Aberg Ave

Janesville:  
1900 Center Ave.

Green Bay:  
701 Cherry St.

Oshkosh:  
219 Washington Ave.

Milwaukee:  
2701 Chase Ave.

Racine:  
1516 S. Green Bay Rd.

Waukesha:  
2607 N. Grandview Blvd.

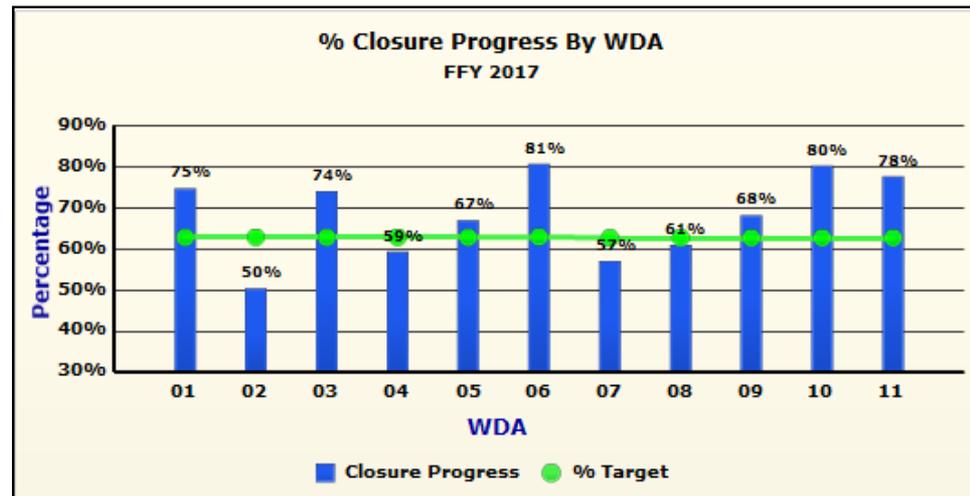


\* 90% of DVR staff provide job-seeker and/or employer outreach/support service at the local level

# FFY 2017 Outcomes to Date



- Individuals Achieving Employment Outcome = 2,650
  - 67% of goal
  - 62.7% of FFY elapsed
- \$13.14/hour average wage
- 25.76 average hours/week



\*Data current as of May 17, 2017

# Summer Programs for Youth with Disabilities



- Each DVR Workforce Development Area (WDA) offers at least one youth summer program
- Each program differs slightly in scope and duration, but all provide most or all of the following:
  - Internship Development
  - Career Development and Exploration
  - Workplace Readiness Training
  - Financial Literacy Training
  - Paid Temporary Work Experience
  - Soft Skills Training (Skills to Pay the Bills)
- For more information on youth summer programs in your area, contact your local DVR office

# Workforce Innovation and Opportunity Act (WIOA)

# What is the Workforce Innovation and Opportunity Act (WIOA)?



- Signed into law July 22, 2014
- Intended to help Americans with disabilities find high-quality community employment, with a focus on youth
- Portions of WIOA pertaining to school services took effect on July 22, 2016
- WIOA reinforces the ongoing interagency collaboration between DVR and schools to serve youth in transition
- WIOA established new definitions for:
  - Students with disabilities – attending or enrolled in high school or an educational program, ages 14-21
  - Youth with disabilities – ages 14-24

# WIOA Highlights: For Students



- DVR must spend **15 percent** of the Division's annual federal allotment, or \$9.7 million in FFY17, on pre-employment transition services (Pre-ETS) for students ages 14 to 21
  
- Five new service categories (Pre-ETS) are now required:
  - Self Advocacy
  - Career Counseling
  - College Counseling
  - Work-based Learning
  - Soft Skills

# Overview of Important Shifts for Schools



1. Strengthened Collaboration with DVR
2. Provision of Pre-Employment Transition Services (Pre-ETS)
3. Purchasing of Transition Services



# 1. Strengthened Collaboration with DVR



- Youth ages 14-24 may no longer go directly from school to sub-minimum wage employment, so students and families need to be informed of this change
- Per WIOA, schools are responsible for the provision of Pre-ETS in collaboration with DVR
- WIOA provides a new list of transition services for Postsecondary Transition Plan (PTP) development - for student, family member, teacher and DVR staff use
- Students and families need to be aware of the new transition services and participate in the process

## 2. Provision of Pre-Employment Transition Services (Pre-ETS)



- Schools must collaborate with DVR to provide and document Pre-ETS for students with disabilities in high school or a post-secondary education program (14-21)
- DVR and schools will continue to use the *Transition Action Guide* as a tool to cost share needed services
- DVR and schools will continue to outreach to parents and students, referring students at least two years prior to graduation
- Schools are encouraged to work with employment support providers to seek community-based transition services that fit the Pre-ETS categories

# Wisconsin PROMISE and Project SEARCH



Project | SEARCH

# What is Wisconsin PROMISE?



- The PROMISE initiative is intended to improve services for youth SSI recipients and their families
- PROMISE services help youth recipients achieve better education and career outcomes, including:
  - Graduating from high school ready for college and a career
  - Completing postsecondary education and job training
  - Obtaining competitive employment in an integrated setting



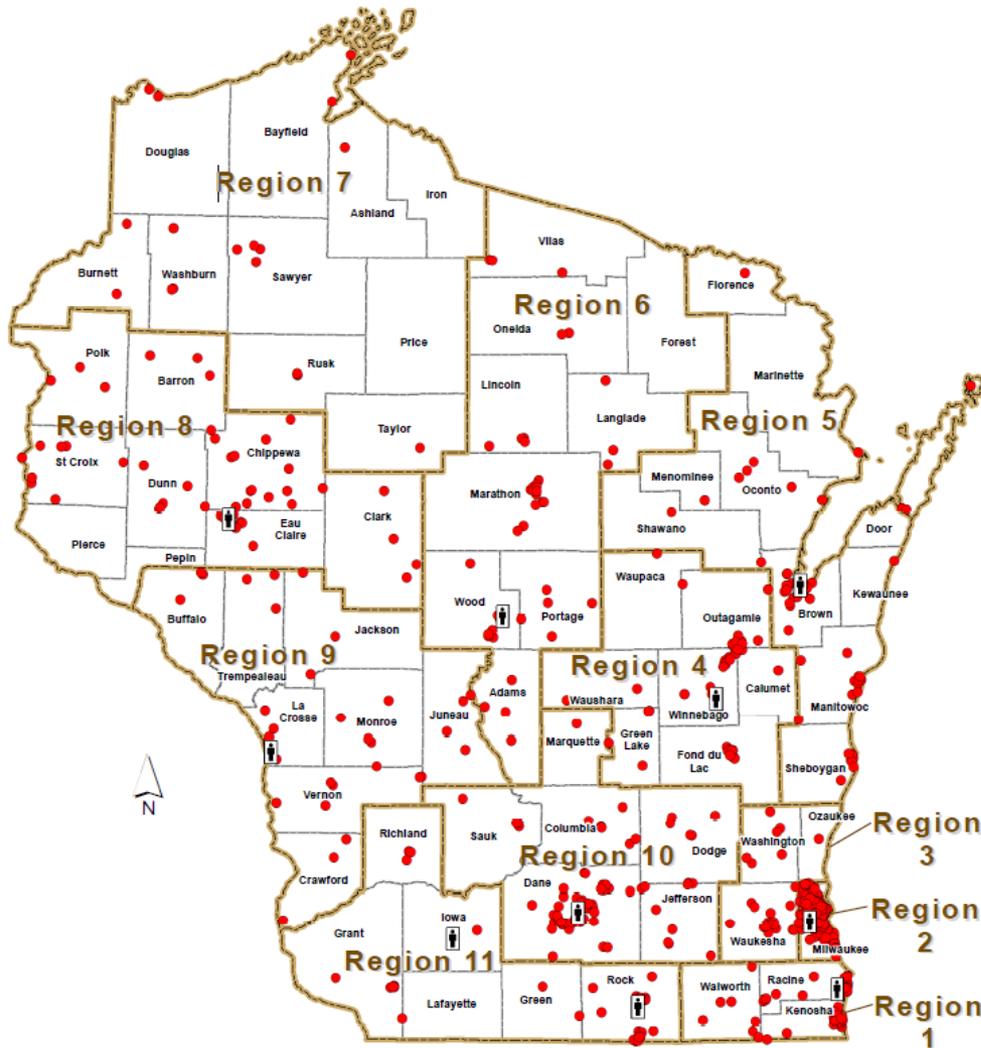
# Wisconsin PROMISE: Outcomes



- A total of **2,024** youth and their families have been enrolled in PROMISE, with **1,018** randomly assigned to receive PROMISE services and **1,006** provided general DVR services
- Participants receive an array of services related to employment skills development and education
- Almost **500** Wisconsin PROMISE family members and over **300** youth are now employed



# Wisconsin PROMISE: Participant Map



Enrollment Intake -- 5/11/2016

 PROMISE Consumer

 PROMISE Counselor



# PROMISE Job Growth as of 5-1-17



**345** Wisconsin PROMISE youth and **527** family members already have/had paid work

- Family Members: **660** total jobs; **496** active jobs with an average of **31** hours per week at an average of **\$11.81/hour**
- Youth: **531** total jobs; **167** active jobs with an average **17** hours per week at an average of **\$8.41/hour**

# What is Project SEARCH?



- Project SEARCH is a one-year transition program providing training and education to young adults with disabilities aged 18 to 24
- Five days per week, young adults report to their host business to learn employability skills in a classroom setting and hands-on job skills within the business environment



Project | SEARCH

# Project SEARCH: Outcomes



- Since 2009, the program has had **457** graduates
- Training and work experience are offered at **17** sites in health care, hospitality, manufacturing, retail and insurance



# Wisconsin Fast Forward



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Wisconsin Fast Forward

# Wisconsin Fast Forward: Outcomes



- A total of **3,886** individuals have been trained for in-demand skills through Wisconsin Fast Forward
- DWD has awarded **\$1.7 million** in grant funds to **24 businesses**
- An average cost per trainee served is **\$440, but growing with demand and training costs**



Wisconsin Fast Forward

# JobCenterofWisconsin.com



# HealthCare Industry Page



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## Health Care

Wisconsin has a reputation for delivering some of the highest quality health care in the nation. That level of excellence is built on clinical excellence supported by a well-trained and dedicated workforce. The men and women who work in health care provide an essential service to the people who live in their community. More than 232,010 people are employed in health care careers in Wisconsin. There are entry-level positions that require 0-2 years of training to those that require college post-graduate work. The types of jobs available are diverse - from housekeeping to working in a lab or directly providing patient care. It takes a team to meet the health care needs of our state's residents. Be a part of this exciting industry.

## Featured Employer



[Occupational Workforce Links](#)



# Partnership Between DWD & DHS



- Using media campaigns to attract care workers.
- Offering care-working apprenticeships.
- Offering workforce apprenticeships and training opportunities, including involvement with school organizations related to healthcare occupations.
- Involving retired and disabled persons in the workforce.
- Creating a professional caregiving organization and creating advancement models to retain employees and improve quality of workforce.
- Creating a job corps that would encourage young workers to start in the system by offering health and education benefits, on-site training, management opportunities, and other incentives, much like the military.
- Building partnerships with tech colleges and universities to develop career paths.
- Building partnerships with health care systems to share and develop the workforce.

# Questions?

**Contact:**

**Becky Kikkert**

**Senior Policy Advisor**

**[beckyl.Kikkert@dwd.Wisconsin.gov](mailto:beckyl.Kikkert@dwd.Wisconsin.gov)**

**608-261-6705**

# **Long-Term Services and Supports State Scorecard**

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**2017 Edition**

**Presentation to the Wisconsin Department of Health  
Services Long Term Care Advisory Council**

**Kathleen Ujvari**

**Sr. Strategic Policy Advisor, AARP Public Policy Institute**

**Ari Houser**

**Senior Methods Advisor, AARP Public Policy Institute**

**July 11, 2017**

**Third Edition Released June 14, 2017**

# PICKING UP THE PACE OF CHANGE

A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers



AARP PUBLIC POLICY INSTITUTE

[longtermscorecard.org](http://longtermscorecard.org)

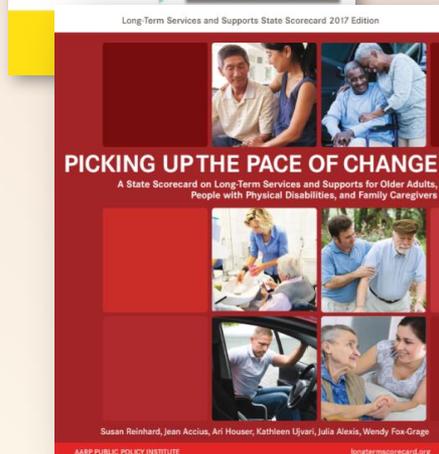
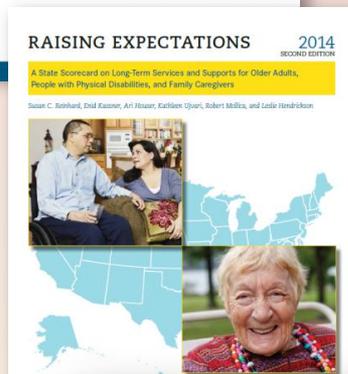
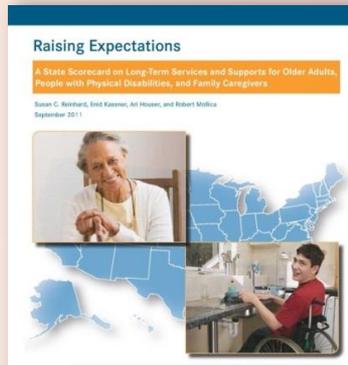
**AARP** Foundation®



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# What is the Scorecard?



- Concise performance tool to put long-term services and support (LTSS) policies and programs in context, prompt dialogue, and spark action
- Multidimensional approach to comprehensively measure performance over time
- Target areas for improvement
- View from a consumer perspective
- Engage public and private sectors

# Scorecard Goal

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- Pick up the pace of improving LTSS
- Help states:
  - Assess their LTSS systems
    - Provides a foundational set of baseline indicators to measure progress over time
  - Identify areas for improvement
  - Stimulate dialogue among key stakeholders

# History of the LTSS Scorecard

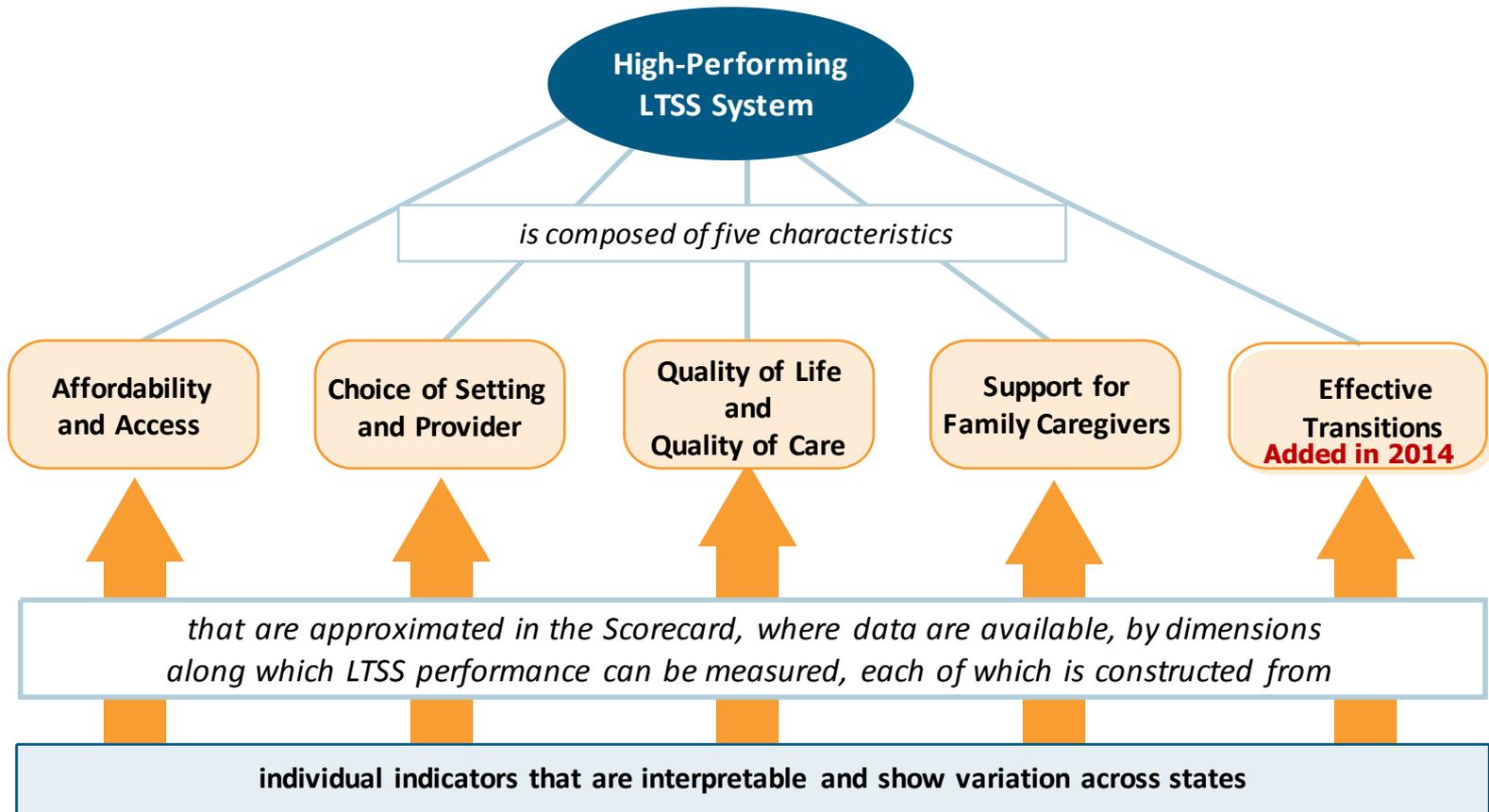
- 2011: First attempt to use a multidimensional approach to measure state LTSS system performance overall and across diverse areas of performance
  - Used a “starter set” of 25 indicators across four dimensions
- 2014: Builds on the vision of a high-performing LTSS system and starter set of indicators from Scorecard I
  - Operationalized that vision by tracking change over time to show trends
- 2017: Continues to take the pulse of the nation and aims to pick up the pace of improving LTSS
  - Includes new and revised measures (accessible housing and transportation, LTC insurance, and support for family caregivers)

# Characteristics of a High Performing System

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- LTSS Scorecard measures LTSS system performance across five dimensions:
  1. Affordability and Access
  2. Choice of Setting and Provider
  3. Quality of Life and Quality of Care
  4. Support for Family Caregivers
  5. Effective Transitions (added in 2014)

# Framework for Assessing LTSS System Performance



Source: State Long-Term Services and Supports Scorecard, 2017.

# Role of Public Policy

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Public policy plays an important role in LTSS systems by establishing:

- Who is eligible for assistance
- What services are provided
- How quality is monitored
- The ways in which family caregivers supported
- Provisions to facilitate effective transitions

# Dimensions & Indicators

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- Since 2014, five dimensions are represented
- Each dimension comprises 3-6 indicators for a total of 25 indicators
- Criteria for indicators:
  - Important and meaningful, conceptually valid, easy to interpret with clear directionality; and
  - Must be available for all states and District of Columbia and updated regularly

# Our Definition of LTSS\*

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- Inability to perform ADLs or IADLs on one's own for an extended period (typically 90+ days)
- Includes human assistance, supervision, cueing and standby assistance, assistive technology, health maintenance, information, care coordination
- Includes services used by family caregivers
- In a high-performing system, LTSS are coordinated with housing, transportation, health/medical services
  - Those whose LTSS needs arise from intellectual disability or mental illness are excluded for purposes of the scorecard

# National Advisory Panel

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**Lisa Alecxih**  
The Lewin Group

**Robert Applebaum**  
Miami University of Ohio

**Melanie Bella**  
Melanie Bella Consulting Firm

**Shawn Bloom**  
National PACE Association

**Jennifer Burnett**  
Pennsylvania Department of Human Services

**Brian Burwell**  
Truven Health Analytics

**RoAnne Chaney**  
Michigan Disability Rights Coalition

**Henry Claypool**  
Claypool Consulting

**Elaine Dalpiaz**  
AARP State and Community Engagement

**Dana Ellis**  
Massachusetts Institute of Technology AgeLab

**Penny Feldman**  
Visiting Nurse Service of New York

**Howard Gleckman**  
Urban Institute

**Lauren Harris-Kojetin**  
National Center for Health Statistics

**Carol Irvin**  
Mathematica Policy Research Inc.

**Rosalie Kane**  
University of Minnesota

**Ruth Katz**  
US Department of Health and Human Services

**Steve Kaye**  
University of California, San Francisco

# National Advisory Panel (continued)

**Kathy Kelly**  
Family Caregiver Alliance

**Michele Kimball**  
Physicians for Fair Coverage

**Dawn Lambert**  
Connecticut Department of Health and Human Services

**Joyce Larkin**  
Centene Corporation

**Amanda Lehning**  
University of Maryland

**Alice Lind**  
Center for Health Care Strategies

**Vince Mor**  
Brown University

**Danielle Nelson**  
US Department of Transportation

**D.E.B. Potter**  
US Department of Health and Human Services

**Martha Roherty**  
National Association of States United for Aging and Disabilities

**Elaine Ryan**  
AARP State Advocacy and Strategic Integration

**Paul Saucier**  
Truven Health Analytics

**William Scanlon**  
National Health Policy Forum

**Michael Smith**  
Centers for Medicare and Medicaid Services

**James Toews**  
Administration for Community Living, US Department of Health and Human Services

**Angela Witt**  
Wisconsin Department of Health Services

**Jed Ziegenhagen**  
Colorado Department of Health Care Policy and Financing

# Expert Consultation

**Charlene Allen**

Administration for Community Living, US Department of Health and Human Services

**Tara Clark**

US Department of Transportation

**Steve Eiken**

Truven Health Analytics

**Effie George**

Centers for Medicare and Medicaid Services

**Lori Gerhard**

Administration for Community Living, US Department of Health and Human Services

**Ilene Henshaw**

AARP State Advocacy

**Jamie Kendall**

Administration for Community Living, US Department of Health and Human Services

**Cheryl Lampkin**

AARP Research

**Mary Leary**

US Department of Transportation

**Joseph Lugo**

Administration for Community Living, US Department of Health and Human Services

**Christina Neil-Bowen**

Independent Consultant

**Debra Whitman**

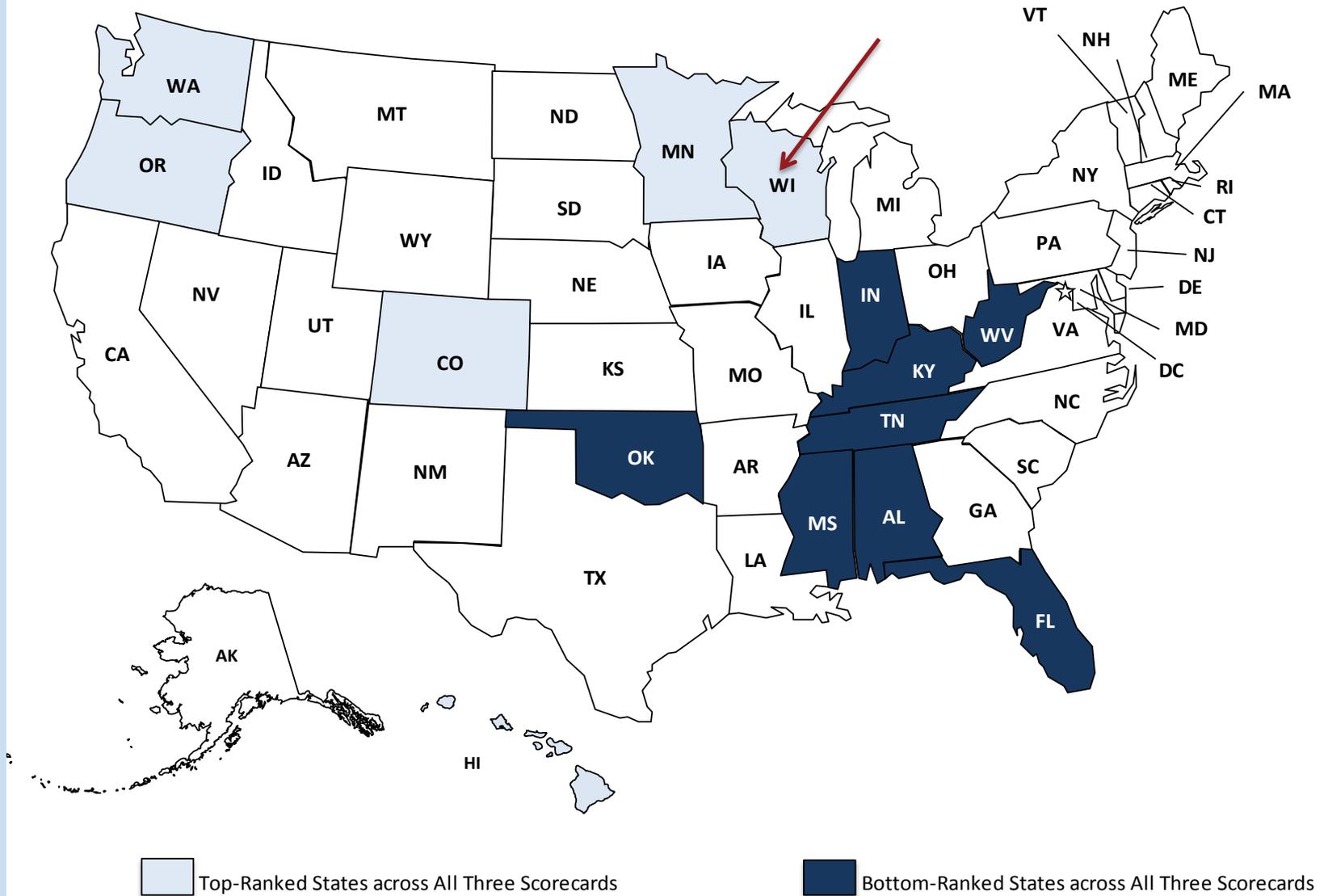
AARP Executive Vice President and Chief Public Policy Officer

# **LTSS State Scorecard: Wisconsin**

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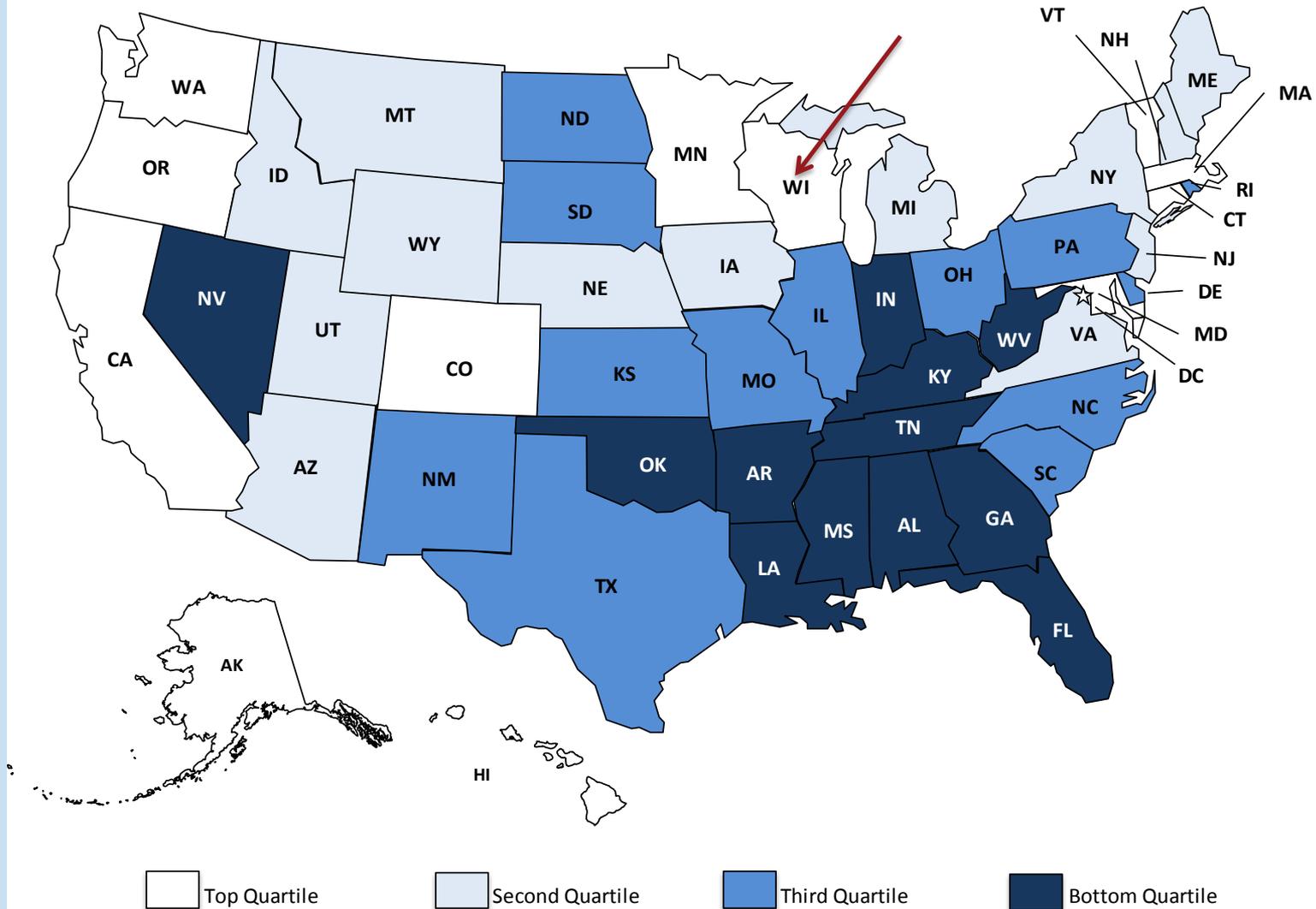
## **QUICK FACTS**

### Top- and Bottom-Ranked States across All Three Editions of the State LTSS Scorecard



Source: State Long-Term Services and Supports Scorecard, 2017.

### 2017 State Ranking on Overall LTSS System Performance



Source: State Long-Term Services and Supports Scorecard, 2017.

## Wisconsin: 2017 State Long-Term Services and Supports Scorecard Dimension and Indicator Data

Dimension and Indicator (Current Data Year)	Baseline Rate	Current Rate	Rank	Change	All States Median	Top State Rate
<b>OVERALL RANK</b>			6			
<b>Affordability and Access</b>			14			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2015-2016)	279%	258%	38	—	233%	164%
Median annual home care private pay cost as a percentage of median household income age 65+ (2015-2016)	95%	89%	41	—	81%	46%
Private long-term care insurance policies in effect per 1,000 people age 40+ (2015)	62	59	16	—	48	164
Percent of adults age 21+ with ADL disabilities at or below 250% of poverty receiving Medicaid (2014-2015)	57.0%	57.7%	12	—	53.4%	78.1%
Medicaid LTSS beneficiaries per 100 people with ADL disabilities (2012)	78	71	12	—	54	111
ADRC/No Wrong Door Functions (composite indicator, scale 0-100%) (2016)	*	79%	11	*	60%	92%
<b>Choice of Setting and Provider</b>			7			
Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities (2014)	48.1%	53.1%	9	✓	33.1%	68.5%
Percent of new Medicaid aged/disabled LTSS users first receiving services in the community (2012)	61.2%	66.6%	14	✓	55.4%	83.6%
Number of people participant-directing services per 1,000 people with disabilities (2016)	*	35.6	8	*	9.6	131.9
Home health and personal care aides per 100 adults 18+ with ADL disabilities (2013-2015)	20	22	15	✓	19	41
Assisted living and residential care units per 1,000 population age 75+ (2014)	80	92	4	✓	52	121
Subsidized housing opportunities (place-based and vouchers) as a percentage of all housing units (2015)	4.6%	5.1%	36	✓	5.8%	17.7%
<b>Quality of Life and Quality of Care</b>			7			
Rate of employment for adults with ADL disabilities age 18–64 relative to rate of employment for adults without ADL disabilities ages 18–64 (2014-2015)	23.8%	21.7%	27	✗	21.9%	43.3%
Percent of high-risk nursing home residents with pressure sores (2015-2016)	4.4%	4.3%	10	—	5.5%	3.4%
Percent of long-stay nursing home residents who are receiving an antipsychotic medication (2015)	17.2%	12.9%	3	✓	16.8%	8.0%
<b>Support for Family Caregivers</b>			13			
Supporting working caregivers (composite indicator, scale 0-9.0) (2014-2016)	1.75	2.00	10	✓	1.00	6.50
Person and family-centered care (composite indicator, scale 0-5.5) (2016)	1.08	2.41	26	✓	2.41	4.30
Nurse delegation and nurse practitioner scope of practice (composite indicator, scale 0-5.0) (2016)	4.00	4.00	20	—	4.00	5.00
Transportation policies (composite indicator, scale 0-5.0) (2012-2016)	2.00	1.00	20	✗	1.00	4.00
<b>Effective Transitions</b>			10			
Percent of nursing home residents with low care needs (2014)	12.5%	11.8%	26	—	11.2%	4.1%
Percent of home health patients with a hospital admission (2015)	25.1%	22.5%	7	✓	24.4%	18.3%
Percent of long-stay nursing home residents hospitalized within a six-month period (2014)	12.1%	11.7%	10	—	15.7%	5.0%
Percent of nursing home residents with one or more potentially burdensome transitions at end of life (2013)	18.1%	18.5%	11	—	23.8%	9.1%
Percent of new nursing home stays lasting 100 days or more (2012)	20.1%	17.1%	20	✓	18.3%	8.9%
Percent of people with 90+ day nursing home stays successfully transitioning back to the community (2012)	8.5%	8.5%	17	—	7.4%	14.9%

\* Comparable data not available for baseline and/or current year. Rank cannot be calculated without current data. Change in performance cannot be calculated without both baseline and current data.

Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community-Based Services; LTSS = Long Term Services and Supports.

Key for Change:	
✓	Performance improvement
—	Little or no change in performance
✗	Performance decline
*	N/A

# Quartile Cut Points

Typical quartile cut point ranges for overall, dimension, and indicator rank:

Quartile	Rank Spread
Top Quartile	1 – 13
2 <sup>nd</sup> Quartile	14 – 26
3 <sup>rd</sup> Quartile	27 – 39
Bottom Quartile	40 – 51

Ties and missing data can effect cut points

# Count of Indicators by Quartile

Number of indicators for Wisconsin by quartile:

Quartile	Number of Indicators
Top Quartile	11
2nd Quartile	8
3rd Quartile	5
Bottom Quartile	1

## 2017 LTSS State Scorecard Baseline and Most Recent Data Years

Indicator	Baseline Data Year	Most Recent Data Year
<b>Affordability and Access</b>		
Median annual nursing home private pay cost as a percentage of median household income age 65+	2012-2013	2015-2016
Median annual home care private pay cost as a percentage of median household income age 65+	2012-2013	2015-2016
Private long-term care insurance policies in effect per 1,000 population age 40+	2012	2015
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance	2011-2012	2014-2015
Medicaid LTSS beneficiaries per 100 people with ADL disability	2010	2012
ADRC/No Wrong Door functions (composite indicator)	*	2016
<b>Choice of Setting and Provider</b>		
Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities	2011	2014
Percent of new Medicaid aged/disabled LTSS users first receiving services in the community	2009	2012
Number of people participant-directing services per 1,000 people with disabilities	*	2016
Home health and personal care aides per 100 adults 18+ with ADL disability	2010-2012	2013-2015
Assisted living and residential care units per 1,000 population age 75+	2010	2014
Subsidized housing opportunities (place-based and vouchers) as a percentage of all housing units	2011	2015
<b>Quality of Life and Quality of Care</b>		
Rate of employment for adults with ADL disability ages 18–64 relative to rate of employment for adults without ADL disability ages 18–64	2011-2012	2014-2015
Percent of high-risk nursing home residents with pressure sores	2013	2015-2016
Percent of long-stay nursing home residents who are receiving an antipsychotic medication	2013	2015
<b>Support for Family Caregivers</b>		
Supporting Working Caregivers	2012-2013	2014-2016
Person- and Family-Centered Care	2012-2013	2016
Nurse Delegation and Nurse Practitioner Scope of Practice	2013	2016
Transportation Policies	2010-2012	2012-2016
<b>Effective Transitions</b>		
Percent of nursing home residents with low care needs	2012	2014
Percent of home health patients with a hospital admission	2012	2015
Percent of long-stay nursing home residents hospitalized within a six-month period	2012	2014
Percent of nursing home residents with one or more potentially burdensome transitions at end of life	2011	2013
Percent of new nursing home stays lasting 100 days or more	2009	2012
Percent of people with 90+ day nursing home stays successfully transitioning back to the community	2009	2012

# **LTSS State Scorecard: Wisconsin**

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## **HIGH LEVEL FINDINGS**

# Five Areas with the Most Progress

- **Inappropriate Antipsychotic Use** - 48 states reduced (yes)
- **Person- and Family-Centered Care** - 42 states improved (yes)
- **New Medicaid LTSS Users First Receiving HCBS** - 29 states improved (yes)
- **Nursing Home Residents with a Burdensome Transition at the End of Life** - 29 states reduced (no change)
- **Long-Term Nursing Home Stays** - 35 states reduced (yes)

# Two Areas with the Most Decline

- **Employment for Working-Age People with ADL Disabilities** – 21 states with a significant decline (yes)
  - Nationally, the employment rate was just one-third of the employment rate for all working-age adults and
  - Only one out of five working-age adults with disabilities who need assistance with personal care has a job
- **Long-Stay Nursing Home Residents Transitioning Back to the Community** (no change)
  - Since the last Scorecard, 21 states have seen a significant decline in the rate of these transitions.

# States Must Pick Up the Pace of Change

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- Few states achieved meaningful change—typically defined as 10 percent or more over the past two to four years—on most of the 23 measures that can be tracked over time.
- Wisconsin improved on 10 of the 23 measures

# Change in Wisconsin Performance on 23 Indicators

Across All Dimensions, Number of Indicators for Which Wisconsin Improved, Declined, or Stayed About the Same

	Improve	Decline	No Significant Change	No Trend
United States	6	1	16	0
<b>Wisconsin</b>	<b>10</b>	<b>2</b>	<b>11</b>	<b>0</b>
Tennessee	13	1	9	0

Nine states, including Wisconsin, improved on 10 indicators or more.

# Dimension: Affordability and Access

In a high-performing LTSS system, consumers are able to easily find and afford the services they need and there is a safety net for those who cannot afford services.

**Affordability and Access** includes:

- The relative affordability of private-pay LTSS
- The proportion of individuals with private long-term care insurance
- The reach of the Medicaid safety net and the Medicaid LTSS safety net to people with disabilities who have modest incomes
- The ease of navigating the LTSS system

# Little Change in Affordability and Access

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- The majority of states, including Wisconsin, had no meaningful change in each of the 5 measures in the Affordability and Access dimension
  - The cost of LTSS over time remains much higher than what middle-income families can afford, and most adults do not have private long-term care insurance.

# Affordability and Access: Ranked 14



Nursing home affordability	38	-7.5%	↔
Home care affordability	41	-6.3%	↔
Private LTCI	16	-4.8%	↔
Reach of Medicaid safety net	12	-1.2%	↔
Reach of Medicaid LTSS safety net	12	-9.0%	↔
ADRC functions	11	N/A	*

# Dimension: Choice of Setting and Provider

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In a high-performing LTSS system, a person- and family-centered approach to LTSS places high value on allowing consumers to exercise choice and control over where they receive services and who provides them.

**Choice of Setting and Provider** includes:

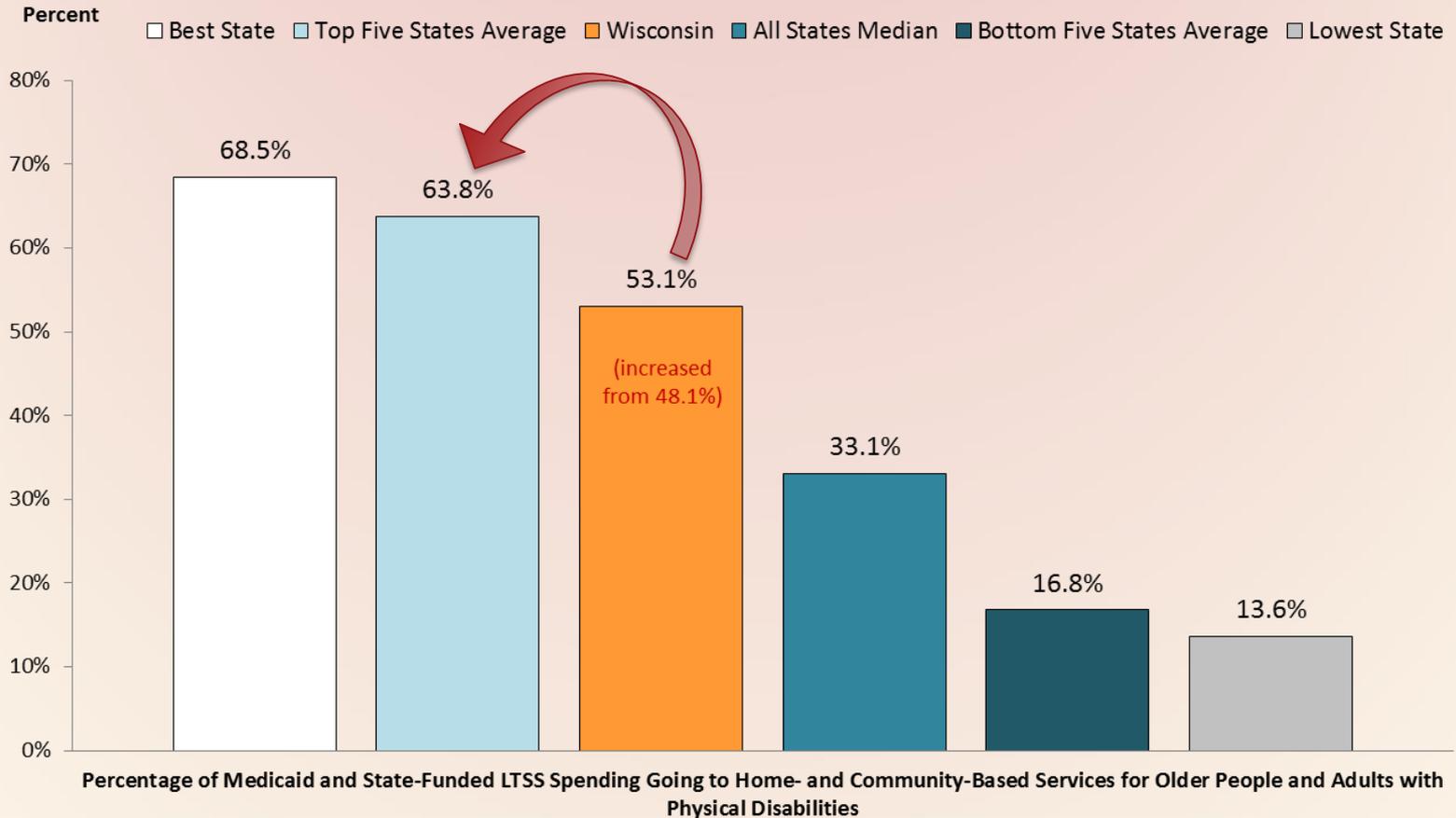
- The balance between institutional services and HCBS
- The extent of participant direction
- The supply of home health aides and availability of alternatives to nursing homes
- The availability of affordable and accessible housing options

# Choice of Setting and Provider: Ranked 7

Medicaid balance	9	✓
Medicaid new users	14	✓
Participant direction	8	*
Home health aide supply	15	✓
Assisted living supply	4	✓
Subsidized housing opportunities	36	✓

# States Vary Greatly

## State Variation: Medicaid LTSS Spending Balance



Data: LTSS Spending - AARP Public Policy Institute analysis of Truven Health Analytics, Medicaid Expenditures for Long-Term Services and Supports (LTSS) in FY 2014: Managed LTSS Reached 15 Percent of LTSS Spending (2016); AARP Public Policy Institute Survey (2016).

Source: State Long-Term Services and Supports Scorecard, 2017.

# Subsidized Housing Opportunities

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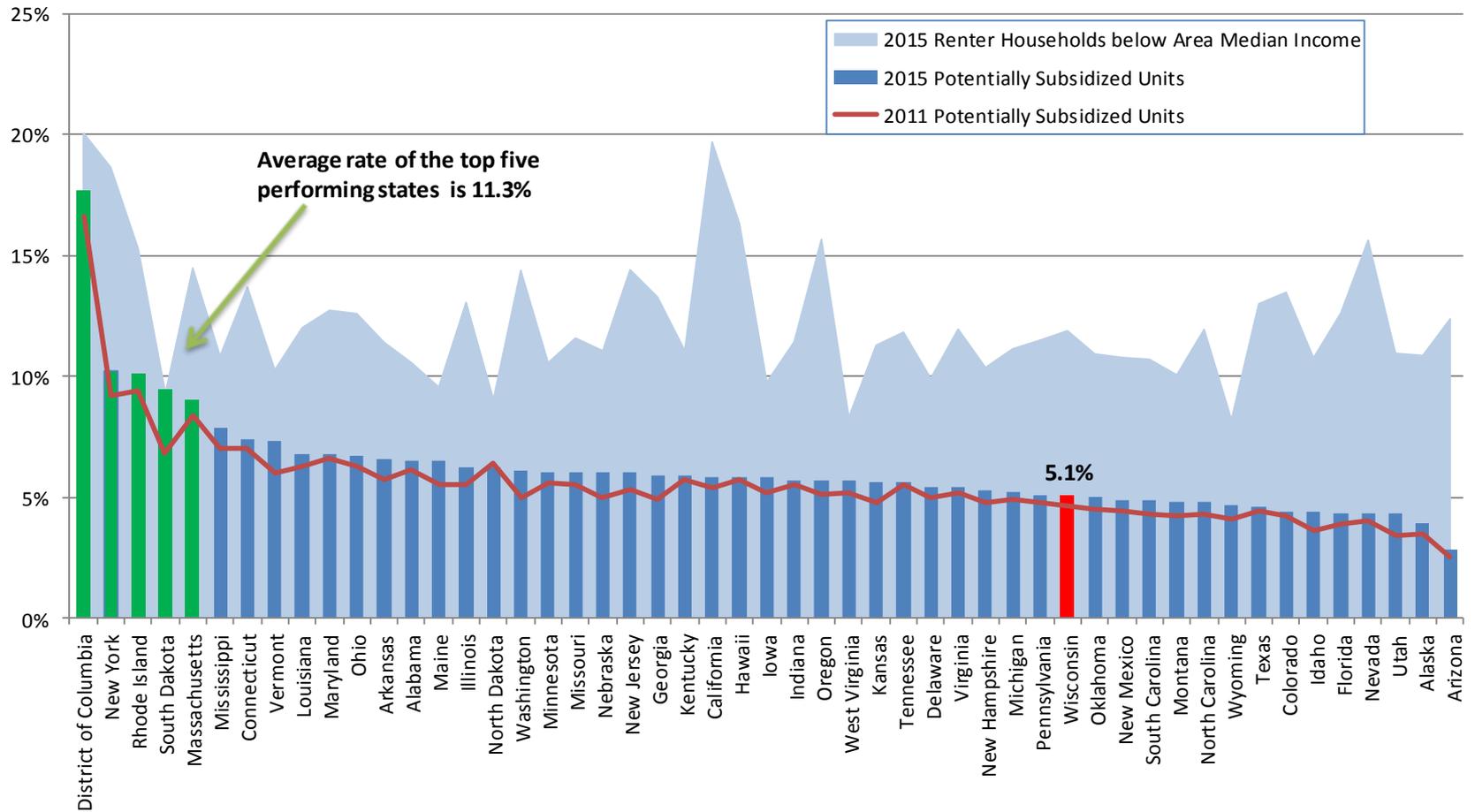
- More affordable and accessible housing are needed to help people remain in their homes and communities
- Captures the total amount of subsidized housing opportunities—including place-based units and Housing Choice Vouchers—as a percentage of the total number of housing units in a state
- 28 states increased the percentage of housing units that can potentially be subsidized since 2011, but demand continues to outpace supply

# Subsidized Housing Opportunities (cont.)

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- 18 million renter households at/below area median income (most are cost-burdened) compared to 8 million subsidized housing opportunities
- Nationally, more than half of families in subsidized housing have someone at risk of LTSS - age 62+ or with a disability.

## Subsidized Housing Opportunities and Demand, as a Percentage of All Housing Units, by State



Data: AARP Public Policy Institute analysis of National Housing Preservation Database (2012, 2016); AARP Public Policy Institute analysis of Center on Budget and Policy Priorities, Housing Vouchers (2011, 2015); AARP Public Policy Institute analysis of U.S. Census Bureau, American Community Survey, Table B25001 (2011, 2015).

Source: State Long-Term Services and Supports Scorecard, 2017.

# Dimension: Quality of Life and Quality of Care

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In a high-performing LTSS system, services maximize positive outcomes and consumers are treated with respect. Personal preferences are honored when possible.

**Quality of Life and Quality of Care** includes:

- Employment of people with disabilities living in the community and
- Quality of care in nursing homes, including inappropriate use of antipsychotic medications.

# Quality Dimension Gaps

- There are no national, uniform measures of quality in HCBS across the states
  - The quality dimension in the 2017 Scorecard is down to 3 measures due to discontinuation of past measures and data unreliability for existing measures
  - Remaining measures include 1 for the employment rate of people with disabilities and 2 for nursing homes
  - The dimension is given 50 percent of the weight as the other dimensions in calculating overall LTSS performance

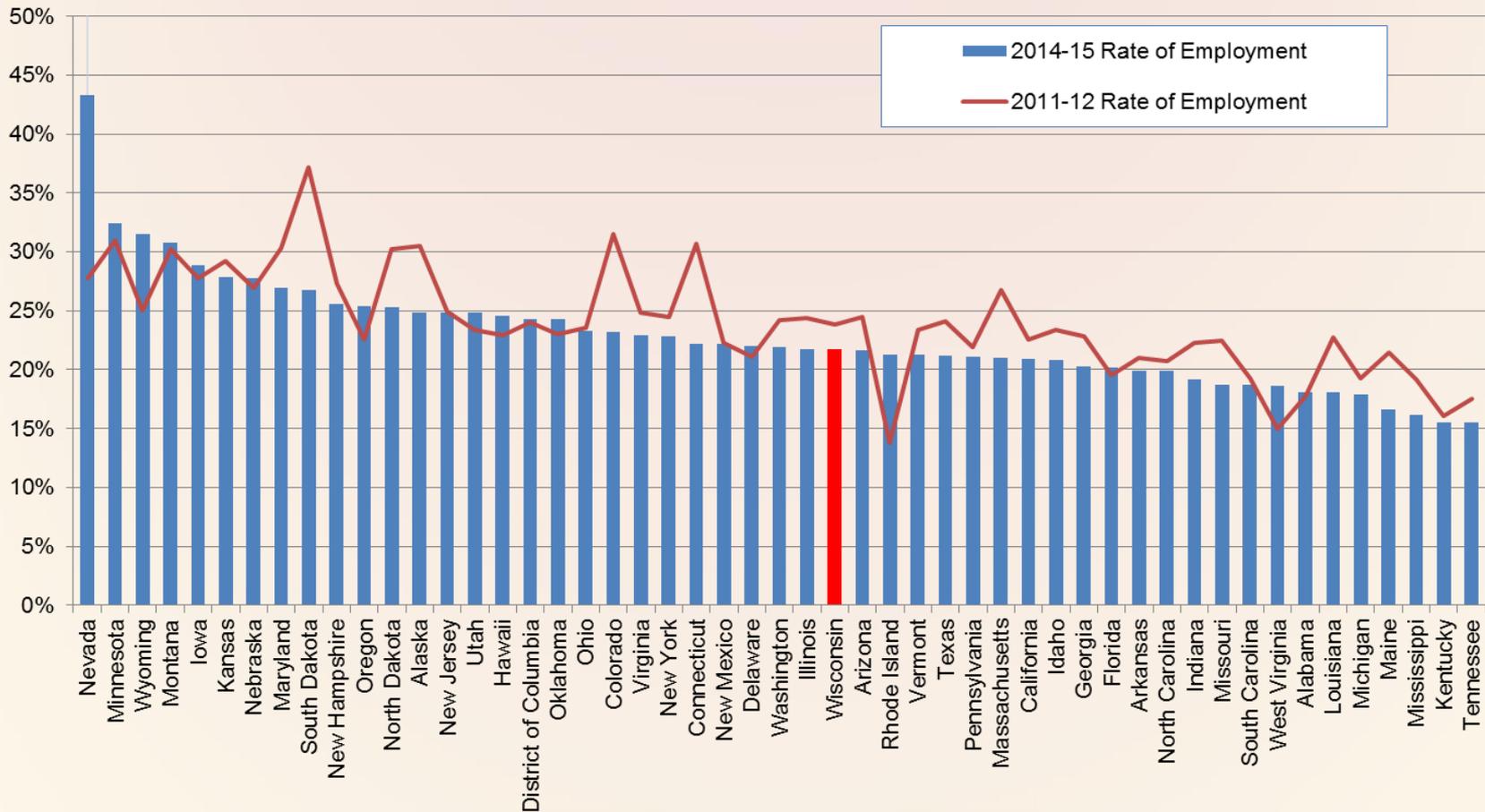
# Quality of Life and Quality of Care: Ranked 7

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Employment – adults w/ disabilities	27	✘
Nursing Home - pressure sores	10	↔
Nursing Home - antipsychotic use	3	✓

## Rate of Employment for Working-Age Adults with ADL Disabilities Relative to Rate of Employment for Working Age Adults Without ADL Disabilities, by State



Data: Current year 2014 and 2015 data from the American Community Survey, American FactFinder. Baseline 2011–2012 data are from the same source. US Census Bureau, ACS, American Community Survey (Washington, DC: US Census Bureau, 2011–12, 2014–15), data table B18120, available at American FactFinder, <http://factfinder2.census.gov>.

Source: State Long-Term Services and Supports Scorecard, 2017.

# Dimension: Support for Family Caregivers

In a high-performing LTSS system, the needs of family caregivers are assessed and addressed so that they can continue in their caregiving role without being overburdened.

**Support for Family Caregivers** includes:

- Supporting working family caregivers
- Person- and family-centered care, which can significantly ease burdens on family caregivers
- The extent to which registered nurses are able to delegate health maintenance tasks to non-family members and nurse practitioner scope of practice
- Transportation policies

# Support for Family Caregivers: Ranked 13

Supporting Working Family Caregivers	10	✓
<ul style="list-style-type: none"><li>- Exceeding federal FMLA (yes)</li><li>- Paid family leave/paid sick days (no)</li><li>- Unemployment insurance for family caregivers (yes)</li><li>- Employment discrimination protection (no)</li></ul>		
Person- and Family-Centered Care	26	✓
<ul style="list-style-type: none"><li>- Medicaid spousal impoverishment (yes)</li><li>- Caregiver assessment (yes)</li><li>- Caregiver Advise, Record, Enable (CARE) Act (no)</li></ul>		
Nurse Delegation and Scope of Practice (yes)	20	↔
Transportation policies	20	✗
<ul style="list-style-type: none"><li>- Volunteer driver policies (no)</li><li>- Statewide transportation coordinating council (no)</li><li>- Medicaid non-medical transportation (yes)</li></ul>		

# Supporting Working Caregivers

- Constructed indicator with four components:
  - Exceeding federal minimum FMLA (up to 4.0 points)
  - Having paid family leave and paid sick days (up to 3.0 points)
  - Having state unemployment insurance for family caregivers (1.0)
  - Protecting caregivers from employment discrimination (up to 1.0 point)
- Wisconsin ranks 10<sup>th</sup> in U.S.
  - Wisconsin now includes step-parent in definition of 'family member' (up 0.25 points for a total of 1.0 point)
  - Having state UI for family caregivers (1.0 point)

# Person- and Family-Centered Care

- Constructed indicator with three components:
  - Spousal impoverishment provisions for Medicaid HCBS (up to 2.0 points)
  - Having a caregiver assessment (up to 2.5 points)
  - **New** – Having Caregiver Advise, Record, Enable Act legislation (1.0 point)
- Wisconsin ranks 26<sup>th</sup> in U.S.
  - Slight improvement in spousal impoverishment provisions
  - Now conducts mandatory caregiver assessment in two programs = 1.3 points
  - No CARE Act legislation

# Nurse Delegation and Scope of Practice

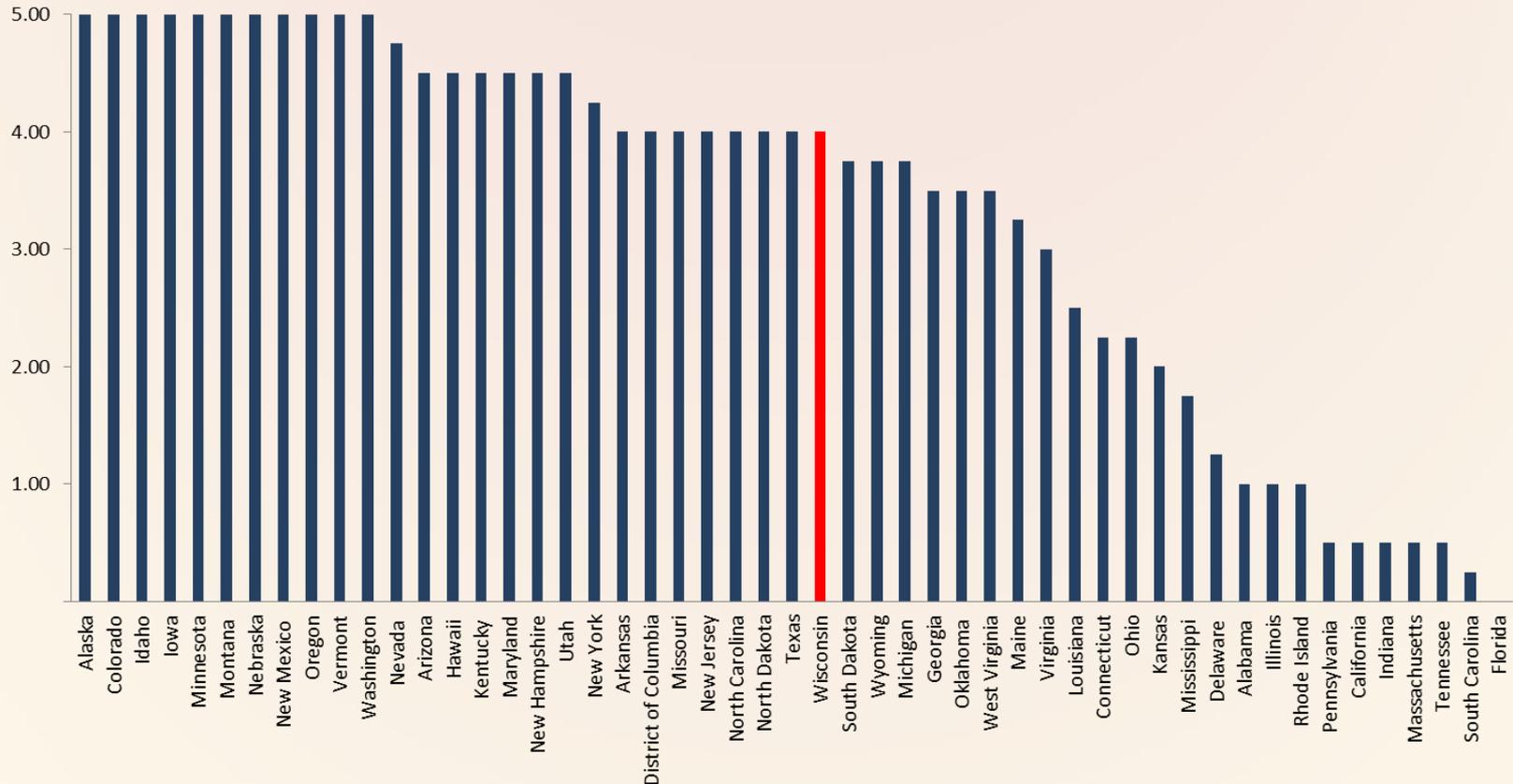
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- Constructed indicator with two components
  - Nurse delegation (up to 4.0 points)
  - **New** - Nurse practitioner scope of practice (up to 1.0 point)
- Wisconsin ranks 20<sup>th</sup> in U.S.
  - Permits delegation of 14 of the sample of 16 health maintenance tasks
    - Not permitted to draw up insulin or administer intramuscular injection medications
  - Allows nurse practitioners to practice to the reduced scope of their education and clinical training
    - Full scope not allowed

## SUPPORT FOR FAMILY CAREGIVERS

### State Policies on Delegation of 16 Health Maintenance Tasks and State Licensure Laws on Nurse Practitioner Scope of Practice

Composite score up to a maximum of 5.0 points (0.25 points for each of 16 health maintenance tasks 0.5 points for reduced scope of



No health maintenance tasks are allowed to be delegated in Florida, Indiana, Pennsylvania, and Rhode Island. Nurse practitioner scope of practice is restricted in California, Florida, Georgia, Massachusetts, Missouri, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, and Virginia.

Data: Nurse delegation data from AARP Public Policy Institute, Survey on Nurse Delegation in Home Settings, 2016; AARP interpretation of state board of nursing regulations; nurse practitioner scope of practice data from American Association of Nurse Practitioners, Nurse Practitioner State Practice Environment, accessed January 2017.

# Transportation Policies

- **New** – Constructed indicator with three components:
  - Expanding volunteer driver programs (3.0 points)
  - Coordinating community transportation councils (1.0 point)
  - Increasing access to nonmedical, community transportation for low-income Medicaid beneficiaries with disabilities (1.0 point)
- Wisconsin ranks 20<sup>th</sup> in U.S.
  - No volunteer driver policies
  - No longer has statewide transportation coordinating council

# Dimension: Effective Transitions

In a high-performing LTSS system, person- and family-centered care is designed to look at the whole person and his or her needs and preferences, including meaningfully involving the individual's family caregivers.

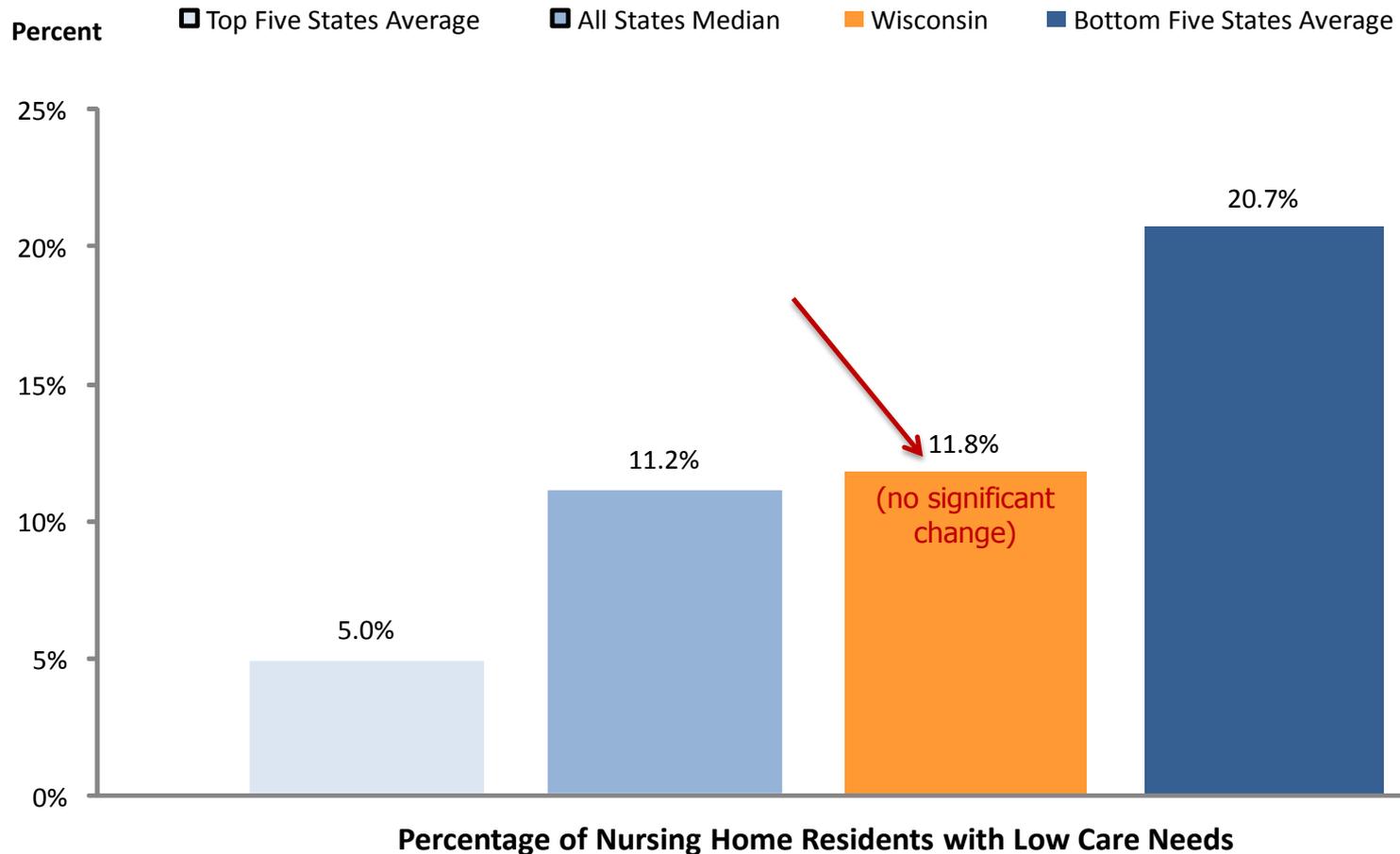
**Effective Transitions** includes:

- Nursing home residents with low care needs;
- Home health and nursing home hospitalizations;
- Burdensome hospital transitions at the end of life;
- Nursing home residents who are unlikely to leave an institutional setting; and
- Transitions from nursing homes back to the community.

# Effective Transitions: Ranked 10

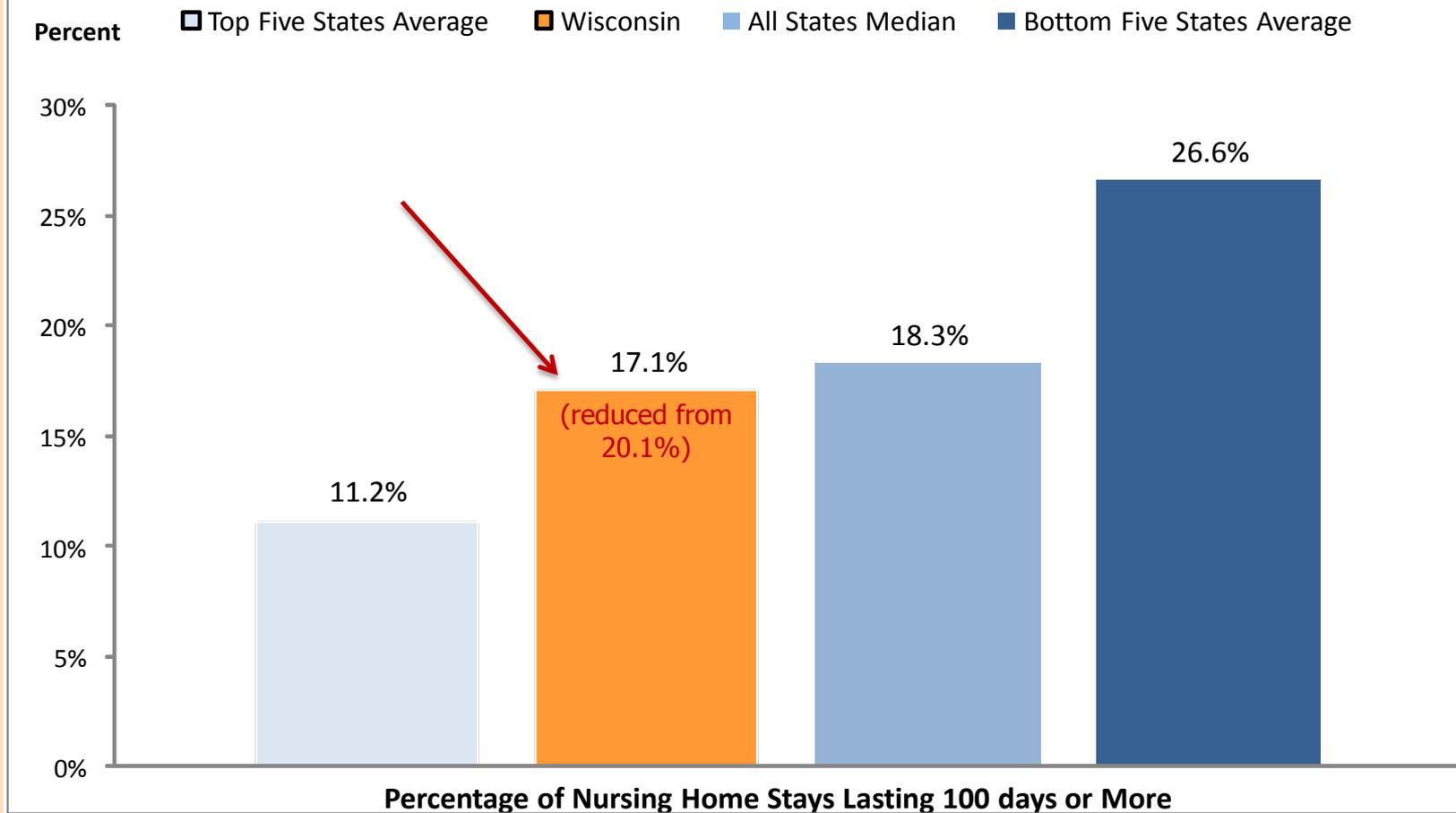
 NH residents with low care needs	26	
HH - hospitalizations	7	
NH - hospitalizations	10	
Burdensome transitions	11	
 Long nursing home stays (getting stuck)	20	
Transitions to the community	17	

## State Variation: Nursing Home Residents with Low Care Needs



Data: Analysis of 2014 Minimum Data Set state-level care data as reported in LTCFocus.org, by V. Mor at Brown University.  
Source: State Long-Term Services and Supports Scorecard, 2017.

## State Variation: Long Nursing Home Stays



Data: Carol Irvin et al., *Pathways to Independence: Transitioning Adults Under Age 65 from Nursing Home to Community Living* (Cambridge, MA: Mathematica Policy Research, 2012), table 5, Indicators of performance of state long-term services and supports Systems.

Source: State Long-Term Services and Supports Scorecard, 2017.

# [www.LongTermScorecard.org](http://www.LongTermScorecard.org)

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## Long-Term Services & Supports State Scorecard

A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers



[Scorecard Reports](#) [Methodology](#) [Promising Practices](#) [Publications](#) [About](#) [Explore the Data](#)

Drill into performance indicators for a single state or compare performance and rankings on measures of long-term services and supports across states.

View by State:

Compare Across States:

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### What is the Scorecard?

The Scorecard looks across all categories to measure state-level LTSS system performance from the viewpoint of users of services and their families.

[Read more](#)

### What are LTSS?

LTSS consist of a broad range of day-to-day help needed by people with long-term conditions, disabilities, or frailty.

[Read more](#)

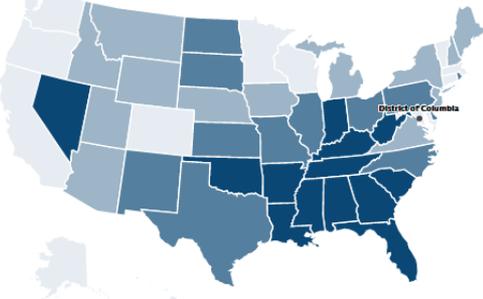
### How can the data be used?

The Scorecard provides comparable state data to benchmark performance, measure progress, identify areas for improvement, and improve lives.

[Read more](#)

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## Content

- Full Report & Detailed Findings by Dimension
- Change and Ranking Methodology
- State Data and Fact Sheets
- Maps and Graphics
- State-by-State Interactive Comparisons with Downloadable Data Tables
- Promising Practice Reports
- Impact Story Videos

# Promising Practices and Toolkits

AARP PUBLIC POLICY INSTITUTE

MARCH 2017

**Long-Term Services and Supports Scorecard  
Promising Practices**

## **No Wrong Door: Person- and Family-Centered Practices in Long-Term Services and Supports**

Christina Neill Bowen and Wendy Fox-Grage



[www.longtermscorecard.org](http://www.longtermscorecard.org)

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## Objective

- Share promising strategies, policies and programs as well as state contacts and resources, so states can replicate these practices.

## Topics

- ADRCs/NWD Systems Serving Veterans
- Preventing Long-Term Nursing Home Stays
- Family Caregivers and Managed Care
- Transportation Mobility Managers

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# THANK YOU

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## 2017 Wisconsin Long Term Care Advisory Council

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*Meeting Date: March 14, 2017*

*Meeting Topic: Community Development*

At the Long Term Care Advisory Council (LTCAC) on March 14, 2017, Carrie Molke with the Department of Health Services, Bureau of Aging and Disability Resources shared the Secretary's council charge for Community Development:

Develop strategies to keep people safe and healthy in the community to prevent and delay the need for long-term care services by:

- Looking at strategies to prevent individuals from going into residential setting before necessary.
- Ensuring that individuals in residential settings are in the right setting for their acuity.
- Providing advice and guidance on prevention strategies that should be developed to delay the need for long-term care services.

The council members discussed their ideas related to the charge. Each group was assigned the task of identifying the top areas that Wisconsin should focus on to increase independence and prevent/delay the need for long-term care.

The first group identified the following five focus areas:

- Social connectedness;
- Transportation;
- Health and wellness;
- Caregiving and natural supports; and
- Housing affordability and livability.

The second group identified three focus areas:

- Social connectedness and community support;
- Transportation; and
- Health and wellness.

The second group also discussed strategies and advice to ensure people are in the right setting for their acuity needs at the right time. Those included:

- Focusing ADRCs on prevention;
- Offering long term care savings accounts;
- Leveraging hospice;
- Reducing oversight and rules to allow creativity consistent with early Family Care and the Community Options Programs before that;
- Empowering people and natural supports to allow more independence.

### **Transportation**

The two groups identified the following strategies to address transportation:



## 2017 Wisconsin Long Term Care Advisory Council

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*Meeting Date: March 14, 2017*

*Meeting Topic: Community Development*

- Develop a state plan that identifies roles and responsibilities of state and local agencies and coordinates resources and services.
- Explore regional solutions. Expand and integrate across DOT/county borders. For example, Western and Northern Independent Living Centers (ILCs) combine all funds to better leverage resources.
- Better utilize non-traditional services, like Uber.
- Coordinate medical and non-medical transportation services to be more efficient. There are barriers with how those systems now work together.
- Develop technology modeled after Uber to coordinate rides.
- Expand mobility managers at the local level to drive innovation within communities (similar to volunteer coordinators).
- Prepare for the future. Additional transportation solutions may be found in options like high-speed rail and self-driving (autonomous) vehicles.
- Improve coordination across public and private systems.
- Include a rural factor in the allocation methodology for specialized transportation funding. This is needed in rural or large geographic counties where people have to travel long distances to reach their destinations. For example, the average distance is 43 miles to get to a health system in Washburn County.
- Match home and community based services (HCBS) funds to ensure transportation.
- Carve transportation out of the bundled HCBS services.
- Find ways to fund volunteer coordinators to expand the volunteer driver program across the state.
- Develop incentives for providers to create paratransit options.
- Develop strategies to increase ADA-compliant transportation options.
- Apply consistent regulations to private providers.
- Develop strategies for incentivizing improved accessibility of transportation options.
- Develop a data collection system/strategy to measure the impact of transportation on health outcomes. If transportation leads to better health outcomes, payers and insurance companies might be interested in playing a role in incentivizing accessible transportation.

### **Health and Wellness**

The two groups identified the following strategies to improve health and wellness of older adults and people with disabilities:

- Expand prevention programming to prevent or delay people from reaching a nursing home level of care.
- Provide reliable funding sources for disease prevention programs.
- Increase funding for public health.



## 2017 Wisconsin Long Term Care Advisory Council

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*Meeting Date: March 14, 2017*

*Meeting Topic: Community Development*

- Improve documentation and reporting of chronic disease management (Medicare benefit) Documentation is currently too complex and costly and therefore underutilized.
- Connect ADRCs to health care providers for full-cycle health promotion.
- Provide support after people are discharged from the hospital.
- Better coordinate resources when placing individuals into the community.
- Improve coordination and communication among ADRCs and health care providers.
- Provide dementia education in communities.
- Offer more nutrition education in communities.
- Assess percentage of eligibility for FoodShare versus utilization and improve education around FoodShare utilization.
- Expand telehealth and eHealth. Consider or reconsider the rules and regulations and provide training.
- Encourage best practice development for counties to engage communities in meeting unique county needs. For example, Menominee engages the county, the tribe, businesses and community members to address local issues. They developed a 90-day plan.
- Improve nutrition options and access to avoid malnutrition. Malnutrition is a common reason for emergency room visits.
- Improve nutritional assessments at hospitals.
- Improve Medicaid population healthcare provider accessibility.
- Train healthcare providers.
- Offer seed-grants for innovative ideas that have community-based solutions.
- Improve access and usability of tele-health. Incentivize use of tele-health in lieu of emergency or doctor visits.
- Create 24-hour health lines and assess barriers, including HIPAA.
- Explore and expand “Team Triumph” mentors to help train people with disabilities.
- Encourage and incentivize hospitals to invest in preventive care.
- Increase community programs such as falls prevention. Make these programs widely available.
- Offer tele-exercise—similar to WI Public TV exercise classes—with incentives to participate.
- Improve school garden programs that promote intergenerational social outlets and general wellness goals.

### **Caregiving and Natural Supports**

The first group shared the following strategies to address caregiving and natural supports:

- Coordinate interdepartmental communication about caregiving issues for all populations.
- Offer a model of support across all populations of Wisconsin citizens.
- Increase communication and coordination across all populations and systems.



## 2017 Wisconsin Long Term Care Advisory Council

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*Meeting Date: March 14, 2017*

*Meeting Topic: Community Development*

- Connect generations to give support to each other.
- Encourage healthcare providers to include caregivers in the patient process.
- Encourage successful community models that, such as “LOV-Dane,” where families come together to support each other. This program has also been effective in creating independence for people with disabilities, encouraging social involvement, and improving employment outcomes.
- Improve and increase availability of caregiver support groups.
- Increase “TimeBanks” across the state. This neighbor-helping-neighbor approach can help support caregivers.
- Promote caregiver-friendly communities and employers (much like the dementia-friendly community and dementia-friendly employer initiatives).
- In order to address the caregiving needs Wisconsin is facing, link efforts related to the paid and unpaid workforce. Caregiving is a continuum of care and often dependent upon each other. Unpaid caregivers may need paid caregivers from time to time in order to continue caregiving, and without an unpaid workforce, we would not have enough direct care workers or funding to pay for the level of care this would require. Results may be more effective if we address both the paid and unpaid workforce together.

### **Social Connectedness and Community Support**

The second group identified the following strategies to address social connectedness and community support:

- Encourage existing, non-traditional sites to offer activities. For example: food courts, cafeterias, restaurants for senior nutrition programs. Leverage resources that may also allow for social interaction and inter-generational activities—discounted movies, etc.
- Promote volunteerism opportunities and coordinate supply of volunteers with demand.
- Incentivize neighborhood coordinators to develop relationships and coordinate social activities.
- Promote mentorship and volunteerism at congregate meal sites like the Luke House, which offers meals to volunteers along with those in need.



## Secretary Response – Long-Term Care Communication Charge

### *Wisconsin Long Term Care Advisory Council*

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The Wisconsin Long Term Care Advisory Council is charged with advising the Secretary about communication within long-term care, with the specific charge to:

Develop plans to communicate to all long-term care stakeholders. Responsibilities will include:

- Ensuring consistent messaging to all entities in the long-term care system.
- Ensuring that policies are being accurately communicated to consumers.
- Ensuring the Department of Health Services is receiving accurate consumer feedback.

On January 9, 2017, council members discussed their advice relevant to the charge. Based on the council's guidance, the Secretary instructs the council and DHS to:

- 1) Review and revise the Medicaid Long Term Care communications channels such as the Medicaid Long Term Care website to improve the intuitiveness, readability, and user-friendliness of content for targeted audiences.
- 2) Develop a strategy to more frequently share long-term care updates with and solicit informal feedback from members and the community, such as through virtual town halls, webcasts, or conference presentations.
- 3) Adopt more robust change management strategies to communicate program and policy changes.
- 4) Develop a distribution list for Governor-appointed and DHS Secretary-appointed long-term care boards, committees, and councils, and enroll council chairs in order to improve communication between councils.
- 5) Explore development of more robust direct communication channels for program and policy updates, such as creating distribution lists that automatically enroll members.

Next Steps:

1. Continue development of a Medicaid Long Term Care landing page that contains pertinent information for all individuals that engage with the Medicaid Long Term Care system and ensure that the website is more intuitive and user-friendly for targeted audiences.
2. Explore working models of virtual town halls. Identify upcoming conferences to present policy updates and collect feedback about current Medicaid long-term care issues.
3. Develop a change management strategy for policy and program changes within Medicaid Long Term Care.
4. Develop a list of Governor-appointed and DHS Secretary-appointed long-term care boards, committees, and councils to include in a distribution list.
5. Develop a strategy for sharing updates directly with Medicaid Long Term Care members. DHS will engage the council for input about the audiences and their needs.

**DRAFT**  
**Summary**  
**Suggested 2018 Aging and Disability Resource Center Contract Revisions**  
5-22-17

1. **Services for Adults with Mental Illness and/or Substance Use Disorders** (p. 2). Clarify which Aging and Disability Resource Center (ADRC) services provided to individuals with mental illness and/or substance use disorders, who do not also have a long term care need, are authorized under contract.
  
2. **Limits on ADRC Service Requirements** (p. 3-4).
  - a. Clarify priorities by requiring ADRCs to provide all required services and activities prior to using ADRC funds for other authorized services.
  
  - b. Distinguish between required and other authorized ADRC services and activities.

Required services and activities are those referenced in statute and/or administrative rule:

- Marketing, outreach and public education
- Information and assistance
- Long term care options counseling
- Preadmission consultation
- Elder benefits counseling
- Disability benefits counseling
- Access to publicly funded long term care
- Access to other public programs and benefits
- Access to emergency services
- Access to elder adults/adults-at-risk and adult protective services
- Transitional services for students and youth
- Customer rights, client advocates and ADRC advocacy
- Community needs identification

Other authorized services include:

- Health promotion and early intervention
- Short term service coordination
- Dementia friendly communities and other dementia programming, activities and services (see page two, item seven, of this document for more information on dementia services contract language)

3. **ADRC Website** (p. 10). Require that ADRC's websites include a link to the State's ADRC consumer web page, which contains information about ADRC locations and contacts statewide.
  
4. **Access to DHS and ADRC Systems** (p.9). Require the ADRC to ensure that staff whose employment is terminated no longer have access to any systems that contain information about the ADRC or its

customers. Require ADRCs to notify the Department of Health Services (DHS), using the appropriate DHS-developed form(s), when a staff person terminates their employment, so that the person's access to Department systems can be deactivated.

5. **Marketing, Outreach and Public Education** (p. 11).

- a. Require that the ADRC's marketing, outreach and public education activities address all of its target populations.
- b. Add that the results of the ADRC governing board's information gathering shall be used in targeting outreach and education activities. This is a statutory requirement.

6. **Options Counseling** (p. 16).

- a. Include assisting individuals in identifying next steps to implement their decision, when appropriate, as an options counseling service.
- b. Include options and support for the caregiver as well as for the individual with long term care needs, as appropriate, when a caregiver makes a request or accompanies an individual to the options counseling session.

7. **Dementia-Specific Services** (p. 18).

- a. Delete services to people with dementia and their families as a separate required service type.
- b. Move requirements relating to *Dementia Care Guiding Principles* to the section on staff training and qualifications, those relating to the dementia care lead to the section on staffing, and those relating to memory screens to the sections on information and assistance (I&A) and options counseling.
- c. Expand the types dementia-specific services which may be provided using ADRC base grant funds to include more than memory screens, and make these services optional for ADRCs, depending on funding availability. Authorized services include facilitating dementia friendly communities, dementia programming, and other dementia-related services that do not fall under another service category included in the contract.

8. **Elder Benefit Specialist Funding** (pp. 23-24).

- a. Clarify that primary funding for the Elder Benefit Specialist (EBS) is from the local aging unit.
- b. Specify that ADRC grant funds may be used to cover EBS salaries, fringe and travel only after other sources of funding specific to the EBS program have been applied.
- c. If the ADRC is physically separate from the aging unit, the ADRC may provide space, telephone, and computer access to an EBS when s/he provides services at the ADRC.

9. **Enrollment and Disenrollment Plan** (pp. 27-28).

- a. Move the enrollment plan subsection to the beginning of the Section on Access to Publicly Funded Long Term Care (LTC), because it relates to all the subparts that follow.

- b. Expand the list of functions to be described in the enrollment and disenrollment plan. Separate sections of the plan dealing with functional and financial eligibility determination and clarify that these apply to initial eligibility determination. Add maintaining ongoing enrollee eligibility and re-recertification to the list of topics to be covered in the enrollment plan. Add re-enrollment processing as a separate item.
- c. Allow the Bureau of Adult Long Term Care Services to sign the enrollment plan on behalf of the IRIS Consultant Agency (ICA) and/or Fiscal Employer Agency (FEA).

**10. Enrollment Counseling (p. 33-36).**

- a. Make enrollment counseling a separate subsection under “Access to Publicly Funded Long Term Care Programs and Services.”
- b. Require that enrollment counseling be provided in a setting that ensures the prospective enrollee’s privacy.
- c. Clarify who may participate in enrollment counseling.
  - Enrollment counseling is to be a one-on-one session with the prospective enrollee unless the person invites a family member, friend, or person acting responsibly to participate.
  - If the prospective enrollee has a guardian, the guardian must participate in the enrollment counseling.
  - Representatives of a managed care organization (MCO), ICA, FEA, facility, agency, or other paid long term care provider may not participate in the enrollment counseling unless he or she is the person’s guardian or another person who is authorized to sign the enrollment plan.
- d. Clarify who must sign the enrollment form when the applicant is incompetent or incapacitated. A legal guardian, authorized representative or person acting responsibly must sign when the person is incompetent. Applicants who cannot physically sign must direct an adult to sign the form in front of two disinterested witnesses.
- d. Provide additional detail on requirements regarding information to be provided during enrollment counseling to comply with the Managed Care Rule. Specific reference is made to providing information about eligibility requirements, cost sharing, service areas, covered benefits, provider networks, coordination of care, MCO obligation to provide adequate access to covered services, access adequacy standards, quality indicators, provider directories, drug formularies, the member’s right to disenroll, and the timeframe for providing information. Clarify that this information must be provided even when there is only one MCO available to the prospective enrollee.
- f. Specify that brochures from MCOs, ICAs and other providers may not be shared with the applicant until after the enrollment decision is made.

**11. Access to Medicaid and Other Public Programs and Benefits (pp.38-39).**

- a. Include a general responsibility to make referrals to the appropriate agencies for Medicaid, Medicare, Social Security, Social Security Disability Income (SSDI), Supplemental Security Income (SSI), SSI-Exceptional Expense Supplement (SSI-E), FoodShare, Veterans benefits, mental health services and other public programs and benefits.
- b. Clarify the ADRC's role in assisting with Medicaid applications.
  - ADRCs make referrals to the appropriate local agencies
  - ADRCs provide assistance when the ADRC determines that the person needs more help with the application than is available from the local income maintenance agency and other sources of assistance.
  - ADRCs are not responsible for assisting with applications for nursing home residents unless the person is relocating to the community.
- c. Clarify the ADRC's role in assisting with access to mental health and substance use services.
  - ADRCs refer customers to the appropriate county or tribal mental health or substance use services
  - ADRCs do not provide eligibility screening or intake for mental health or substance use programs
- d. Add that the ADRC is to follow the established procedures of the Department of Health Services, Social Security Administration, Department of Veterans Affairs, and any other state or federally administered programs to which they make referrals.

**12. Access to Elder Adults/Adults-at-Risk and Adult Protective Services (p. 43).** Add language explicitly prohibit using ADRC grant funds to cover investigations, Watts reviews (including LTC functional screens performed in conjunction with a Watts review) or any other elder/adults at risk or Adult Protective Services (APS) activity not specifically identified in the ADRC scope of services. Reiterate that positions with both ADRC and APS responsibilities must comply with the contract requirements for shared positions.

**13. Health Promotion and Early Intervention (pp. 44-45).** Clarify that health promotion and early intervention programming need not be limited to evidence-based programs and that ADRCs may provide screening and other health promotion and early intervention events as part of their marketing, outreach and public education programs.

**14. Governing Board Membership and Duties (pp. 48-51).**

- a. Shortened and reorganized the text to highlight important requirements, while retaining all statutory requirements for board composition and duties.
- b. Governing Board Duties
  - Added a prominent requirement that the board provide guidance on the ADRC's services, priorities and future directions to ensure that the needs of all target populations are addressed.

- Edited to clarify the board’s responsibility for identifying service needs of the target populations and strategies for addressing those needs. This is essentially a restatement and simplification of what is required by statute.
- c. Identify the types of information, training and assistance the ADRC is to provide to members of the governing board, including orientation to the ADRC and governing board’s role; access to information or training for governing boards provided by the Department; information on customer needs, feedback, and complaints; and assistance with the governing board’s information gathering activities.
15. **Director** (p. 54).
- a. Clarify that financial management is a key management function for ADRC Directors.
  - b. Add “seek and be responsive to input from the ADRC’s customers and governing board” to the list of ADRC Director’s duties.
16. **Staff Qualifications and Training** (pp.60-61).
- a. Move requirement that all staff who interact with customers be trained in and apply the *Dementia Care Guiding Principles* to the section on staff qualifications and training.
  - b. Require that staff who perform memory screens meet the training and practice requirements contained in the memory screen manual.
  - c. Require that ADRC professional staff register for the Department’s on line learning system and have access to the Learning Management System trainings designed for their roles in the ADRC.
17. **Eliminating Potential Conflicts of Interest** (pp.63-64).
- a. Add language to emphasize the requirement that ADRCs be organizationally separate from MCOs.
  - b. To document compliance with the federal Managed Care Rule requirement that enrollment brokers have no financial interest in a managed care entity, require ADRCs which contract to provide services to members of a MCO to:
    - Make services available to MCO members only when those same services are available to other members of the ADRC’s target populations.
    - Charge the MCO the cost, and no more than the cost, of providing the service to its members.
    - Make the services it provides to one MCO available to all other MCOs in its service area.
    - Employ an accounting system that clearly distinguishes funds from the ADRC grant, the Older Americans Act, MCO reimbursement, and other sources.
18. **Tribal Memorandums of Understanding** (p. 75). Remove the reference to a memorandum of understanding (MOU) between the ADRC and Tribe regarding the Tribal Aging and Disability Resource Specialist (TADRS) from Section IV.P.4.c of the Scope of Services. Language in the TADRS contract has replaced the MOU.

19. **Aging Integration** (p. 76).

- a. List the requirements for integrated Aging and ADRC entities, including:
  - Be either a single county or tribal organization providing both aging and ADRC services or a regional organization providing both aging and ADRC services in one or more of its participating entities.
  - Provide all required ADRC and Aging services.
  - Have one name for the agency, one publicized phone number, and one website.
  - Have one governing body that meets the requirements of the Wisconsin Elders Act and the ADRC scope of services.
  - Have one director with responsibility for both ADRC and Aging Unit functions.
  - Have sufficient staff to adequately deliver the required Aging and ADRC programs and services.
  - Have either a single database or separate databases that are sufficiently compatible to coordinate customer service.
  - A budget and accounting system that streamlines fiscal management and clearly distinguishes funds from the ADRC grant, the Older Americans Act, MCO reimbursement, and other funding sources.
  - Solicit public input and engage the community regarding the integration of the Aging and ADRC services.
- b. Require that integrated aging and ADRC entities meet all of the requirements contained in the ADRC scope of services and the Wisconsin Elders Act.
- c. Require the integrated Aging-ADRC to update its aging plan to reflect the integration.

20. **ADRC Reconfigurations** (pp. 76-77). Include requirements specific to ADRCs which wish to change their status by disbanding and reconfiguring as single-county and/or regional ADRCs.

- a. Require the ADRC(s) to continue to function until an alternative is in place to ensure continuity of service.
- b. Require that a letter of intent to reorganize be submitted to the Department and other partner organizations at least 120 days before the proposed effective date.
- c. Require counties involved in a regional ADRC that is disbanding to notify the department if they do not intend to apply to be an ADRC under a different arrangement.
- d. Require that the entities comprising *a new* regional ADRC be formed under a sub-contract, a s. 66.0301 agreement, or some other legal relationship, rather than a memorandum of understanding or agreement.
- e. Any new ADRC proposed as a result of the reorganization must submit an application to the Department for review and approval 90 days in advance of the proposed effective date.

21. **Budget and Use of ADRC Funds** (p. 78). Clarify that ADRC grant funds may only be used in support of those services which are either required in the contract or specifically identified as eligible for ADRC funding if all other service requirements are being met.

22. **Formatting and Editing.**

- a. Usage. Use the acronym “ADRC” throughout the document, instead of mixing use of the full name “Aging and Disability Resource Center” and the abbreviation.
- b. Rename Section II “ADRC Location , Physical Plant, Systems and Equipment”
- c. Create separate chapters for required services and for other allowable services and activities. [Note: This has not been done in the draft because it would make the Track Changes version hard to read. It will be done later.]
- d. Delete the section on Counseling to Caregivers and incorporate the language requiring counseling for the caregiver as well as the cared for individual into the section on Options Counseling.

**INTERNAL REVIEW DRAFT**

# **Scope of Services**

for the

## **CONTRACT**

Between the

**WISCONSIN DEPARTMENT OF HEALTH SERVICES**

**DIVISION OF PUBLIC HEALTH**

and the

**AGING AND DISABILITY RESOURCE CENTER**

of

**«COUNTY OR TRIBE»**



**January 1, 2017~~8~~ – December 31, 2017~~8~~**

| REVIEW DRAFT 2018 ADRC Contract 5-2249-17

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**Scope of Services  
for the Contract Between  
Department of Health Services and the  
Aging and Disability Resource Center of «County or Tribe»**

**I. INTRODUCTION**

**A. Authority and Purpose**

The “Scope of Services” describes the Department of Health Services’ requirements for the services provided by, the organization of, and the procedures performed by Aging and Disability Resource Centers (ADRCs).

~~Aging and Disability Resource Center~~ADRCs are authorized under s. 46.283 of the Wisconsin Statutes (<https://docs.legis.wisconsin.gov/statutes/statutes/46/283>) and subject to the requirements contained in Chapter DHS 10 of the Wisconsin Administrative Code ([http://docs.legis.wisconsin.gov/code/admin\\_code/dhs/001/10](http://docs.legis.wisconsin.gov/code/admin_code/dhs/001/10)).

**B. Mission and Role of the ~~Aging and Disability Resource Center~~ADRC**

*1. Mission*

To provide older adults and people with physical or developmental/intellectual disabilities the resources needed to live with dignity and security, and achieve maximum independence and quality of life. The goal of the ~~Aging and Disability Resource Center~~ADRC is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.

*2. Role of the ADRC*

~~Aging and Disability Resource Center~~ADRCs (ADRCs) provide a central source of reliable and objective information about a broad range of programs and services. They help people understand and evaluate the various options available to them. By enabling people to find resources in their communities and make informed decisions about long-term care, ADRCs help people conserve their personal resources, maintain self-sufficiency and delay or prevent the need for potentially expensive long-term care. ADRCs also serve as the single access point for publicly funded long-term care, including Family Care and IRIS.

ADRC services are available to older adults and people with disabilities regardless of income and regardless of the person’s eligibility for publicly funded long-term care. ADRC services are also available to families, friends, caregivers, and others who work with or care about older people or people with disabilities. To promote use of their services, ADRCs should be physically accessible and be able to provide information and assistance in a private and confidential manner, provide a welcoming

and inviting place where customers feel comfortable coming for services, and be available at a location preferred by and at a time convenient to individual customers.

### 3. *ADRC Organization and Identity*

An ADRC may be a stand-alone organization or part of a human service department, county aging unit or other larger organization so long as it is organizationally separate from any managed care organization.

The ADRC shall have a distinct and independent organizational identity so that it is directly known to customers. Potential customers shall not be expected to be familiar with the organization operating the ADRC to access ADRC services; the operating structure of the ADRC shall not pose a barrier to accessing services.

ADRCs that are integrated with Aging Units streamline customers' access to services. Therefore this distinct and independent organizational identity requirement does not apply to the integration of ADRCs and Aging Units.

The ADRC must provide services consistent with the Department's requirements as defined in this Scope of Services.

## C. Populations Served by the ~~Aging and Disability Resource Center~~ ADRC

### 1. ~~Statutorily~~ Required Client Groups

~~Aging and Disability Resource Center~~ ADRCs shall make their full range of services available to all of the following groups of individuals, including people who inquire about or request assistance on behalf of members of these groups, regardless of their financial means:

- *Elderly (aged 60 and older)*
- *Adults with developmental/intellectual disabilities*
- *Adults with physical disabilities*

### 2. *Services for Adults with Mental Illness and/or Substance Use Disorders*

ADRCs shall provide information and referral, disability benefits counseling, and referral for emergency services to adults with mental illness and/or substance use disorders who do not have a co-occurring long term care need. ADRC funds available under this contract may not be used to provide any of the other services covered under this contract, including but not limited to, options counseling, short term service coordination, to persons not in the statutorily required ADRC client groups. Additionally, ADRCs may not ~~administration of~~ the *Functional Eligibility Screen for Mental Health and AODA*; or provide intake for mental health or substance use services ~~or any other services to persons not in the statutorily required ADRC client groups~~.

### 3. *Transitional Services for Youth*

ADRCs shall provide services to children with disabilities beginning at age 17 years and 6 months who may be eligible to receive LTC services in the adult long-term care system. ADRCs shall not otherwise provide children's services.

## **D. Limits to ADRC Service Requirements**

### 1. *Services Provided to Customers Outside of the ADRC Service Area*

~~Aging and Disability Resource Center~~ADRC staff are not required to travel out of the ADRC's service area to provide services under this contract with the exception of assisting a resident of the ADRC's service area to relocate out of a nursing facility outside of the ADRC's service area. ADRC staff are required to assist any resident of their service area with relocating from a nursing facility regardless of the location of the nursing facility.

When contacted by a customer who is located outside of the ADRC's service area, ADRC staff shall provide basic information and assistance, and make a referral to the ADRC whose service area covers where the customer is located.

### 2. *Services in Areas without Family Care and IRIS*

The ADRC shall provide all services described in this contract, with the exception of ADRCs who operate in counties without Managed Long-term Care. For those ADRCs, the following services are not required until the Department implements Family Care and IRIS in the ADRC's service area.

- a. Administration of the Long-term care Functional Screen
- b. Enrollment Counseling
- c. Disenrollment Counseling

### 3. *Service Priorities*

- a. The ADRC shall provide all required services and activities prior to using ADRC funds for other authorized services.
- b. The ADRC may provide services and activities that are authorized but not required at any time with non-ADRC funding that is specifically directed to those services.
- c. Required services and activities are those covered in the following sections of this scope of services:

- i. Marketing, outreach and public education
- ii. Information and assistance
- iii. Long term care options counseling
- iv. Preadmission consultation
- v. Elder benefits counseling
- vi. Disability benefits counseling
- vii. Access to publicly funded long term care
- viii. Access to other public programs and benefits
- ix. Access to emergency services
- x. Access to elder adults/adults-at-risk and adult protective services
- xi. Transitional services for students and youth
- xii. Customer rights, client advocates, and ADRC advocacy
- xiii. Community needs identification

c. Other authorized services and activities include:

- i. Health promotion and early intervention
- ii. Short term service coordination
- iii. Dementia related activities

**II. ~~AGING AND DISABILITY RESOURCE CENTER~~ADRC LOCATION, AND PHYSICAL PLANT, EQUIPMENT, AND SYSTEMS**

**A. Location, Physical Space and Facility Characteristics**

*1. Site Requirements*

- a. The ADRC shall be located in a place that is visible and recognizable to the public.
- b. The ADRC shall have public parking available within one city block of the ADRC location. Parking for the ADRC shall be made available at no cost to the public. Parking for the ADRC shall include accessible parking spaces in compliance with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG).
- c. All ADRCs which are located in municipalities served by public transportation must be accessible by public transportation,

*2. Signage*

- a. All ~~Aging and Disability Resource Center~~ADRC locations shall have clearly visible signage indicating the presence of the ~~Aging and Disability Resource Center~~ADRC on both the interior and exterior of the building in which it is located. At least one clearly visible exterior sign, at least one clearly visible

interior sign, and all directional signs must show the Department's ADRC logo. Directional signs shall comply with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG).

- b. The ADRC shall also be identified on any posted building directories. Directory listings do not need to include the ADRC logo.

### 3. *Facility Requirements*

All ADRC buildings shall meet the following facility requirements:

- a. The ~~Aging and Disability Resource Center~~ADRC is responsible for identifying and addressing barriers to accessibility and complying with state and federal accessibility requirements, including the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG) (See [http://www.ada.gov/2010ADASTANDARDS\\_index.htm](http://www.ada.gov/2010ADASTANDARDS_index.htm)). The ADRC physical plant shall be consistent with the ADAAG guidelines for new buildings.
- b. The building and furnishings shall be clean, in good condition, and free of hazards.
- c. The path that customers must follow to access the ADRC, including sidewalks, doors, hallways, stairs and elevators, shall be accessible to and shall comfortably accommodate people with limited mobility.
- d. Provide hearing loop technology at the receptionist area and in private consultation areas.
- e. Have public restrooms for use by ~~Aging and Disability Resource Center~~ADRC customers that are clearly signed, accessible, and able to accommodate customers with an attendant of the opposite sex while maintaining privacy for all customers.

### 4. *Reception Area*

- a. The ADRC shall have a reception area where customers are greeted and may wait for services. The reception area may be shared with other entities but must be clearly identified and recognizable as the reception and waiting area for the ADRC.
- b. The reception area shall be designed to be functional for and appealing to members of the ADRC client population. The reception area shall be accessible; clean, of sufficient size, adequately furnished and arranged to comfortably accommodate people of all ages and disabilities with dignity and respect.

- c. The reception area shall, as much as possible, be arranged to respect the privacy of customers' conversations with the receptionist. If sign-in sheets are used, they shall not be viewable by other customers.
- d. Customers entering the reception area shall be promptly greeted by an individual who is knowledgeable about the ADRC's services and ready to assist or direct them to the right person to assist them. The receptionist and/or person greeting customers shall meet the requirements for staff who answer the phone and interact with the public contained in Section IV.F.3.a of this contract. The receptionist and/or person greeting customers need not be solely dedicated to the ADRC and may hold a position that is shared by the entities using the reception area.
- e. The reception area shall include display space for fliers, pamphlets and other information materials that is accessible to visitors and arranged so that customers can easily browse and reach the material during office hours.
- f. The reception area shall include hearing loop technology to facilitate communication with persons who are hearing impaired.

5. *Privacy and Confidentiality*

Information and assistance specialists, options counselors and benefit specialists shall have private office space, or access to private meeting space, where they can have confidential conversations. Consumers and families shall not experience a delay in meeting with ADRC staff due to lack of private space.

ADRC staff shall have access to telephones and computers with high speed internet access to be able to access databases, benefits assessment tools and other information that may be needed during consultations in their office and in the private meeting space.

The ~~Aging and Disability Resource Center~~ADRC shall provide for the secure storage of confidential information on site and have a protocol for storage of confidential information as per requirements in Section IV.M.

6. *Co-Location with an MCO or IRIS Agency*

The ADRC shall not be located in the same building as an MCO or IRIS consultant agency. Co-location with an MCO creates the appearance of a conflict of interest. If an MCO or IRIS consultant agency moves into the same building as the ADRC, the ADRC shall notify the Department within 3 business days.

7. *Co-Location with an Aging Unit*

An ADRC that is fully integrated with the Aging Unit shall be co-located with the Aging Unit. Co-location streamlines customers' access to services.

ADRCs that are not fully integrated with an Aging Unit may be co-located, share facilities and share administrative staff with an Aging Unit to improve customers' access to services.

If an ADRC and Aging Unit share a phone number, the phone must be answered "~~Aging and Disability Resource Center~~ADRC" per Section II.C.4.c.

## **B. Hours of Operation**

### *1. Scheduled Business Hours*

- a. The ADRC must have business hours at times that are convenient for its customers.
- b. The ADRC shall have a fixed schedule of hours of operation. The hours of operation shall be included in the ADRC's voice mail greeting and posted on the ADRC's web site and at the entrance to the ADRC, together with a statement letting customers know that after-hours appointments are available upon request.

### *2. After-Hours Services by Appointment*

In addition to its regularly scheduled business hours, the ~~Aging and Disability Resource Center~~ADRC shall have the capacity to set up occasional after-hours and weekend appointments.

The ADRC shall establish criteria for determining when after-hours appointments are necessary and that the after-hours appointments are made in a timely manner.

## **C. Equipment and Systems**

### *1. General Communication Systems*

~~Aging and Disability Resource Center~~ADRCs must have up-to-date and fully operational systems so that services can be provided to customers in a timely and convenient manner. These must include, but are not limited to, telephone, email, and web/internet systems.

### *2. Computer Systems*

The ADRC's computer system shall:

- a. Have a high-speed internet connection and shall have the capacity to stream both video and voice over the internet.
- b. Operate either a SAMS IR, or an equivalent software, that has the same capacity as SAMS IR for client tracking, resource database, and reporting.

- c. Provide all ADRC staff with a computer and shall allow all ADRC staff to input data into the SAMS IR or equivalent software.

3. *Management Information System (MIS)*

- a. The ~~Aging and Disability Resource Center~~ ADRC shall operate SAMS IR or have a client tracking system capable of:
  - i. Assigning a unique contact number for each contact and a unique client identification number for each person for whom a contact is made,
  - ii. Storing, analyzing, integrating and reporting data,
  - iii. Meeting all Department reporting requirements in formats and timelines which satisfy the requirements listed in Section IV.N.1.,
  - iv. Collecting and tracking data on the initial and subsequent client contacts, including, but not limited to, the characteristics of the person making the contact, the reasons for and subjects of the contact, the issues identified, the ADRC services provided, the outcomes that result, and any follow-up activities,
  - v. Supporting quality assurance/quality improvement requirements, including any Department-required performance criteria and indicators, and
  - vi. Meeting standards for database content and structure established by the Department.
- b. The ~~Aging and Disability Resource Center~~ ADRC shall maintain, keep up to date, and use a directory or an electronic resource database consistent with standards for database content and structure established by the Department.
- c. The resource database or directory shall be sufficient to support the provision of information and assistance, options counseling, and other required ADRC services. The resource database or directory shall contain detailed information about the full range of programs and services available for older people and people with disabilities in the communities served by the ADRC. The resource database or directory shall include information relating to each of the information and assistance topics listed in Section III.B.2., including the name, contact information, and key features of each program or service and, where applicable, cost, regulatory compliance information, eligibility requirements and application procedures.
- d. The information in the resource database or directory shall be complete and up to date. Resource information shall be updated at least annually.

- e. The ADRC shall designate one person from its staff to be the resource database lead and one ~~staff~~ to be the client tracking database lead. The same person may be the lead for both functions. Each lead has responsibility for ensuring the integrity of the information contained in the assigned database(s), supporting ADRC staff in their use of the database, and serving as a contact for the Department regarding the database, and participating in any Department required trainings and/or user groups.
- f. If an ADRC does not operate SAMS IR, the ADRC shall provide access to its client tracking system for its assigned Regional Quality Specialist for quality assurance.
- g. Access to ADRC Systems Used by ADRC Employees
  - i. The ADRC shall ensure that staff whose employment is terminated no longer have access to any systems that involve information about the ADRC or its customers.
  - ii. The ADRC shall notify the Department, using the appropriate form(s), when a staff person terminates his or her employment to deactivate access to Department operated systems.

#### 4. Telephone System

- a. The ADRC shall have its own dedicated toll free phone number. If the ADRC chooses to also maintain a local phone number or numbers, these numbers must be solely dedicated to the ADRC.
- b. The ADRC phone number(s) shall be publicized on the ADRC's web site, in the ADRC's marketing materials, and published in local telephone book(s). For county-based ADRCs, the ADRC phone number shall also be publicized on the home page of the county's web site if other county agency telephone numbers are included on the home page..
- c. The ~~Aging and Disability Resource Center~~ADRC telephone shall be answered during the ADRC's business hours directly by a person who will identify to the caller that he/she has called the "~~Aging and Disability Resource Center~~ADRC." Incoming calls to the ADRC shall be answered promptly.
- d. The telephone system shall transfer calls internally within the ADRC without requiring the caller to place a separate call. The capacity to transfer calls internally within the ADRC applies to both single office ADRCs and multiple-office ADRCs, including regional ADRCs. The customer shall be informed if their call is being transferred, and ADRC staff shall speak with the receiving staff member to identify the caller and complete the transfer.

- e. If, after regular business hours, the ~~Aging and Disability Resource Center~~ADRC phone is not answered by a person, then it shall be answered by a system that identifies the ADRC's regular business hours, permits callers to leave a message, and refers callers to an emergency number. The ADRC shall respond to phone messages by the end of the next business day.

5. *E-Mail*

The ~~Aging and Disability Resource Center~~ADRC shall have a well-publicized electronic mail (e-mail) address which is published on the ADRC's web site, in ADRC's marketing materials and submitted to the Department for publication on the Department's website. For county-based ADRCs, the ADRC's e-mail address shall also be published on the home page of the county's web site, if other agency or department e-mail addresses are published there. The ~~Aging and Disability Resource Center~~ADRC shall respond to e-mail contacts from customers by the end of the next business day after receipt of the email.

6. *Website*

The ~~Aging and Disability Resource Center~~ADRC shall have a website to communicate its services to the client populations and general public. The website shall be user-friendly and directly accessible to the public through search engines.

- a. The website shall include descriptions of the ADRC's mission, the populations it serves, and the types of information and services it provides. Contact information for the ADRC, such as telephone number, address, hours of operation, and e-mail address should be highly visible and easy to find on the ADRC's home page.

- b. For county-based ADRCs, the ADRC website shall be highly visible and easy to find on the home page of the county's website.

- c. The website shall contain, or provide a link to, the ADRC's resource database or directory.

- ~~e.d.~~ The ADRC website shall contain a link to the Department's ADRC customer web page.

- ~~d.e.~~ The ADRC website, including the resource database or directory, shall be accessible to people with impairments or disabilities that limit access to standard web formats.

### III. SERVICES TO BE PROVIDED BY THE ~~AGING AND DISABILITY RESOURCE CENTER~~ADRC

#### A. Marketing, Outreach and Public Education

##### 1. *Use of Standard Materials*

Marketing and other informational materials developed by the ADRC ~~in 2016, and going forward,~~ shall ~~be compliant~~ with Department guidelines to ensure consistency and “brand” identification statewide. All official ADRC public information must include the ADRC logo with the wording “Aging & Disability Resource Center” in the Department’s blue and white color scheme. If the document is a black and white printed document, then the ADRC logo must be used, but can also be printed in black and white.

All materials provided to customers or the general public shall be approved by the Department prior to printing/producing.

Standardized marketing materials developed by DHS shall be used by the ADRC. ~~The requirement does not apply to Department generated documents.~~

##### 2. *Developing and Implementing an Ongoing Program of Marketing, Outreach and Public Education*

a. The ~~Aging and Disability Resource Center~~ADRC shall develop and implement ongoing marketing, outreach and public education activities for older persons, adults with developmental/intellectual disabilities, adults with physical disabilities, and youth transitioning to the adult system of care.

b. The ~~Aging and Disability Resource Center~~ADRC shall target its marketing, outreach and education activities based on locally collected ADRC data, statewide data, and other findings of the Department ~~or~~and the ADRC’s governing board. Results of the governing board’s annual gathering of information about the adequacy of long term care services, including service gaps and needs of its target populations, shall be used in targeting the ADRC’s outreach and public education efforts.

~~b. The ADRC shall take into account its capacity for service provision when developing its marketing, outreach and public education strategies.~~

##### 3. *Ability to Reach All Populations*

The ~~Aging and Disability Resource Center~~ADRC shall market, outreach and provide education to all client populations required by this contract. Materials shall be culturally sensitive and accessible to those who have limited English proficiency or visual or hearing impairments. Instructions for the use of ADRC services shall be

made available in alternate formats accessible to people with impairments that limit their ability to access information in standard formats.

4. *Outreach to Businesses, Community Organizations and Health and Long-Term Care Providers*

The ~~Aging and Disability Resource Center~~ADRC shall communicate with businesses, community organizations, health care providers and long-term care providers in its service area to ensure community awareness of ADRC services. ADRCs shall tailor communications to each organization's mission. For health and long-term care providers, ADRCs shall communicate with all hospitals, nursing homes, community based residential facilities and residential care apartment complexes in its service area and shall tailor communications specific to the particular provider, including, but not limited to, preadmission consultation, MDS Section Q referrals, and health care transition services.

5. *Outreach to Residents of Nursing Homes and Assisted Living Facilities When Family Care and IRIS First Becomes Available in the ADRC Service Area*

The ~~Aging and Disability Resource Center~~ADRC shall provide information about its services and about the managed care and IRIS programs to all older persons and persons with a developmental/intellectual or physical disability who are residents of nursing homes, community based residential facilities, adult family homes and residential care apartment complexes in its service area when the Family Care benefit first becomes available in the ADRC service area. Information may be provided through mailings to and/or on-site meetings with residents, families and guardians.

6. *Objectivity and Independence of Marketing Activities*

~~Aging and Disability Resource Center~~ADRC marketing activities and informational materials shall be objective and shall not indicate preference, recommend or favor particular programs or providers, and shall be separate from any marketing for a health or long-term care provider or program.

## **B. Information and Assistance**

1. *Information and Assistance Services*

The ~~Aging and Disability Resource Center~~ADRC shall provide information and assistance to members of the client populations and their families, friends, caregivers, advocates and others who ask for assistance on their behalf. Providing information and assistance includes listening to the inquirer, assessing his or her needs, and helping the inquirer to connect with service providers or gain information to meet the identified needs. Information and assistance must be provided in a manner convenient to the customer including, but not limited to, being provided in-person in

the person's home or at the ADRC office as an appointment or walk-in, over the telephone, via e-mail, or through written correspondence.

As part of its information and assistance service, the ~~Aging and Disability Resource Center~~ADRC shall:

- a. *Evaluate the call or request.* Identify the issue(s) leading to the inquiry, establish rapport with the inquirer, determine the nature of the situation, and evaluate the knowledge and capacities of the inquirer, in order to determine how to best provide assistance. Identify and respond quickly to emergency situations and immediate needs.
- b. *Provide individuals with accurate, objective and useful information.* The information provided shall be accurate, objective, and relevant to the individual's expressed need and shall be presented in language and formats that are easy for customers to understand. Information and assistance provided by the ADRC shall not appear to favor or attempt to persuade the individual to choose any particular long-term care setting, program, service or provider.
- c. *Provide information and assistance on a wide variety of topics.* Provide information and assistance on, at a minimum, the topics listed in Subsection 2 below.
- d. *Provide Referrals and/or Assistance.* Determine the needs of the inquirer, evaluate appropriate resources, provide information about organizations capable of meeting customer needs, locate alternative resources for customers with unmet or unmet needs, and actively assist the inquirer in accessing needed services.
- e. *Provide Linkages to Public and Private Resources.* When an individual contacts or is referred to the ~~Aging and Disability Resource Center~~ADRC and appears to be eligible to receive or is interested in receiving services such as, but not limited to, Medicaid, Medicare, Social Security, SSI, SSI-E, SSDI, FoodShare, public health services and Older Americans Act services, the Resource Center shall refer the individual to a benefit specialist or to the local, state and/or federal agencies responsible for determining the individual's eligibility to receive these benefits. The ADRC shall provide assistance in connecting the person with the respective agency or organization, when needed.
- f. *Memory Screens.* ADRC staff providing information and assistance shall offer to perform a Memory Screen to customers when appropriate, and, if the customer agrees, perform the Memory Screen, share results with the customer and provide additional information and referrals as needed.
- g. *Provide Follow-up.* The ~~Aging and Disability Resource Center~~ADRC staff shall follow up with individuals to whom they have provided information and assistance to determine whether the inquirer's needs were met and whether

additional information or assistance is needed, consistent with the Department's Follow-up Policy.

h. *Advocate on the Customer's Behalf.* Advocate on behalf of individual customers when there are issues with access to services.

## 2. *Information and Assistance Topics*

The ADRC shall provide information and assistance on a wide variety of topics, and at a minimum must provide person-centered information and assistance on the following topics:

- a. Adult protective services, abuse, neglect, domestic violence, and financial exploitation;
- b. Long-term care, including:
  - i. Living arrangements related to long-term care (e.g., home care, assisted living, nursing home and other settings; information for people considering a move due to health, disability or frailty),
  - ii. Long-term care related services (e.g., in-home services and support, care management, respite, equipment, training, transition planning, independent living skills), and
  - iii. Paying for long-term care (e.g., using private resources; purchasing long-term care insurance; or accessing public programs);
- c. Health and chronic conditions (e.g., rehabilitative care, home health services, medication management, communicating with physicians, medical decision making, advance directives);
- d. Prevention and early intervention (e.g., screening programs, fall prevention, health promotion, healthy lifestyles, management of chronic conditions, home safety, health care transitions, and medication management);
- e. Disability conditions, services and supports;
- f. Aging, including normal aging, conditions associated with aging, and aging services and supports;
- g. Alzheimer's disease and other dementias;
- h. Mental health services and supports;
- i. Alcohol and other drug use services and supports;

- j. Employment, training and vocational rehabilitation;
- k. Assistance for meeting basic needs (e.g., Medicaid, Medicare, heat assistance);
- l. Transportation (e.g., specialized transportation, medical transportation, volunteer drivers, taxi, transit);
- m. Nutrition (e.g., congregate meals, home delivered meals, food pantries, nutrition counseling);
- n. Home maintenance (e.g., chores, yard work, home safety, weatherization, home repair, ramps);
- o. Housing (senior housing, special needs housing, public and low income housing, accessible and independent living options, housing counseling services);
- p. Legal issues (e.g., tax laws, power of attorney, guardianship, consumer rights, advocacy, discrimination, complaints and grievances);
- q. Education, recreation, life enhancement, volunteerism;
- r. Caregiving issues and services (e.g., informal, formal and long-distance caregiving, caregiver education and support, role changes associated with changing care needs and health care transitions, stress management, respite); and
- s. Death and dying issues and supports, including hospice and palliative care.

### 3. *Document Customer Contacts*

ADRC staff shall document their interactions with individual customers, including the nature of the inquiry, information discussed, resources shared, decisions made and next steps. Documentation shall include required elements as per the Department's Client Tracking System Requirements in Section II.C.3.a.

### 4. *Timeline for Providing Information and Assistance*

ADRC staff shall respond to initial inquiries and requests for information and assistance within 24 hours or by the end of the next business day of receiving the request. If necessary, the initial response may be to acknowledge the request and schedule an appointment or home visit. Home visits, shall be conducted within 10 business days following the customer's request or at another time preferred by the customer.

### 5. *Staff Qualifications*

Staff providing information and assistance shall meet the requirements contained in Article IV.E and F.

## C. Long-Term Care Options Counseling

### 1. Options Counseling Services

The ~~Aging and Disability Resource Center~~ADRC shall provide counseling about the options available to meet long-term care needs and factors to consider in making long-term care decisions. Options counseling is an interactive decision-support process that typically includes a face-to-face interaction, is more than providing a list of service providers or programs for people to choose among, and is time-intensive. The ADRC shall provide options counseling to members of its primary client populations and their families, caregivers, and others who ask for assistance on their behalf

Options counseling shall cover the following:

- a. A review of the individual's personal history, preferred lifestyle and residential setting, and goals for the future; functional capacities and limitations; financial situation; and other information needed to help the individual identify and evaluate options available. When appropriate, offer to perform a Memory Screen and, if the customer agrees, perform the screen, share results with the customer, provide additional information and referrals as needed, and take the results into consideration while providing options counseling.
- b. The full range of long-term care options available to the individual, including but not limited to: home care, community services, residential care, nursing home care, post hospital care, and case management services.
- c. Opportunities and methods for maximizing independence and self-reliance, including the utilization of supports from family, friends and community and the self-determination approach.
- d. The sources and methods of payment for long-term care services, including:
  - i. Information about long-term care services and programs that are available in the area, including, but not limited to, information on providers' quality and costs.
  - ii. The functional and financial eligibility criteria for receiving publicly funded long-term care and for participating in the Medicaid fee-for-service system, in order to assist the individual in assessing the likelihood that he/she will be eligible.

- iii. Sources of payment for private pay individuals who do not qualify for publicly funded long-term care.
- e. Factors that the individual might want to consider when choosing among long-term care, programs, services and benefits, including, but not limited to:
  - i. Cost
  - ii. Quality
  - iii. Service restrictions or limitations
  - iv. Outcomes of importance to the individual
  - v. Available resources

f. The advantages and disadvantages of the various options in light of the individual's situation, values, resources and preferences.

g. If appropriate, assistance for the individual in identifying next steps to implement his or her decision.

f.h. Options and support for the caregiver as well as for the individual with long term care needs, as appropriate, when a caregiver makes a request or accompanies an individual to the options counseling session.

## 2. *How Options Counseling Takes Place*

- a. The ~~Aging and Disability Resource Center~~ ADRC shall provide long-term care options counseling at a time, date and location convenient for the individual, including but not limited to, the individual's place of residence or temporary care setting.
- b. Options counseling shall involve one or more face-to-face meetings with the individual and any family or others the individual chooses to involve, unless the individual prefers it be done by telephone, mail, e-mail or other means.
- c. Counseling may be provided to the individual's family and other representatives acting on the individual's behalf.

## 3. *Requirement to be Objective and Address the Individual's Needs and Preferences*

The information provided in long-term care options counseling shall be timely, accurate, thorough, unbiased and appropriate to the individual's situation. Long-term care options counseling shall be tailored to the needs of the individual and shall not attempt to persuade the individual to choose to participate in any particular long-term care setting, program or service.

#### 4. Documentation

ADRC staff shall document interactions with individual customers who receive options counseling, including the options discussed, factors considered, results, and next steps. Documentation shall include required elements per the Department's Client Tracking System Requirements in Section II.D.3.a.

#### 5. Staff Qualifications

Staff who provide long-term care options counseling shall meet the education and experience requirements contained in Sections IV. F.

### **D. ~~Services to People with Dementia-Specific Programs, Activities and Services and their Families~~**

~~An ADRC may facilitate dementia friendly communities and provide other dementia-specific programming, activities and services not covered under other sections of this scope of services, depending on funding availability. All such programs, activities and services shall be provided with the *Dementia Care Guiding Principles* found at <https://www.dhs.wisconsin.gov/publications/p01022.pdf>.~~

#### ~~1. *Dementia Care Guiding Principles*~~

~~All ADRC staff who work with customers shall be trained on and knowledgeable about the Department's *Dementia Care Guiding Principles* and how to implement these principles in their daily interaction with customers. Information and assistance, options counseling and other ADRC services shall be provided consistent with these guiding principles.~~

~~A link to the *Dementia Care Guiding Principles* is below:  
<https://www.dhs.wisconsin.gov/publications/p01022.pdf>~~

#### ~~2. *Dementia Care Lead*~~

~~The ADRC shall identify a lead for Dementia and/or Memory Screens. This lead staff person shall work with the Department to provide Memory Screen training to ADRC staff through a train the trainer model.~~

#### ~~3. *Memory Screens*~~

~~ADRC staff providing information and assistance and/or options counseling shall offer to perform a Memory Screen to customers when appropriate, and, if the customer agrees, perform the Memory Screen, share results with the customer and provide additional information and referrals as needed~~

## ~~E. Counseling to Caregivers~~

~~The ADRC shall support caregivers by providing information and assistance and options counseling. For caregivers who accompany customers of, or who are otherwise known to, the ADRC, the ADRC shall ensure they receive ADRC services that are specific for each caregiver and that support the individual as a customer and caregiver.~~

## F. Preadmission Consultation and Assistance with Resident Relocations

### 1. Preadmission Consultation

- a. ~~Aging and Disability Resource Center~~ADRCs shall provide preadmission consultation to persons who have been referred to the ADRC by a nursing home; community based residential facility, or residential care apartment complex. The ADRC shall provide preadmission consultation consistent with the person's individual needs and preferences.
- b. Preadmission consultation includes, but is not limited to: long-term care options counseling with topics discussed as follows:
  - i. The range of care settings and options available to meet the person's long-term care needs, including supports and services that could permit the person to remain at home;
  - ii. The cost and financial implications of the various options;
  - iii. Ways to evaluate facility quality and appropriateness; and
  - iv. Programs which may be available to help pay for the person's care, eligibility requirements and procedures, and limits on the use of public funding in certain settings.
- c. Preadmission consultation shall not attempt to persuade the individual to choose a particular provider, type of service, long-term care program or managed care organization.
- d. The ~~Aging and Disability Resource Center~~ADRC shall provide preadmission consultation at a time and location that are convenient for the individual and, when possible, prior to the person's admission to the facility.

## 2. *Assistance with Relocations*

The ADRC shall make its services available to individuals who wish to relocate to their home or community from a nursing home, assisted living facility or other care setting.

## 3. *Assistance with Referrals for Relocation from Nursing Homes*

- a. The ADRC shall serve as the local contact agency for referrals from nursing homes under MDS 3.0 Section Q, consistent with requirements of the Centers for Medicare and Medicaid Services (CMS) and Department policy.
- b. ADRC shall contact the resident, either by phone or in person, within 10 business days of receiving a referral and shall make its services available to those who indicate a desire to relocate or return to the community.
- c. The ADRC shall provide residents interested in relocating with information about locally available long-term care options and supports for community living to help the person fulfill his or her desire to relocate to community living. Assistance shall be provided regardless of whether the individual is paying privately for care or is eligible for publicly funded programs. ADRC involvement should supplement, not replace, the role of the nursing home discharge planner.
- d. For customers enrolling in a publicly funded long-term care program, the ADRC serving the person's county of residence is responsible for performing or arranging for the performance of the long-term care functional screen. The county of residence may or may not be the same as the county in which the facility is located.
- e. When the resident wants to relocate outside the local ADRC's service area:
  - i. The ADRC where the nursing facility is located shall provide general information about community supports, services and resources and facilitate contact between the resident and the ADRC serving the county to which the resident wants to relocate.
  - ii. The ADRC in the receiving county shall provide information and assistance, options counseling, enrollment counseling and other services as appropriate to the person who is relocating.

## 4. *Assistance with Resident Relocations from Facilities that are Downsizing or Closing*

- a. An ADRC shall assist in the resident relocation process for residents in facilities that are downsizing or closing by responding to requests for information from the state relocation team, participating in informational meetings with residents and their representatives, and providing residents with the same services that it

provides to other ADRC customers, including information and assistance, options counseling, and eligibility and enrollment related functions as described in the Department's *Resident Relocation Manual* at [http://dhs.wisconsin.gov/rl\\_dsl/Providers/relocation.htm](http://dhs.wisconsin.gov/rl_dsl/Providers/relocation.htm).

- b. Provision of these services may be expedited at the direction of the Department because of the timelines required for closure, but the nature of the services provided by the ADRC are the same.
- c. In the event that a resident will be moving out of the area served by the ADRC where the facility is located, the ADRC serving the area where the facility is located is responsible for initiating coordination with the ADRC serving the area to which the resident will be moving.
- d. The ADRC is not responsible for coordinating the relocation process, conducting assessments, developing relocation alternatives or plans, or making arrangements for individual residents.

## G. Elder Benefits Counseling

### 1. Access to Elder Benefit Specialist Services

The ~~Aging and Disability Resource Center~~ADRC shall ensure that people have access to the services of an Elder Benefit Specialist as defined in Chapter 9 of *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network*. (<https://www.dhs.wisconsin.gov/publications/p2/p23203.pdf>)

Elder Benefit Specialists may be staff of the ~~Aging and Disability Resource Center~~ADRC or of another public or private organization. When an Elder Benefit Specialist is on the staff of another organization, the ~~Aging and Disability Resource Center~~ADRC shall have a contract, memorandum of understanding, or similar agreement with this organization that ensures ADRC customer access to the Elder Benefit Specialist.

If the Elder Benefit Specialist is headquartered in the ~~Aging and Disability Resource Center~~ADRC, then the primary office of the benefit specialist is located in the ADRC and the benefit specialist can be reached by telephone through the ADRC as per the requirements under Section II.~~DC~~.4.

### 2. Duties of the Elder Benefit Specialist

Elder Benefit Specialists who are headquartered in the ADRC shall meet all Department requirements and standards for the Elder Benefit Specialist program, including those contained in Chapter 9 of *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network* and including provision of the following services for persons age sixty (60) and older:

- a. Provide accurate and current information on a comprehensive array of private and government benefits and programs;
- b. Provide information and technical assistance about how to access such benefits and information regarding the responsibilities of program participants;
- c. Assist potential applicants of private and government benefits, including but not limited to Medicaid, benefits administered by the Social Security Administration, FoodShare, Family Care, IRIS, Partnership to locate and gather verifying information, both financial and non-financial;
- d. Provide information on rights, and complaint, grievance and appeal processes;
- e. Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, and beyond;
- f. Make appropriate referrals for employment-related counseling and services;
- g. Consult with legal back-up personnel to the Elder Benefit Specialist program to determine appropriate interpretation of law or regulation and appropriate action to assist in resolution of concerns;
- h. Initiate investigations to gather needed factual information to pursue advocacy duties;
- i. Provide representation, as needed and appropriate, for older people in administrative hearings and other formal or informal grievance steps;
- j. Refer to legal backup personnel working for or with or under contract to the Elder Benefit Specialist program for consideration of representation in administrative and judicial proceedings;
- k. Obtain informed consent before disclosing information about a client, unless required by law;
- l. Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
- m. Negotiate on behalf of individuals with long-term care agencies and programs, service providers, or the state regarding disputes over long-term care services;
- n. Identify and document concerns and problems of older people and related system-level issues and present that information to appropriate entities, including county and/or tribal government, and the Department of Health Services; and

- o. Complete required reporting and documentation per the requirements contained in Chapter 9 of *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network*.

### 3. *Prohibited Activities*

In order to avoid potential conflicts of interest, the Elder Benefit Specialist may not perform the long-term care functional screen, SSI-E eligibility determination and certification, or any other eligibility determinations and may not provide guardianship or adult protective services.

### 4. *Training and Qualifications*

- a. Elder Benefit Specialists ~~headquartered in the ADRC~~ shall meet the education and experience requirements in Section IV.F of this contract, together with those contained in the standards for the Elder Benefit Specialist program in Chapter 9 of *A Manual of Policies, Procedures, and Technical Assistance for the Wisconsin Aging Network*. Persons employed as Elder Benefit Specialists prior to creation of the ADRC shall be exempt from the education and experience requirements contained in this contract.
- b. The Elder Benefit Specialist shall attend and successfully complete initial and ongoing training ~~as required by the Department. Elder Benefit Specialists are expected to attend all mandatory trainings and to register for these trainings via the ADRC SharePoint site.~~

### 5. *Partnership with the Elder Benefit Specialist Program Attorneys*

When the Elder Benefit Specialist is headquartered in the ADRC, the ADRC must partner with the Elder Benefit Specialist program attorneys who are under contract with the Department to monitor the effectiveness of the Elder Benefit Specialist program. The Elder Benefit Specialist program attorneys provide technical assistance, substantive case oversight, and training to the Elder Benefit Specialists. The program attorneys conduct an annual performance review of ~~the each~~ Elder Specialist ~~program in each county~~ and provide a written report to the local agency director. The roles and responsibilities of the local agency director in overseeing Elderly Benefit Specialist services are further defined in Chapter 9 of A Manual of Policies, Procedures and Technical Assistance for the Aging Network, ~~Chapter 9~~.

### 6. Funding for Elder Benefit Specialists

Primary funding the Elder Benefit Specialist derives from Section 46.81(2) of the Wisconsin Statutes and is allocated to the local aging unit. ADRC grant funds may be used to cover an Elder Benefit Specialist's salary, fringe, and travel only after all other EBS program funding has been applied and if all other ADRC services required under this contract are being provided. If the ADRC is physically separate from the

aging unit, the ADRC may provide space, telephone, and computer access to an Elder Benefit specialist when s/he provides services at the ADRC.

## H. Disability Benefits Counseling

### 1. Access to Disability Benefit Specialist Services

The ~~Aging and Disability Resource Center~~ADRC shall ensure that people have access to the services of a disability benefit specialist (DBS) and that these services meet all of the Department's requirements for the ~~disability benefit specialist~~DBS program contained in the *Disability Benefit Specialist Program Policies and Procedures* and the *Disability Benefit Specialist Scope of Services* documents. These documents are available at <https://www.dhs.wisconsin.gov/adrc/pros/dbspmanual.pdf> and <https://www.dhs.wisconsin.gov/publications/p0/p00416.pdf>.

### 2. Staff Status of Disability Benefit Specialists

~~A DBS Disability benefit specialists~~ may be staff of the ~~Aging and Disability Resource Center~~ADRC or of another public or private organization. When a disability benefit specialist is on the staff of another organization, the ADRC shall have a contract with the organization ~~which that~~ indicates that the disability benefit specialist shall meet all the requirements described in this contract, be headquartered in the ~~Aging and Disability Resource Center~~ADRC and coordinate activities with those of the ADRC; ~~The contract shall also and which~~ describes the responsibilities of the respective organizations.

The ADRC shall have a procedure, ~~included detailed~~ in the Annual Report under Section IV.N., to ~~appropriately individuals who use sign language to the DBS refer its customers to the disability benefits specialist~~ employed by the Office for the Deaf and Hard of Hearing, ~~to serve individuals who use sign language as their primary means of communication, and~~ Additionally, the ADRC shall have a procedure to offer to ~~refer tribal members who live on or near a reservation to the two tribal DBS~~disability benefit specialists employed by the Great Lakes Inter-Tribal Council, ~~to serve enrolled tribal members who live on or near a reservation.~~

### 3. Location of the Disability Benefit Specialist

The primary office of the ~~disability benefit specialist~~DBS shall be located in the ADRC and shall be reachable by telephone through the ADRC under the requirements under Section II.~~D.4A - C.~~

### 4. Duties of the Disability Benefit Specialists

The ~~Aging and Disability Resource Center~~ADRC shall meet all Department requirements for the disability benefit specialist program contained in the *Disability Benefit Specialist Program Policies and Procedures* and the *Disability Benefit*

*Specialist Scope of Services* documents and shall perform the following activities for individuals aged eighteen (18) through fifty nine (59) with developmental/intellectual disabilities, physical disabilities, mental illness and/or substance use disorders, and for youth who are transitioning into the adult long-term care system:

- a. Provide accurate ~~and current~~ information on a comprehensive array of private and government benefits and programs, as defined by the Department in the *Disability Benefit Specialist Scope of Services* document;
- b. Provide information and technical assistance ~~about regarding~~ how to access such benefits and information regarding the responsibilities of program participants;
- c. Assist potential applicants of private and ~~government-public~~ benefits and programs as defined by the Department to locate and gather verifying data, both financial and non-financial;
- d. Provide information on rights, and complaint, grievance, and appeal processes;
- e. Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels;
- f. Make appropriate referrals for employment and other disability-related counseling and services (e.g., to Independent Living Centers, Work Incentive Benefit Specialists, Benefits Planning Assistance and Outreach, Division of Vocational Rehabilitation, and Disability Rights Wisconsin);
- g. Consult with ~~disability benefit specialist the DBS~~ program attorneys, who are under contract with the Department, to determine appropriate interpretation of law or regulation and appropriate action to assist ~~clients in resolution of concerns~~;
- h. Initiate investigations to gather needed factual information to perform advocacy duties;
- i. Provide representation, as needed and appropriate, for people with physical disabilities, developmental/intellectual disabilities, mental illness, and/or substance use disorders in administrative hearings and other formal or informal grievance steps;
- j. Refer to ~~disability benefit specialist DBS~~ program attorneys, who are working for or with or under contract ~~to the disability benefit specialists program administered by with~~ the Department, for consideration of representation in administrative and judicial proceedings;
- k. Obtain informed consent before disclosing information about a client, unless authorized by law; DHS 10.23(2)(d)2.;

- l. Provide consumer ~~education, and~~ volunteer training, and technical assistance to develop self and family advocacy;
- m. Negotiate on behalf of ~~individuals-clients~~ with county or tribal agencies, long-term care service providers, or the state regarding disputes over ~~benefits~~, long-term care, ~~and/or~~ mental health, and substance abuse services;
- n. Identify and document concerns ~~and problems~~ of individuals with developmental/intellectual disabilities, physical disabilities, mental illness and/or substance use disorders and related system-level issues ~~and to~~ present ~~that this~~ information to appropriate entities, including county or tribal government, the Department ~~of Health Services~~, and statewide councils representing disability constituencies; ~~and~~
- o. Complete required reporting and documentation as per Department requirements specified in the *Disability Benefit Specialist Program Policies and Procedures*, *Disability Benefit Specialist Program DBS Database User Manual*, and *Monetary Impact Guide for Benefit Specialists*; ~~and~~
- p. Notify the DBS program manager of DBS staffing changes.

5. *Prohibited Activities*

~~In order to~~ To avoid potential conflicts of interest, the ~~disability benefit specialist DBS~~ may not perform the long-term care functional screen, SSI-E eligibility determination and certification, or any other eligibility determinations. Additionally, the DBS shall and may not provide guardianship or adult protective services.

6. *Training and Qualifications*

- a. The ~~disability benefit specialist DBS~~ shall attend and successfully complete initial and ongoing training as required by the Department.
- b. The ~~disability benefit specialist DBS~~ shall meet the education and experience requirements contained in Sections IV. F. of this contract.

7. *Partnership with the Disability Benefit Specialist Program Attorneys*

The ADRC must partner with the ~~Disability Benefit Specialist DBS~~ program attorneys, who are under contract with the Department, to monitor the effectiveness of the ~~Disability Benefit Specialist DBS~~ program. The ~~Disability Benefit Specialist~~ program attorneys provide technical assistance, substantive case oversight, and mandatory training to the ~~Disability Benefit Specialists DBS~~. The program attorneys also and provide input to the local supervisor on the quality of the ~~Disability Benefit Specialist DBS~~ work through an annual case review process.

## I. Access to Publicly Funded Long-Term Care Programs and Services

### 1. Assuring Access to Publicly Funded Long-Term Care Programs and Services

The ~~Aging and Disability Resource Center~~ADRC shall assure that customers who request access to long-term care and indicate potential eligibility for publicly funded long-term care services are informed of, and assisted in accessing, these services.

- a. If Family Care and IRIS are available in the ~~Aging and Disability Resource Center~~ADRC service area, the ADRC shall determine functional eligibility, facilitate the financial eligibility determination process, and assist with the enrollment process as described below.
- b. Where Family Care and IRIS are not yet available in the ADRC service area, the ADRC shall ensure that people are referred to the agency responsible for determining the individual's eligibility to receive publicly funded long-term care benefits. The ~~Aging and Disability Resource Center~~ADRCs shall have a process in place to facilitate efficient and timely access to public long term benefits, including memorandums of understanding with the county or tribal income maintenance consortia and the agency or agencies responsible for administering public long term support programs in its service area.

### 2. Enrollment and Disenrollment Plan

- a. The ADRC shall develop and submit for Department approval an enrollment plan consistent with Department policies and procedures.

The ADRC may use the Department's ADRC Enrollment and Disenrollment Plan, as published on the ADRC SharePoint site. An ADRC may develop its own plan so long as it contains all of the required elements of an enrollment and disenrollment plan. If the ADRC does not use the Department's ADRC Enrollment and Disenrollment Plan, the enrollment plan shall describe the role of the ADRC and the roles of the income maintenance consortia, MCOs, and IRIS Consultant Agency(ies) in the ADRC's service area, in eligibility determination and enrollment processes.

The enrollment plan shall describe the roles and responsibilities of the ADRC, income maintenance consortia, MCOs, and ICAs in the ADRC's service area each organization's responsibilities in the following processes:

- i. Initial Functional and financial eligibility determination;
- ii. Initial Financial eligibility determination
- iii. Cost share and budget determination;
- iv. Enrollment counseling;
- v. Enrollment and disenrollment processing;

- vi. Eligibility recertification and maintaining ongoing enrollee eligibility
- vii. Disenrollment counseling
- viii. Disenrollment processing
- ix. Re-enrollment processing
- x. Urgent services referrals~~Wait List Management, where applicable;~~
- xi. Wait list management, where applicable ~~Urgent services referrals;~~  
Disenrollment counseling

b. The ADRC shall ensure that the ADRC Enrollment and Disenrollment Plan is signed by representatives of all required participating organizations and that signatures are updated as needed. Signature of the Department's Bureau of Adult Long Term Care Services may substitute for an ICA and/or FEA signature.

### 3. *Provision of the Long-Term Care Functional Screen*

a. Administration of the Long-Term Care Functional Screen.

- i. In counties in which Family Care and IRIS are available, the ~~Aging and Disability Resource Center~~ADRC shall administer the initial long-term care functional screen to determine an individual's functional eligibility for managed long-term care and IRIS.
- ii. In counties in which Family Care and IRIS are not available, the ADRC may opt to provide the initial long-term care functional screen to determine eligibility for county Home and Community Based Waiver services. If the ADRC opts to provide functional eligibility determinations, then all requirements included in this Scope of Services apply.
- iii. The ~~Aging and Disability Resource Center~~ADRC shall offer the long-term care functional screen (LTCFS) when it receives a request or expression of interest in applying for publicly funded long-term care from an individual or from someone acting on his or her behalf and when the individual applying indicates to ADRC staff that he/she has a condition requiring long-term care.
- iv. The ADRC shall perform a functional screen for residents of its service area who appear to be financially eligible for publicly funded long-term care and wish to relocate from a nursing home.
- v. The ADRC shall initiate the functional screen within 10 business days of the time the person requests or accepts the offer of a screen. ADRC staff shall ask if an individual would like to have family or others present when a screen is performed and shall allow family or others present during a screening.
- vi. The ADRC shall administer the LTCFS consistent with the requirements in the *Wisconsin Long-term Care Functional Screen Instructions*.  
(<http://www.dhs.wisconsin.gov/LTCare/FunctionalScreen/instructions.htm>)

- vii. The ADRC shall not knowingly misrepresent or knowingly falsify any information on the LTCFS. Doing so could result in a finding of Medicaid fraud.
- viii. When an individual is found to be functionally eligible for publicly funded long-term care, the ~~Aging and Disability Resource Center~~ADRC shall convey the level of care established by the long-term care functional screen to the income maintenance consortium for use in its Medicaid eligibility determination.
- ix. When an individual is enrolled in a publicly funded long-term care program, the ADRC shall transfer the long-term care functional screen to the selected managed care organization no later than one business day after sending the enrollment packet or to the IRIS Consultant Agency no later than one business day after receipt of the IRIS start date letter.
- x. The ~~Aging and Disability Resource Center~~ADRC shall send notification letters to people who request full benefits but are found to be functionally ineligible for publicly funded long-term care or eligible for limited services at a non-nursing home level of care, and inform them of their appeal rights using the Department's letter template, which can be found on the ADRC SharePoint site.

b. Functional Screen Staff

- i. Staff who administer the functional screen shall meet the requirements in Sections IV.E. and F., successfully complete screener training and be certified as a functional screener by the Department before being allowed to administer the functional screen.
- ii. To maintain their certification, screeners must pass the LTCFS continuing skills testing as required by the Department. Failure to pass continuing skills training, or misrepresentation or falsifying of test responses, may result in decertification.
- iii. The ~~Aging and Disability Resource Center~~ADRC shall maintain an up-to-date list of all staff who administer the long-term care functional screen, including documentation of screener qualifications, and make this information available to the Department upon request.
- iv. The ~~Aging and Disability Resource Center~~ADRC shall submit requests to have a screener's security access deactivated within one (1) business day of a screener's departure or reassignment.

c. Ensuring Functional Screen Quality

The ~~Aging and Disability Resource Center~~ADRC shall take the following measures to ensure the consistency, accuracy and timeliness of its functional screens:

- i. Designate a “Screen Liaison.” Screen liaisons must be certified screeners. Individuals who fail the LTCFS continuing skills testing required by the Department shall not be screen liaisons. Screen Liaisons shall have the following duties:
  - (a) Serve as a contact person for communications with the Department on screen quality, training and technical issues, and implement screen quality requirements;
  - (b) Monitor the performance of and provide guidance to ADRC screeners;
  - (c) Act as the contact person for other counties/agencies to contact when they need a screen transferred; and
  - (d) Act as the contact person for technical issues such as screen security and screener access.
- ii. Ensure that staff are trained and have access to the information needed to perform the screen.
  - (a) Train, mentor, and monitor new screeners; have all screeners participate in Department-required training on the functional screen; and ensure that all screeners have appropriate training in confidentiality of personally identifiable records.
  - (b) Ensure that each screener receives communications from the Department’s functional screen listserv(s) and related technical assistance and other informational bulletins from the Department.
  - (c) Use the most current version of the functional screen and instructions provided by the Department.
- iii. Consult with the Department, Managed Care Organization, or IRIS Consultant Agency when there are conflicting results or other questions about or difficulties with the screen, as follows:
  - (a) Consult with the Department about unexpected results, when it is unusually difficult to complete an accurate screen, or how to interpret all or part of a completed screen.

- (b) Consult with the Managed Care Organization screener, IRIS Consultant Agency, or local Waiver Agency when a person who has been found to be functionally eligible by the ADRC's initial screen is, within the next 90 days, found by the MCO, -ICA, or local waiver agency to be ineligible or to be eligible at a non-nursing home level of care. Review and compare the screens and attempt to resolve differences. Contact the Department if differences cannot be resolved.
  - (c) When contacted by a Medicaid Personal Care Screening Tool (PCST) screener about differences between results of the long-term care functional screen and the PCST, consider the reasons for the discrepancy. If the result of the consultation with the PCST screener is identification of an error or omission in the LTCFS, modify the functional screen to correct the error or omission. If there are questions about whether or how to resolve differences, contact the Department for assistance in resolving differences.
- iv. Monitor screener performance and ensure that screener skills remain current.
- (a) Utilize screener quizzes provided by the Department as education tools for agency screeners.
  - (b) At least once a year, review a random sample of completed screens for each screener to determine whether they are accurate, complete and timely.
  - (c) Have all certified screeners participate in continuing skills testing (CST) required by the Department. If test results indicate that the performance of any individual screener or group of screeners is below the standards set by the Department, then the ~~Aging and Disability Resource Center~~ADRC must carry out remedial action prescribed by the Department which may include decertification.
- v. Review and respond to any quality assurance issues detected by the Department or its designee and implement any improvement projects or correction plans required by the Department to ensure the accuracy and thoroughness of the screens performed by the ~~Aging and Disability Resource Center~~ADRC.
- vi. Document policies and procedures for ensuring the quality of its functional screens consistent with the above requirements. The ~~Aging and Disability Resource Center~~ADRC shall make the policies and procedures available to the Department upon request.

#### 4. ADRC Role in the Financial Eligibility Determination Process

While not responsible for making financial eligibility determinations for publicly funded long-term care, the ADRC shall help to streamline the application process in the following ways:

- a. *Verifying Medicaid Status.* The ~~Aging and Disability Resource Center~~ADRC shall ascertain the Medicaid status of individuals interested in applying for publicly funded long-term care using the Forward Health interChange Partner Portal.
- b. *Assisting with Medicaid Application Process.* The ~~Aging and Disability Resource Center~~ADRC shall assist those who are not currently on Medicaid with the application process as follows:
  - i. Provide an overview of the financial eligibility requirements, including income and asset limits, cost share, spousal impoverishment, and estate recovery.
  - ii. Review the person's financial and non-financial circumstances, using the web-based screening tool, *Am I Eligible*, found at [www.access.wisconsin.gov](http://www.access.wisconsin.gov) when appropriate, to determine whether the person is likely to be eligible for publicly funded long-term care and, if so, whether they could be expected to have a cost share. This information shall be shared with the individual for use in deciding whether to apply for Medicaid.
  - iii. Provide information about the application process, including who to contact, how to apply, and what documentation will be needed to support the application.
  - iv. When the ADRC determines that the individual could benefit from assistance with completing the Medicaid application process provide all of the following:
    - (a) Assist the person in gathering information to support the Medicaid application, including medical/remedial expenses.
    - (b) Assist the person in completing, signing and submitting the Medicaid application.
    - (c) Assist applicants in scheduling an appointment or otherwise completing the application process on-line, via telephone, or mail-in paper application.
- c. *Providing Needed Information to Income Maintenance.* The ~~Aging and Disability Resource Center~~ADRC shall provide the income maintenance consortium with the following information to assist in eligibility determination and to assure that the Medicaid filing date is set at its earliest possible date:
  - i. Functional screen results;

- ii. Signed Medicaid application, when available, on the same day or by noon the next business day following receipt from the applicant or consistent with the approved enrollment plan; and
- iii. Information about the applicant relevant to financial eligibility, including current living arrangement and household composition; guardian and/or power-of-attorney; and life insurance, trusts, annuities and other financial resources, when available.

5. *Enrollment Counseling into Managed Long Term Care Programs*

~~a. Enrollment Plan.~~

~~The Aging and Disability Resource Center shall develop and submit for Department approval an enrollment plan consistent with Department policies and procedures.~~

~~The ADRC may use the Department's ADRC Enrollment and Disenrollment Plan, as published on the ADRC SharePoint site. If the ADRC does not use the Department's ADRC Enrollment and Disenrollment Plan, the enrollment plan shall describe the role of the Aging and Disability Resource Center and the roles of the income maintenance consortia, MCOs, and IRIS Consultant Agency(ies) in the ADRC's service area, in eligibility determination and enrollment processes. The enrollment plan shall describe each organization's responsibilities in the following processes:~~

- ~~i. Functional and financial eligibility determination;~~
- ~~ii. Cost share and budget determination;~~
- ~~iii. Enrollment counseling;~~
- ~~iv. Enrollment and disenrollment processing;~~
- ~~v. Wait List Management, where applicable;~~
- ~~vi. Urgent services referrals;~~
- ~~vii. Disenrollment counseling~~

~~b. The ADRC shall ensure that the Enrollment Plan is signed by representatives of all required participating organizations and that signatures are updated as needed.~~

~~ea. Provide Enrollment Counseling.~~

- ~~i. In counties with the Family Care, IRIS, and Partnership programs, and in Dane County where there is a Partnership program with more than one provider, †The Aging and Disability Resource CenterADRC shall provide enrollment counseling to people who have been found to be eligible for and are considering enrolling in publicly funded long-term care in counties where the Family Care, IRIS, and/or Partnership programs are available.~~

~~i.ii.~~ Enrollment counseling shall be provided in a setting that ensures the customer's privacy.

~~iii.~~ Enrollment counseling shall be a one-on-one consultation between the counselor and the applicant, with the following exceptions:

~~a)~~ The applicant invites the participation of a family member, friend, or other person or persons acting responsibly on the applicant's behalf. The applicant's invitation notwithstanding, representatives of an MCO, ICA, FEA, facility, agency, or other entity providing paid long term care related services provider shall not participate in attend the enrollment counseling session unless he or she is the person's guardian or a person acting responsibly for the individual by signing or witnessing his/her signature on the enrollment form.

~~b)~~ The applicant has a legal guardian, in which case the guardian shall participate in the enrollment counseling, with or without the prospective enrollee present.

~~c)~~ The applicant is incompetent to or incapable of signing the enrollment form, in which case a person or persons authorized to sign the form or to witness the individual's signature must attend.

~~b.~~ Required Enrollment Counseling Functions, are as follows:

ADRC staff providing enrollment counseling shall:

~~i.~~ Explain the eligibility requirements, cost sharing requirements, and basic features of the publicly funded managed care, fee-for-service Medicaid and self-directed supports ~~programoptions~~ that are available to the individual.

~~ii.~~ Review, discuss and provide the individual with objective information comparing the service areas, covered benefits, provider networks, responsibility for coordination of care, member choice opportunities for self-direction and choice, and other features of Family Care, IRIS and, where available, Partnership and/or PACE, using Department-approved materials.

~~ii-iii.~~ Inform the individual about the requirement that each MCO provide adequate access to covered services and about the network adequacy standards established by the Department.

~~Ensure access to the information and other materials for customers with visual impairments or other communication barriers by providing the information in alternative formats and languages.~~

- ~~iii~~.iv. Provide additional objective information and relevant to the individual's choice, using materials required by the Department. Provide information about MCO provider networks and directories, IRIS consultant specialties, quality and performance indicators, and other MCO- or ICA-specific details as appropriate to address the individual's interests, questions and concerns. Provide information about covered medications and drug formularies for Partnership and/or PACE MCOs in areas where these programs are available.
- ~~iv~~.v. If the individual selects a program in an area served by more than one managed care organization (MCO) or IRIS consultant agency (ICA), review the options charts provided by the Department and provide other objective information comparing the MCO and/or IRIS-ICA options with the individual, as appropriate. Provide additional MCO or ICA specific details, such as information about the MCO provider network or IRIS consultant specialties, as appropriate to address the individual's interests, questions and concerns.
- ~~v~~.vi. Information shall be provided in a timeframe that enables the potential enrollee to use the information in choosing among available MCOs or ICAs.
- vii. Discuss the enrollment process and the timing of enrollment, including any potential waits or delays, and establish the individual's desired enrollment date.
- ~~vi~~.viii. Provide information about the enrollee's right to disenroll; the disenrollment process; and the disenrollment counseling; the right to appeal; ombudsman and other resources to assist with dispute resolution; ; and other alternatives to disenrollment; and the opportunity to enroll in other programs for which the individual is eligible.
- ix. Residents relocating from a nursing home in an area where there is a Family Care or IRIS waiting list shall be encouraged to select an enrollment date that gives the MCO or IRIS Consultant Agency up to four (4) weeks advance notice to provide time to prepare for the relocation, ~~consistent with the Department's policy as described in the Division of Long Term Care numbered memo 2010-11.~~ ( )
- ~~vii~~.x. Ensure access to the information and other materials for customers with visual impairments or other communication barriers by providing the information in alternative formats and languages.
- ~~viii~~.xi. Refer people who express an interest in IRIS to an IRIS Consultant Agency. Provide the IRIS Consultant Agency with the information it needs to complete the enrollment ~~counseling~~ process, including the long-term care functional screen, Medicaid status, IRIS budget allocation ~~estimate~~, cost share, and other data as directed by the Department.

~~ix-xii.~~ Obtain signed enrollment forms from individuals who decide to enroll in managed care, using the standard forms provided by the Department. When the individual applicant is unable or not incompetent, to sign the enrollment form, the form shall be signed by the applicant's legal guardian, authorized representative, or someone acting responsibly for the incapacitated applicant. When the applicant is physically unable to sign, s/he should direct an adult to sign the form in front of two disinterested witnesses. In such a case, the person who signs the form should indicate that s/he is signing at the direction of the applicant and name himself and the witnesses.

b. *Follow-up Counseling for People with a Cost Share or Premium.* When an individual's enrollment is pended because eligibility for Medicaid requires a cost share or premium, the ~~Aging and Disability Resource Center~~ADRC shall inform the applicant of the amount, as determined by income maintenance, determine whether the person still chooses to enroll in the publicly funded long-term care program. If so, communicate the decision to the income maintenance consortia along with the enrollment date, following the process contained in the enrollment plan, when necessary to begin Community Waiver Medicaid.

c. *Department Materials To Be Used in Enrollment Counseling.* Only Department developed materials may be used in enrollment counseling. The ~~Aging and Disability Resource Center~~ADRC may request to modify the Department's enrollment counseling materials to reflect local situations and needs but shall obtain Department approval prior to using modified materials for public information or enrollment counseling purposes. Brochures from MCOs, ICAs or other providers may not be shared with applicants until after s/he has made an enrollment decision.

#### 56. *Assistance with Processing Enrollments*

a. For People Enrolling in Managed Care (Family Care, PACE, Partnership):

Once a person has been determined to be eligible for and made the decision to enroll in a Family Care, Partnership or PACE program, the ~~Aging and Disability Resource Center~~ADRC shall use the Forward Health interChange Partner Portal to record the enrollment.

When an applicant wants to withdraw or delay his or her enrollment, the ~~Aging and Disability Resource Center~~ADRC shall notify the income maintenance consortium of the applicant's decision and submit written documentation.

b. For People Enrolling in IRIS:

The ADRC shall refer people who have been determined to be eligible for and

expressed a desire to enroll in IRIS to the individual's chosen IRIS Consultant Agency. The ADRC shall document that the referral was made.

#### 67. Disenrollment Counseling

The ~~Aging and Disability Resource Center~~ADRC shall provide information and counseling to assist people in the process of disenrollment from managed care or IRIS, whether requested by the customer or by the program.

- a. Within two (2) business days of receiving a member's request to disenroll from managed care or IRIS, the ~~Aging and Disability Resource Center~~ADRC shall contact the individual and his or her guardian, where applicable, to offer disenrollment counseling and schedule a meeting.
- b. The ~~Aging and Disability Resource Center~~ADRC shall offer disenrollment counseling to individuals before they disenroll from an MCO or IRIS. Disenrollment counseling may be provided in a face-to-face meeting or over the telephone, whichever the recipient prefers. Disenrollment counseling shall be provided within five (5) business days of the ~~Aging and Disability Resource Center~~ADRC's initial contact with the individual, unless refused or extended at the request of the individual or his or her guardian.
- c. Disenrollment counseling shall include:
  - i. Reviewing the reason for disenrollment, including asking whether the person was in the process of a complaint or grievance.
  - ii. Providing information about the complaint and grievance process; options for resolving any disagreements between the member and the MCO, IRIS Consultant Agency or Fiscal Employer Agency (FEA); and ombudsman and/or advocacy resources that are available to assist with grievances.
  - iii. Providing information and counseling about services and programs that would be available to the person if he/she disenrolls, including information on other MCO and ICA options, where available, fee-for-service Medicaid, and private pay options.
  - iv. Helping individuals understand the implications of disenrollment.
  - v. Providing information about any opportunities and the process for re-establishing eligibility and/or re-enrolling.
  - vi. Assisting people who request to disenroll in selecting a disenrollment date.

- vii. Obtaining a signed and dated disenrollment form, including the effective disenrollment date, from individuals who initiate disenrollment, using the standard disenrollment form provided by the Department.
- viii. Assisting people who disenroll in accessing alternative programs or services, including other MCOs and ICAs available in the area, when appropriate.

#### 8. Processing Disenrollments

The ~~Aging and Disability Resource Center~~ADRC shall record the disenrollment in the Forward Health inter-Change Partner Portal for the Family Care, Partnership or PACE programs.

#### 9. Referral for MCO Urgent Services While an Applicant's Financial Eligibility is Pending

Prior to referring a customer to an MCO for urgent services, the ~~Aging and Disability Resource Center~~ADRC shall inform the person that, in the event that he or she is found to be ineligible for publicly funded services, he or she will be liable for the cost of care management and any other services provided by the MCO while eligibility was pending. The ADRC shall obtain the customer's signature on the Department-approved form to indicate his or her acceptance of this responsibility before making the referral.

#### 10. Wait List Management

During the transition from County Home and Community Based Waiver programs to Family Care and IRIS program entitlement, the ADRC shall maintain and manage enrollments from a waiting list as directed by the Department in its Wait List Management Policy, which can be found on the ADRC SharePoint site.

### **J. Access to Other Public Programs and Benefits**

#### 1. Assisting Customers in Accessing Programs and Benefits

##### a. Referrals for Public Programs and Benefits

When an individual contacts, or is referred to, the ADRC and appears to be eligible for or interested in receiving public program services or benefits, the ADRC shall refer the individual to the appropriate benefit specialist and/or the local, state and/or federal agency responsible for determining the individual's eligibility. Programs and benefits to which individuals shall be referred include, but are not limited to, Medicaid, Medicare, Social Security, SSI, SSDI, SSI-E, FoodShare, and Veterans benefits, mental health services, and other public programs and benefits.

##### b. Assistance with Medicaid Applications

The ADRC shall provide assistance to individuals applying for long term care Medicaid consistent with the requirements in Section III.I.4 of this Scope of Services. Assistance with other Medicaid applications shall be provided as follows:

- i. The ADRC shall refer individuals who appear likely to be eligible and/or want to apply for Medicaid to the appropriate agency for eligibility determination and enrollment.
- ii. When the ADRC determines that the individual will require assistance with completing the Medicaid application process and assistance is not available from the local agency or other sources of assistance, the ADRC shall the assist the person with the application process. Assistance shall include one or more of the following when, and only when, the ADRC determines assistance is necessary:
  - (a) Reviewing the person's financial and non-financial circumstances, using the web-based screening tool, *Am I Eligible*, at [www.access.wisconsin.gov](http://www.access.wisconsin.gov) to determine whether the person is likely to be eligible for Medicaid.
  - (b) Gathering information to support the Medicaid application, including medical/remedial expenses.
  - (c) Scheduling an appointment with the Income Maintenance agency.
  - (d) Compiling a complete ~~Completing the application process on-line, via telephone, in-person or by mail.~~
  - (e) ~~If the individual is a nursing home resident and is not seeking to be relocated to the community, the ADRC shall request that the nursing home assist with the application. The ADRC is not responsible for assisting with Medicaid applications for nursing home residents who are not relocating to the community.~~

#### 4c. Eligibility Determination for SSI-E

The ~~Aging and Disability Resource Center~~ADRC may ~~opt to~~ perform initial SSI-E eligibility determinations and certifications for both managed care and IRIS enrollees if so directed by the county and/or tribe ~~agree to this option~~. If an ADRC ~~opts to~~ provides initial SSI-E eligibility determinations it must inform the Department of this in its annual report.

#### d. Assistance in Accessing County or Tribal Mental Health and Substance Use Services

The ADRC shall refer customers to appropriate county or tribal mental health and substance use services but shall not provide either eligibility screening or intake for these programs. The ADRC shall not administer the Functional Eligibility Screen for Mental Health and AODA.

2. Procedures for Coordinating Access to Programs and Benefits

a. Process for Accessing ~~Locally Administered Programs and Benefits~~ County and Tribe Operated Programs and Benefits

The ~~Aging and Disability Resource Center~~ADRC shall develop policies and procedures, and enter into agreements where needed, to coordinate services with local ~~multi-county,~~ county and ~~T~~tribal agencies. These policies and procedures must ~~both~~ ensure ~~that~~ customers can access public programs and benefits ~~to~~for which they are eligible and that are operated by the county; and ~~must~~ ensure ~~that~~ individuals who are served by a county program ~~but and who~~ could benefit from ADRC services are referred to the ADRC. ~~These policies and procedures shall also include protocols for assisting ADRC customers in accessing appropriate mental health and substance use services.~~

b. Process for Accessing State and Federally Administered Programs and Benefits

The ADRC shall follow the established procedures of the Wisconsin Department of Health Services, Social Security Administration, U.S. Department of Veterans Affairs, and any other state or federally programs to which they make referrals.

## K. Short-Term Service Coordination

1. *Provision of Short-Term Service Coordination*

a. ~~Aging and Disability Resource Center~~ADRCs shall provide short-term service coordination to the extent that financial and personnel resources permit and when its provision does not interfere with the ADRC's ability to provide all other services required under this contract, consistent with the ADRC Short-Term Service Coordination Policy found on the ADRC SharePoint site.

b. Subject to the limitations described above, short-term service coordination shall be provided to assist individuals and their families in dealing with complex and immediate needs when the individual cannot manage the situation him or herself, other ADRC services are insufficient to deal with the situation, there is no one else to take the lead, and the person cannot be enrolled in managed care. Through short-term service coordination, the ADRC shall address the immediate concern, attempt to stabilize the individual's situation, and either enable the person to manage on his/her own or set him/her up with the needed support.

- c. Short-term service coordination includes some or all of the following: evaluation of the individual's needs, resources and ability to handle the situation; planning, arranging and coordinating multiple services, people and resources; recruiting natural supports and volunteers; maintaining contact, reinforcement and encouragement for a period not to exceed 90 days.
- d. While a formal care plan is not required, basic information about the services that are needed, the actions taken and services provided, and the responsibilities of the various parties involved with the person should be documented.

2. *Ensuring that Short-Term Service Coordination is Time Limited*

~~Aging and Disability Resource Center~~ADRCs shall have protocols to assure that short-term service coordination is focused and time limited, not exceeding 90 days duration for any one individual. The ADRC shall establish procedures for closure within the permitted time limit. The ADRC may establish policies and procedures for making exceptions to its established time limit for short-term care coordination services. These policies and procedures require Department review and approval and ADRCs shall not use the exception to provide comprehensive or long-term care management services on an ongoing basis.

3. *Referral for Care Management Services*

When the ADRC is unable to meet an individual's needs for short-term service coordination, or the person needs ongoing care management services, the ~~Aging and Disability Resource Center~~ADRC shall refer people for private pay care management services, including those that may be offered by the managed care organization(s) in its service area, if any.

**L. Access to Emergency Services**

1. *Recognizing and Responding to Emergencies*

- a. The ~~Aging and Disability Resource Center~~ADRC shall be prepared to recognize and effectively manage emergency situations. All ADRC staff shall be trained on how to identify a call or contact as an emergency; apply emergency call procedures to handle the call; remain calm; de-escalate the situation, if possible; identify emergency related symptoms such as heart attack, stroke, suicidal ideation or domestic violence; collect needed information; connect the person with local emergency services providers; and follow up as needed.
- a. While ~~Aging and Disability Resource Center~~ADRCs are expected to recognize and respond to emergencies, they shall not be emergency service providers.

## 2. *Connecting Individuals to Emergency Service Providers*

- a. During business hours, ~~Aging and Disability Resource Center~~ADRC staff shall follow protocols established by the 911 service, crisis intervention service, and/or other emergency resources in the community in order to assure that people are connected promptly with the appropriate providers of emergency services when a situation involving immediate risk is identified.
- b. After hours phone calls shall be answered, at a minimum, with a message instructing callers about who to contact in case of emergency (e.g., 911).

## 3. *Emergency Preparedness and Response*

The ~~Aging and Disability Resource Center~~ADRC shall identify and plan for its role in natural disasters and other emergencies, including its roles in emergency preparedness planning and response.

## **M. Access to Elder Adults/Adults-at-Risk and Adult Protective Services**

### 1. *Identifying Individuals Who Need Services*

All ~~Aging and Disability Resource Center~~ADRC staff shall know the warning signs and shall identify ADRC customers who may be at risk of abuse, neglect, or self-neglect or financial exploitation and who need elder adult/adult-at-risk or adult protective services (APS).

### 2. *Access to Elder Adults/Adults-at-Risk and Adult Protective Services*

- a. For customers who may be at risk of abuse, neglect or self-neglect, or financial exploitation, the ~~Aging and Disability Resource Center~~ADRC shall make referrals to the county or tribe's designated elder adults/adults-at-risk agency and adult protective services agency as required by law.
- b. People who are referred to an elder adults/adults-at-risk or adult protective services agency shall be put directly in touch with the appropriate agency, without being required to initiate another contact.
- c. The ~~Aging and Disability Resource Center~~ADRC shall receive and act on referrals from the elder adults/adults-at-risk agency and the adult protective services agency.
- d. The ~~Aging and Disability Resource Center~~ADRC shall establish memorandums of understanding regarding referrals, investigations and coordination of services with the county or tribal agency or agencies responsible for elder adults/adults-at-risk and/or adult protective services. Elder adults/adults-at-risk or adult protective

services staff may be co-located in the ADRC but cannot be funded using ADRC funds.

4. Prohibition on Use of ADRC Funds to Pay for Elder Adults/Adults-at-Risk and APS Services

ADRC grant funds may not be used to pay for investigations, Watts Reviews (including long term care functional screens performed in conjunction with a Watts Review), or any other Elder Adults/Adults-at-Risk or APS service not specifically identified in the ADRC scope of services. Positions that have both ADRC and APS responsibilities must comply with the requirements for shared positions contained in Section IV.E.3 of this scope of services.

**N. Transitional Services for Students and Youth**

*1. Coordination with Local Transition Planning*

The ~~Aging and Disability Resource Center~~ADRC shall designate staff to be the contact(s) for transition planning and services and to be available to participate as needed in any local Transition Advisory Committee in its service area.

*2. Community Outreach*

- a. The ~~Aging and Disability Resource Center~~ADRC shall regularly employ a variety of measures to ensure that children with physical or developmental/intellectual disabilities, together with their families and guardians, know about the services the ADRC provides to assist with the transition from children's to adult services.
- b. Ongoing outreach activities shall be coordinated with school districts, parent and guardian groups, Cooperative Educational Service Agencies (CESAs), the Division of Vocational Rehabilitation, 51.437 boards, and county or tribal human services departments or departments of community programs within the ADRC's service area.
- c. Outreach activities shall include providing written and verbal information regarding the availability of ADRC services, providing formal and informal learning sessions on relevant topics for staff from the agencies listed above, participating in resource fairs and other transition-related events, and inviting referrals to the ADRC.

*3. Information for Individual Youth*

- a. Upon request, the ~~Aging and Disability Resource Center~~ADRC shall provide youth and their families or guardians with information about the resources available when they reach adulthood, help them think through the available options, and assist in accessing programs and services, as appropriate.

- b. ~~Aging and Disability Resource Center~~ADRC services are available to youth who are age 17 years 6 months or older and their families or guardians. Where appropriate, the ~~Aging and Disability Resource Center~~ADRC shall refer families to the Children's Long-term Care Waiver Program, but is not responsible for providing specific information or counseling on services for children with disabilities under the age of 17 years and 6 months. The ADRC may, at its discretion, make an exception in special cases where the complexity of the individual's needs require additional time for options counseling and decision support.
- c. The ADRC is neither required nor expected to participate in individualized education program (IEP) sessions or to develop transition plans and services.

## O. Health Promotion and Early Intervention Services

All ADRC staff shall encourage and support healthy living among older people and people with disabilities by performing the following health promotion and early intervention services:

### 1. *Information and Assistance and Options Counseling*

As a routine part of information and assistance and long-term care options counseling, the ~~Aging and Disability Resource Center~~ADRC shall identify the need for health promotion and early intervention services or programming and provide health information and education to individuals in its target populations. ~~Aging and Disability Resource Center~~ADRCs are not required to perform a formal risk assessment as part of information and assistance or options counseling.

### 2. *Provision of Health Promotion and Early Intervention Programming*

- a. ~~The ~~Aging and Disability Resource Center~~ADRC shall provide, to the extent that financial and personnel resources permit, evidence-based and other health promotion and early intervention programming to the extent that financial and personnel resources permit. ADRC grant funds may be used for this purpose only when all of the service requirements contained in this scope of services are being met.~~
- b. ~~Paragraph a above notwithstanding, a~~An ADRC may provide screening and other health promotion and early intervention events as part of its marketing, outreach and public education program.
- c. ~~The ADRC may explore Older American's Act and other alternative funding sources including, but not limited to, Older American's Act, Title III D. These funds that may be available to support evidenced-based health promotion and~~

intervention activities for older adults in ADRCs that are integrated with, or that contract with, aging units.

de. If ADRC funding is insufficient to support the delivery of health promotion and early intervention programming, the ADRC shall endeavor to meet the need for these services by developing partnerships with aging units, public health agencies, and other entities that have a health promotion, early intervention, disease management and/or a health literacy focus. Identify roles and responsibilities, referral protocols, and, if necessary, additional partners and resources necessary to meet the needs of the ADRC service area as it relates to health promotion and early intervention services and programs.

### 3. *Develop Local Capacity for Health Promotion and Early Intervention Services*

The ADRC may provide training to and coordinate with other agencies and community organizations in order to expand access to health promotion, early intervention and disease management programming within its service area.

~~If ADRC funding is insufficient to support the delivery of health promotion and early intervention programming:~~

~~The ADRC shall develop partnerships with aging units, public health agencies, and other entities that have a health promotion, early intervention, disease management and/or a health literacy focus. Identify roles and responsibilities, referral protocols, and, if necessary, additional partners and resources necessary to meet the needs of the ADRC service area as it relates to health promotion and early intervention services and programs.~~

~~The ADRC may explore alternative funding sources including, but not limited to, Older American's Act, Title III D. These funds may be available to support evidenced-based health promotion activities for older adults in ADRCs that are integrated with, or that contract with, aging units.~~

## **P. Customer Rights, Client Advocates, and ADRC Advocacy**

### 1. *Informing People of Their Rights and Responsibilities*

The ~~Aging and Disability Resource Center~~ADRC shall inform customers of their rights and responsibilities, including their rights to ombudsman services, in ways that they can understand and use. The ADRC shall also provide customers Department information, as applicable, on the rights an individual has for long-term care services and benefits, rights to self-advocate, and available independent advocacy services.

### 2. *Helping People Resolve Disputes and Referring Them to Advocates*

The ~~Aging and Disability Resource Center~~ADRC shall provide assistance to people when they need help in understanding how to resolve service system disputes or

violation of rights complaints. The ~~Aging and Disability Resource Center~~ADRC shall link individuals with appropriate advocacy resources, including, but not limited to, elder and disability benefit specialists, Board on Aging and Long-Term Care ombudsman, the Family Care/IRIS Ombudsman at Disability Rights Wisconsin, federally designated protection and advocacy organizations, Independent Living Centers, aging units, mental health and AODA advocates, the Title VII Client Assistance Program, volunteer and peer support, organizations providing advocacy services for actual and potential recipients of the Family Care benefit, and other state or local organizations that provide advocacy for long-term care services, where available.

### 3. *Cooperation with Client Advocates*

The ADRC shall cooperate with any advocate selected by a long-term care program participant, including the Board on Aging and Long-Term Care Ombudsman and the Family Care and IRIS Ombudsman Program. Any information sharing with client advocates shall be consistent with the ADRC's confidentiality policy.

### 4. *ADRC Advocacy*

~~Aging and Disability Resource Center~~ADRCs shall advocate on behalf of the individuals and groups who comprise their target populations when needed services are not being adequately provided within the service delivery system. Required advocacy activities include:

- a. Intervention by an ADRC staff person on behalf of a customer to ensure that he/she receives the benefits and services for which he/she is eligible.
- b. Facilitation of a customer's self-advocacy by an ADRC staff person to motivate and support the customer obtaining information, opportunities, respect and recognition to which he/she is entitled and obtaining the services for which he/she is eligible.
- c. Identification by the ADRC of community conditions, structures or institutions that are barriers to adequate availability of essential community services.
- d. Communication and outreach by the ADRC to facilitate improvements to community conditions, structures or institutions that are barriers to adequate services with the objective to benefit the community rather than focusing on the needs of any one individual, family, group or organization.

### 5. *Lobbying*

~~Aging and Disability Resource Center~~ADRCs are subject to federal restrictions on lobbying under 31 U.S.C. § 1352. In addition, state ADRC funding may not be used for lobbying activities. Lobbying activities are distinct from advocacy activities

which are required of ADRCs under DHS 10 and included in this scope of services agreement in Section 4. above.

## **Q. Community Needs Identification**

### *1. Identifying Unmet Needs*

- a. The ~~Aging and Disability Resource Center~~ADRC shall identify the unmet needs of its client populations, including unserved or underserved subgroups within the client populations, and the types of services, facilities or funding sources that are in short supply.
- b. The ADRC shall document unmet needs in its client tracking system, at a minimum, per the Department's Client Tracking System Requirements in Section II.D.3.a. ADRCs shall analyze at least annually unmet needs data from the ADRC's client tracking system to provide information to the ADRC governing board for the board to meet its requirements under Section IV.B.3.i.
- c. The ADRC may document unmet needs that are not specific to an individual customer in the Client Tracking System or use other documentation methods.
- d. The ADRC shall identify unmet needs in a manner that is consistent with and not duplicative of the requirements for ADRC governing boards described in Section IV.B.3.i.

### *2. Addressing Unmet Needs*

Results of the needs analysis by the ~~Aging and Disability Resource Center~~ADRC and its governing board shall be used to target the ADRC's outreach, education, prevention, and advocacy efforts.

## **IV. ORGANIZATIONAL AND PROCEDURAL STANDARDS**

### **A. ADRC Name**

#### *1. Inclusion of Phrase "Aging and Disability Resource Center" in the Name*

The ~~Aging and Disability Resource Center~~ADRC shall have a name that begins with the phrase "Aging and Disability Resource Center," and shall be approved by the Department. The approved name shall be included in all of the ADRC's advertising and materials, on its website and any publication available to the public.

### **B. Governing Board, Committee or Commission**

The ADRC shall have a governing board, committee or commission which meets the standards set forth in this section.

*1. Composition*

~~The Aging and Disability Resource Center ADRC shall have a governing board which meets the following standards:~~

- a. The composition of the governing board shall reflect the ethnic and economic diversity of the ~~Aging and Disability Resource Center ADRC~~'s service area.
- b. If a tribal government headquarters is located in an ADRC's service area, then the ADRC shall have a Native American member on its governing board. The Native American member does not need to be a formal representative of the tribal government.

c. Consumer Representation on the ADRC Governing Board

i. At least one-fourth of the members of the governing board shall be ~~customers or representative(s) of ADRC customers in accordance with the following: older adults or adults with a physical or developmental/intellectual disability or their family members, guardians, or other advocates.~~

ii. The governing board shall include at least one representative of each ~~of the statutorily required~~ client groups served by the ADRC ~~(e.g., older adults and people with physical and developmental/intellectual disabilities).~~ Representatives of groups receiving limited services may also be represented but shall not count toward the ~~25%~~one-fourth consumer ~~composition~~ representation requirement.

iii. The proportion of board members ~~who belong to and/or~~ representing each client group shall be the same, ~~respectively,~~ as the ~~ir~~ group's proportion of ~~individuals in the state's who receive services under the~~ Family Care ~~enrollment benefit and belong to each client group.~~

iv. No governing board member shall represent more than one ADRC client group.

v. Elected officials of the county(ies) or tribe(s) served by the ADRC may not be counted as meeting the requirements for consumer representation on the governing board ~~under the terms of this contract.~~

d. Persons Prohibited from Serving on the ADRC Governing Board

i. ~~An individual who is, or has a family member who is, employed by, has a financial interest in or serves on the governing board of any of the following~~

organizations is prohibited from serving on the ADRC governing board, committee or commission:

- a) A Family Care MCO, PACE or Family Care Partnership program or SSI managed care plan.
- b) A service provider which is under contract with a managed care organization or which, if included on the board, would give the perception of bias on the part of the ADRC towards that provider.
- c) An IRIS Consultant Agency (including IRIS consultants and orientation consultants) or IRIS Fiscal Employer Agency.

~~An individual and who is, or has a family members of individuals who is, employed by, has have a financial interest in or serves on the governing board of an MCO, SSI managed care plan, IRIS consultant Agency or IRIS Fiscal Employer Agency serving any portion of the ADRC's service area are any of the following organizations is prohibited from may not serveing on the ADRC governing board, committee or commission:~~

- ~~i. A Family Care MCO, PACE or Family Care Partnership program or SSI managed care plan.~~
- ~~ii. Employees or other representatives of any A service provider which is under contract with a managed care organization or which, if included on the board, would give the perception of bias on the part of the ADRC towards that provider. may not serve on the ADRC governing board, committee or commission.~~
- ~~iii. An IRIS Consultant Agency (including IRIS consultants and orientation consultants) or IRIS Fiscal Employer Agency.~~

~~iiii. County or tribal employees may not serve on the ADRC governing board, except with approval from the Department. Exceptions may be granted for situations covered by an Intergovernmental Cooperation Agreement pursuant to s. 66.0301 of the Wisconsin Statutes or when the appointee's employment is not in an area that may affect or be affected by policies of the ADRC. Requests for exceptions shall be made to the Department in writing and submitted to [DHSRCTeam@wisconsin.gov](mailto:DHSRCTeam@wisconsin.gov).~~

- e. The ADRC governing board may be combined with the Commission on Aging. A combined board must meet requirements for ADRC governing boards, per this Scope of Services contract, and the composition requirements prescribed in the Wisconsin Elders Act.

- f. The ADRC shall submit annually, or upon request, information about governing board members. The Department will review board membership with respect to the client group and diversity requirements and conflict of interest prohibitions per Wisconsin Statutes s. 46.283(6) and this Scope of Services. The Department reserves the right to remove members with conflicts of interest and to require that members are added or removed to ensure that client groups and the diversity of the service area are represented.

## ~~2. Training and Accommodation~~

- ~~a. Members of the governing board shall receive education from the ADRC Director or the Department to enable the members to have a strong and effective voice in the governing board.~~
- ~~b. Any accommodation needed by a governing board member to participate in the board shall be provided by the ADRC.~~

## ~~3. Duties~~

The governing board shall ~~be accountable for oversight of the Aging and Disability Resource Center~~ADRC and shall have the following duties:

- a. Provide the ADRC with guidance and feedback on the ADRC's services, priorities and future directions to ensure that the needs of all target groups are addressed, the terms of this contract are fulfilled, and fidelity to the ADRC mission is maintained.
- ~~b. Determine the structure, policies and procedures and oversee the operations of the Aging and Disability Resource Center~~ADRC, consistent with state guidelines and with input from consumers, service providers and other local constituencies.
- ~~b. Approve~~Provide input on the hiring of the ~~Aging and Disability Resource Center~~ADRC director, :
- ~~c. Review the ADRC's budget and expenditures, for, and oversee the operations of, the Aging and Disability Resource Center~~ADRC.
- ~~d. Ensure that there are no conflicts of interest in the ADRC's operations of the ADRC, and~~
- ~~e. Monitor and ensure the quality of services provided by the Aging and Disability Resource Center~~ADRC and participate in ADRC and Department quality assurance activities.
- ~~f. Represent the interests of all target groups served by the Aging and Disability Resource Center~~ADRC.

g. Review ADRC customer complaints and appeals to determine if there is a need to change the ADRC's policies and procedures or otherwise improve performance.

~~h. Ensure that the terms of this contract are fulfilled and that fidelity to the ADRC mission is maintained.~~

~~c. Identify long term care and other service needs of the ADRC's target populations.~~

~~i. Analyze community input to the governing board and unmet needs data from the ADRC to develop recommendations on improving the long term care system both locally and statewide and on better addressing the needs of older people and people with physical or developmental/intellectual disabilities in the local community. This includes the following activities:~~

i. Annually gather information from customers, service providers and other interested persons concerning the adequacy of ~~private and public~~ long-term care services ~~offered~~ in the ADRC's service area served by the resource center and identify gaps in services, living arrangements and community resources needed by individuals belonging to the ADRC's target populations.

~~ii. Provide well-advertised opportunities for public participation in the board's information gathering activities.~~

~~ii. Identify gaps in services, living arrangements and community resources needed by individuals belonging to the target populations served by the ADRC.~~

iii. Review the number and types of grievances and appeals concerning the long-term care system in the area served by the ~~resource center~~ ADRC, to determine if there is a need for system changes.

iv. Identify potential new community resources, ~~and sources of funding~~ sources, and for services needed by the ADRC's target populations.

~~v. Report needs analysis findings and recommended strategies for building local capacity to serve older persons and individuals with physical or developmental/intellectual disabilities.~~

~~v. Report findings and recommendations to the ADRC Director, and Department at a minimum and, as appropriate, to local elected officials, the Department, and the regional long-term care advisory committee, as appropriate.~~

j. Annually review the ADRC's interagency agreements with the MCO(s) in its service area and make recommendations, as appropriate, to assure coordination

~~of, between the ADRC and MCO(s) and~~ access to, and timeliness in the provision of services by the ADRC and the MCO(s).

- k. When so directed by the Department, appoint members to the regional long-term care advisory committee.
- l. If directed to do so by the county board, assume the duties of the county long-term support planning committee.

### 3. Training and Accommodation

a. The ADRC shall provide the governing board with information and other assistance to enable its members to have a strong and effective voice on the governing board and to fulfill their duties under this contract. The information and assistance provided shall include, but is not limited to, the following:

- i. An orientation to the requirements, activities and staff of the ADRC and to the role and responsibilities of the governing board,
- ii. Access to any information or training for governing boards provided by the Department.
- iii. Information about customer needs, customer feedback, complaints and appeals regarding ADRC and long term care services.
- iv. Assistance with the board's information gathering activities.

b. The ADRC shall provide any accommodation needed by a governing board member to participate in the board.

#### *4. Where the ~~Aging and Disability Resource Center~~ADRC is a Long-Term Care District*

If a long-term care district is created to operate the ~~Aging and Disability Resource Center~~ADRC, the governance of the long-term care district shall comply with s. 46.2895 of the Wisconsin Statutes.

#### *5. Where an Aging Unit is Part of the ~~Aging and Disability Resource Center~~ADRC*

When an Aging Unit is part of the ~~Aging and Disability Resource Center~~ADRC, ensure that the Resource Center meets the requirements of the Older Americans Act, including those for governance, and operates within the framework of the guiding principles articulated in a "Common Identity for the Aging Network". These principles are included in Appendix B.

6. *Where the ~~Aging and Disability Resource Center~~ADRC is Operated by a County that Also Operates a Managed Care Organization or Provides Care Management Services to the MCO Under Contract*

The governing board, committee or commission of the ADRC shall be separate from any county board, committee or commission that has oversight over the MCO or the organizational unit that provides care management services to the MCO.

### C. Director

1. *Single Director*

An ~~Aging and Disability Resource Center~~ADRC shall have a single director whose position is dedicated to the ADRC, with at least 50% of the director's time spent on ADRC or integrated ADRC-Aging operations and management activities, and who has the responsibilities described below, regardless of whether the ADRC serves a single county or tribe or a multi-county or tribal region and regardless of what title the position is given.

2. *Duties of the Director*

The ~~Aging and Disability Resource Center~~ADRC director shall have the following responsibilities:

- a. Ensure that the ~~Aging and Disability Resource Center~~ADRC meets all obligations under this contract.
- ~~b. Ensure that all charges incurred against this contract are correct and appropriate.~~
- ~~e.b.~~ Ensure that the performance of the ~~Resource Center~~ADRC meets expectations for quality and is consistent with the mission set out for the ~~Aging and Disability Resource Center~~ADRC.
- ~~d.c.~~ Oversee day-to-day operations of the ~~Aging and Disability Resource Center~~ADRC in coordination with the county's business or financial manager, where applicable.
- ~~e.d.~~ Provide supervision for the staff of the ~~Aging and Disability Resource Center~~ADRC, including making work assignments, arranging training, and overseeing performance.
- ~~f.e.~~ Oversee personnel decisions regarding ADRC staff and have direct or shared authority to hire and fire.
- ~~g.f.~~ Oversee the performance of any subcontractors to the ~~Aging and Disability Resource Center~~ADRC.

- g. ~~Oversee the budget and financial management of the **Aging and Disability Resource Center**ADRC.~~
- h. ~~Ensure that all charges incurred against this contract are correct and appropriate.~~
- h.i. ~~Report to and assist the **Aging and Disability Resource Center**ADRC's governing board in carrying out its duties.~~
- j. ~~Provide orientation, training and ongoing education for governing board members so they can effectively carry out their responsibilities.~~
- k. ~~Seek and be responsive to input from the ADRC's customers and governing board.~~

### 3. *Director Qualifications*

- a. The Director shall have a Bachelor of Arts or Science degree and at least one year of experience working with one or more of the client populations of the **Aging and Disability Resource Center**ADRC. In addition, the Director shall have thorough knowledge and understanding of:
  - i. The mission and values of the **Aging and Disability Resource Center**ADRC;
  - ii. The principles of customer service;
  - iii. All of the target populations served by the **Aging and Disability Resource Center**ADRC;
  - iv. The requirements for ADRCs contained in this contract;
  - v. The functions and procedures of the resource center; and
  - vi. The budget process, financial management, personnel process, principles of supervision and other key management functions.
- b. A waiver of education and/or experience requirements can be requested from the Department in the event that the candidate lacks the degree and/or experience described above.
  - i. Requests for exception to the education and experience requirements must be submitted to and approved by the Department prior to the **Aging and Disability Resource Center**ADRC making the job offer. Requests shall be made using the form F-0054 (<https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply>) and submitted to [DHSRCTeam@wisconsin.gov](mailto:DHSRCTeam@wisconsin.gov).

- ii. Approval of waiver requests is discretionary. The Department is not obligated to approve a request for waiver of education and experience requirements.
- iii. Decisions regarding approval will be based on evidence of the candidates' ability to fully perform ADRC responsibilities based on his/her post-secondary education, experience, knowledge and skills.
- iv. Any waiver of education and experience requirements applies only to the individual candidate for whom the waiver is requested.

## **D. Organization of the ADRC**

### *1. Overall Organization*

The organization of the ADRC shall support the independent identity of the ADRC.

Staffing levels, responsibilities and lines of authority within the ~~Aging and Disability Resource Center~~ADRC must be clear, understandable and support the mission of the ADRC.

### *2. Organization Chart*

The ~~Aging and Disability Resource Center~~ADRC shall maintain organization charts that describe its organizational structure, areas of responsibility, and reporting relationships. The organization charts shall describe the placement of the ADRC within any larger organization of which it is a part and the relationship of the ADRC to its governing board.

Where the ADRC is operated by, or affiliated with, an entity that also provides health or long-term care services, the ADRC shall submit supplemental information to the organization chart submitted with the Annual Report in Section IV.N.h that describes how the ADRC mitigates conflicts of interest with the health or long-term care service entity.

### *3. Organizational Independence from Managed Care*

The ~~Aging and Disability Resource Center~~ADRC shall be organizationally separate and independent from any managed care organization (MCO) and shall meet all state and federal requirements for organizational independence from any ~~managed care organization~~MCO.

## **E. Staffing**

### *1. Staffing Plan*

The ~~Aging and Disability Resource Center~~ADRC shall have sufficient staff to provide all required services. The ADRC shall develop and maintain a staffing plan that describes how it is staffed to meet the requirements of this contract, including the functions of the various staff positions, the qualifications of employees in those positions, any functions the position performs in addition to its ADRC responsibilities, the percent of each position's time devoted to its different responsibilities and the number of full-time equivalent positions (FTEs) devoted to each function. The staffing plan shall identify any positions and services which are subcontracted by the ~~Aging and Disability Resource Center~~ADRC and indicate where these positions and services are located.

## 2. *Maintaining Expertise*

The ADRC is responsible for maintaining knowledgeable staff. The ADRC must adequately staff the organization to ensure the expertise required for the provision of quality services and to foster a consistent public and organizational identity for the ADRC.

- a. Full-Time Information and Assistance Position. The ~~Aging and Disability Resource Center~~ADRC shall have at least one full-time position, wholly within the ADRC, which provides information and assistance as its primary job responsibility. This position may also provide options counseling and eligibility and enrollment related functions.
- b. At a minimum, one Elder Benefit Specialist (EBS) position shall be full-time consistent with the Department's standards for the EBS program contained in *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network*.
- c. Positions that serve as both the ADRC director and aging unit director shall be full-time, consistent with the requirements contained in *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network*. These positions shall meet the requirements for shared positions contained in Section IV.E.4.

3. Lead Staff

The ADRC shall appoint lead staff for the following functions:

- a. Resource Database and Client Tracking Database. The ADRC shall designate one person from its staff to be the resource database lead and one to be the client tracking database lead. The same person may be the lead for both functions. The leads have responsibility for ensuring the integrity of the information contained in the assigned database(s), supporting ADRC staff in their use of the database, and serving as a contact for the Department regarding the database, and participating in any Department required trainings and/or user groups.
- b. Dementia and/or Memory Screens. The ADRC shall identify a lead for Dementia and/or Memory Screens. This lead staff person shall work with the Department to provide Memory Screen training to ADRC staff through a train the trainer model.

4. Shared and Part-Time Positions

The ADRC shall ensure that shared and/or part-time staff are free from conflicts of interest and have the time and expertise needed to carry out their ADRC responsibilities and provide a high quality, professional level of service as part of the ADRC team.

- a. Clerical and other supportive positions, such as human resources, accounting and IT, may be subcontracted or shared with other organizations where they have similar responsibilities. However, the Director is responsible for ensuring that the activities and performance of shared or subcontracted staff supported with ADRC funds are correct and appropriate.
- b. ADRC management and staff may be shared across the larger organization or with other organizations as long as these organizations do not provide health care or long-term care services.
- c. ADRC staff who perform the Long-Term Care Functional Screen or counsel customers on options for enrollment may not also be employed by a health care or long-term care provider.
- d. A person who is employed as a Disability Benefit Specialist or Elder Benefit Specialist may not also perform the Long-Term Care Functional Screen, conduct eligibility determinations for SSI-E or other programs, or provide guardianship or adult protective services.
- e. Staff who provide ADRC services and also work in Adult Protective Services shall not provide enrollment counseling for any APS client with whom they are working.

- f. ADRC positions which provide information and assistance, options counseling, and eligibility and enrollment related functions for publicly funded long-term care must be at least half time in the ADRC, with a minimum of .5 FTE assigned to working on these required ADRC functions. This requirement may be waived under exceptional circumstances with prior written approval from the Department. Requests for exceptions shall be made using form F-0054D (<https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply>) and submitted to [DHSRCTeam@wisconsin.gov](mailto:DHSRCTeam@wisconsin.gov). Approval is discretionary on the part of the Department and may be conditional or time limited. Approval will be based on a combination of factors, including the individual's training and experience, the proposed job responsibilities and plans for the future of the position in the ADRC.
- g. Shared and part-time staff must meet all of the applicable requirements for ADRC staff qualifications and training contained in Section IV.F of this contract.
- h. Only that portion of a shared position that is devoted to functions required under the provisions of this contract may be funded with ADRC funds.
- i. ADRCs using shared positions shall establish policies and procedures for assuring that the portion of the shared position's time allocated to the ADRC is devoted to work on ADRC required functions. These shall be submitted to the Department for approval.

## **F. Staff Qualifications and Training**

### *1. Knowledge and Skills*

Staff of the ~~Aging and Disability Resource Center~~ADRC and its subcontractors shall possess the knowledge and skills necessary to perform all required responsibilities and provide all required services in a competent and professional manner.

### *2. Required Education and Experience*

- a. Staff of the ~~Aging and Disability Resource Center~~ADRC and any of its subcontractors who provide information and assistance, options counseling, benefit counseling, long-term care functional screening, enrollment counseling or other professional responsibilities shall have a Bachelor of Arts or Science degree (preferably in a health or human services related field) or a license to practice as a registered nurse in Wisconsin pursuant to s. 441.06 Stats, and the equivalent of at least one year of full-time experience in a health or human service field, working with one or more of the client populations served by the ~~Aging and Disability Resource Center~~ADRC (elderly or adults with physical or developmental/intellectual disabilities). Qualifying work experience may be paid or unpaid and may include internships, field placements and volunteer work.

- b. A waiver of education and/or experience requirements can be requested from the Department in the event that the candidate lacks the degree and/or experience described above.
- i. Requests for exception to the education and experience requirements must be submitted to and approved by the Department prior to the ~~Aging and Disability Resource Center~~ADRC making the job offer. Requests shall be made using the form F-00054 at <https://www.dhs.wisconsin.gov/forms/f0/f00054.doc> and submitted to [DHSRCTeam@wisconsin.gov](mailto:DHSRCTeam@wisconsin.gov).
  - ii. Approval of waiver requests is discretionary. The Department is not obligated to approve a request for waiver of education and experience requirements.
  - iii. The Department will not approve requests for a waiver of education requirements for candidates for positions with responsibility for performing the long-term care functional screen.
  - iv. Decisions regarding approval will be based on evidence of the candidates' ability to fully perform ADRC responsibilities based on his/her post-secondary education, experience, knowledge and skills. Exceptions may also be approved to enable the ~~Aging and Disability Resource Center~~ADRC to employ individuals with disabilities and/or staff who are bi-lingual.
  - v. The request for a waiver shall identify any additional training or support needed in order for the applicant to fully perform the duties of the position and include a plan for providing formal and/or on-the-job training to develop the required expertise.
  - vi. The Department's waiver approval may be conditional on the person's developing the knowledge and skills needed to fully perform all required job responsibilities within a specified timeframe, together with his/her on-the-job performance.
  - vii. Any waiver of education and experience requirements applies only to the individual candidate for whom the waiver is requested.

### 3. *Additional Requirements Relating to the Function of the Position*

a. *Requirements for Staff Who Answer the Phone and Interact with the Public.*

The person answering the ~~Aging and Disability Resource Center~~ADRC phone and all other ADRC staff who interact with the public shall have thorough knowledge of the mission, operations, and referral and confidentiality policies of the ~~Aging and Disability Resource Center~~ADRC; general knowledge of the ADRC's client

populations; expertise in phone etiquette; excellent communication skills, including listening skills; knowledge and ability to connect callers to appropriate staff; ability to recognize and appropriately respond to people with special hearing, language, or cognitive needs; and ability to recognize and appropriately respond to emergencies.

b. *Requirements for All Staff Who Work with Customers*

All ADRC staff who work with customers shall be trained on and knowledgeable about the Department's *Dementia Care Guiding Principles* and how to implement these principles in their daily interaction with customers. Information and assistance, options counseling and other ADRC services shall be provided consistent with these guiding principles. The *Dementia Care Guiding Principles* can be found at <https://www.dhs.wisconsin.gov/publications/p01022.pdf>

c. *Requirements for Staff Providing Information and Assistance and/or Options Counseling*

- i. At least one person providing information and assistance at the ADRC shall be certified by the national Alliance of Information and Referral Systems (AIRS) as a Certified Information and Referral Specialist (CIRS) or Certified Information and Referral Specialist –Aging/Disability (CIRS-A/D). Time-limited exceptions may be requested, subject to Department approval, for individuals who lack a bachelor's degree and must work longer to be eligible to take the AIRS exam, or who fail the certification examination and are scheduled to retake the test.
- ii. Staff providing information and assistance and/or options counseling services shall be knowledgeable about preventable causes of disability and institutionalization, shall be able to identify risk factors and refer individuals to appropriate prevention and early intervention services and programs.
- iii. Staff providing information and assistance and/or options counseling shall be knowledgeable of the Department's *Dementia Care Guiding Principles* and how these principles are integrated into ADRC services.
- iv. Staff providing information and assistance and/or options counseling shall be trained on and skilled in the use of the resource and client tracking databases, including how to search for services, retrieve information, and document customer contacts.
- v. Staff providing information and assistance and/or options counseling shall be trained on the Department's follow-up policy and on how to document follow-up contacts and activities.

- e. *Requirements for Staff Who Perform the Long-Term Care Functional Screen.* See requirements for staff performing the adult long-term care functional screen contained in Article III.G.3.b.
- d. *Requirements for Benefit Specialists.* Benefit specialists shall meet all requirements, including those for education experience and training, contained in Section III G and H in this Scope of Services and in the Department's guidelines for the respective programs: Chapter 9 of *A Manual of Policies, Procedures and Technical Assistance for Wisconsin's Aging Network* for the EBS and the *Disability Benefit Specialist Program Policies and Procedures* for the DBS.
- e. *Requirements for Staff Who Perform Memory Screens.* The ADRC shall ensure that the staff it certifies to perform memory screens meet the training and practice requirements and demonstrate ongoing fidelity to the model contained in the Department's memory screen manual, located at <https://www.dhs.wisconsin.gov/dementia/memoryscreening.htm>.
- b. *Requirements for the ~~Aging and Disability Resource Center~~ADRC Director.* See requirements contained in Section IV.C.3.

#### 4. Training

- a. The ADRC shall ensure that staff have the training necessary to perform their responsibilities in a competent and professional manner.
- b. The ADRC shall ensure that all staff complete Training shall include the Department's mandatory ADRC Orientation Module. Other training shall include, but not be limited to, an orientation to the mission of the ADRC and its policies and procedures, the populations served by the ADRC and their needs, how to recognize and handle emergencies, cultural competency, conflicts of interest, and specific job-related duties and requirements such as EBS/DBS required trainings, screener certification trainings, and AIRS certification.
- bc. The ADRC shall assure that its professional staff have opportunities to ~~attend participate in optional relevant~~ online training modules, and to attend in-person statewide and regional trainings and conferences sponsored or made available by the Department. The ADRC shall ensure that its staff register for the Department's on-line learning system for ADRCs and have access to the Learning Management System trainings designed for their roles in the ADRC.

#### 5. Staff Meetings

ADRCs shall hold regular staff meetings for all their staff, including benefit specialists who may be employed by an aging unit or other organization.

#### 6. Attendance at Statewide ADRC Meetings

ADRC ~~d~~Director ~~M~~meetings are used by the Department as a method of communication for important policy and operational changes. The ADRC director is expected to attend ~~D~~irectors meetings and participate in conference calls as alternative Department communication methods for the information shared at these meetings and calls are not always available.

## **G. Cultural Competence and Diversity**

### *1. Requirement to Demonstrate Cultural Competence and Cultural Diversity*

Cultural competence is demonstrated by behaviors, attitudes, practices and policies that result in ~~Aging and Disability Resource Center~~ADRC activities being carried out in a respectful, effective and responsible manner in culturally diverse situations. Cultural diversity in the workplace refers to the degree to which an organization is comprised of people from a variety of differing racial, ethnic and cultural identities. The ~~Aging and Disability Resource Center~~ADRC shall endeavor to have its staff reflect the backgrounds of and speak the language(s) prevalent in its service population.

The ~~Aging and Disability Resource Center~~ADRC and its subcontractors shall demonstrate cultural competence and cultural diversity in its performance under this contract.

## **H. Materials and Information in Alternative Formats**

### *1. Providing Understandable Materials*

The ~~Aging and Disability Resource Center~~ADRC shall provide, in a timely fashion, materials in alternate formats to accommodate persons who are non-English speaking, and/or persons with impairments that make using materials in traditional formats difficult (e.g., Braille, large print).

### *2. Communicating with Non-English Speaking People*

The ~~Aging and Disability Resource Center~~ADRC shall provide, in a timely fashion, interpretation services to communicate with people with limited English speaking ability, people who are non-English speaking, people who are deaf or hard of hearing and persons with physical disabilities. Interpretation services may include, but is not limited to, ADRC bilingual staff, contracted foreign language interpreters, contracted or ADRC staff sign language interpreters, Wisconsin Relay, and other communications services that have a record of demonstrated effectiveness.

### *3. Working with People with Cognitive Disabilities, their Family Members and Friends*

~~Aging and Disability Resource Center~~ADRC staff shall employ efforts to communicate directly with customers with cognitive disabilities, as well as give special attention to assuring that family members, friends and others who know the individual and can convey the person's needs and preferences are included as needed in the provision of ~~Aging and Disability Resource Center~~ADRC services.

4. *Making Material Understandable to People with Limited Reading Proficiency*

The materials developed by the ~~Aging and Disability Resource Center~~ADRC which are distributed to the client populations and/or the general public shall be written at a tenth grade reading level to accommodate people with limited reading proficiency.

**I. Avoiding Conflicts of Interest**

1. *Requirement for the ADRC to be Objective and Unbiased*

The ADRC shall be independent, objective and unbiased and must ensure that its reputation in the community is of an objective and unbiased organization.

2. *Provision of Objective Information and Counseling Services*

All services provided by ADRC staff shall be objective, unbiased and in the best interest of the consumer. ADRC staff shall not counsel or otherwise attempt to influence customers for financial or other self-interest or in the interest of any health care provider, long-term care provider, or other organization.

3. *Conflict of Interest Policies and Procedures*

a. The ~~Aging and Disability Resource Center~~ADRC shall comply with the Department's statewide ADRC conflict of interest policy for avoiding conflicts of interest and assuring that individuals receive appropriate advocacy, representation and information, especially in regard to a consumer's choice of or eligibility for program benefits or services provided by any organization where there is a potential for conflict of interest. The policy is posted on the ADRC SharePoint site.

~~a.—~~b. An ADRC which contracts to provide services to members of a Managed Care Organization (MCO) shall do all of the following, consistent with the Department's ADRC conflict of interest policy:

i. Make services available to MCO members only when those same services are also available to members of the ADRC's target populations.

ii. Charge the MCO the cost, and no more than the cost, of providing the service to its members.

iii. Make the services it provides through a contract with one MCO available to all other MCOs in its service area.

iv. Employ an accounting system that clearly distinguishes funds from the ADRC grant, the Older Americans Act, MCO reimbursement, and other funding sources.

4. *Staff Training on Avoiding Conflicts of Interest*

The ADRC shall ensure that its staff are trained on the ADRC conflict of interest policies and procedures and understand how these apply to their interactions with ADRC customers and with health care and long-term care providers.

5. *Assurances*

ADRC staff shall sign a statement that they have reviewed and understand the conflict of interest policy and procedures and acknowledge their obligation to be objective, consumer-centered and independent of potential influences from health care and long-term care providers.

6. *Compliance*

Measures to monitor compliance with conflict of interest policies and procedures and to mitigate any identified potential conflicts shall be included in the ADRC's internal quality monitoring and evaluation process.

**J. Complaints and Appeals**

1. *Complaint and Appeal Policies and Procedures.*

The ~~Aging and Disability Resource Center~~ADRC shall implement due process policies and procedures to review and resolve complaints and inform people of their appeal rights, consistent with the statewide ADRC complaint and appeal policy found on the ADRC SharePoint site.

2. *Provision of Information about the Complaint and Appeal Process*

The ~~Aging and Disability Resource Center~~ADRC shall provide information about the following, as appropriate, when the person initiates a complaint or appeal or when the resource center staff has reason to believe the person is dissatisfied. This shall include:

- a. The informal and formal processes for resolving complaints regarding the ~~Aging and Disability Resource Center~~ADRC, MCO, ICA, FEA, or other long-term care or health care provider, and the process most appropriate for resolving the person's specific concern;
- b. Who to contact if the person has a problem with the ~~Aging and Disability Resource Center~~ADRC, MCO, ICA, or other program, provider or service; and

- c. Organizations and resources available to assist with complaints and appeals, including the Board on Aging and Long-Term Care and Disability Rights Wisconsin ombudsmen.

### 3. *Internal Complaint Resolution Process for the ADRC*

The ~~Aging and Disability Resource Center~~ADRC shall implement internal policies and procedures for both informal and formal resolution of complaints regarding the services that it provides. This includes the following:

- a. *Informal Complaint Resolution.* The ~~Aging and Disability Resource Center~~ADRC should encourage people to resolve complaints with the ~~Aging and Disability Resource Center~~ADRC through the internal informal complaint resolution process. Informal internal complaint resolution shall be completed within ten (10) business days of the time the complaint is received.
- b. *Formal Complaint Resolution.* The formal internal complaint resolution shall include a decision by the ~~Aging and Disability Resource Center~~ADRC's management and shall be completed within fifteen (15) business days of the time the complaint is received.
- c. *Notification of Decision.* The ~~Aging and Disability Resource Center~~ADRC shall give written notice of the decision made through its formal internal complaint process to the person who made the complaint and to any other affected parties. The notice shall include:
  - i. The decision reached.
  - ii. The name of the contact person at the ~~Aging and Disability Resource Center~~ADRC for complaints.
  - iii. The date the decision was reached.
  - iv. A summary of the steps taken on behalf of the person to resolve the issue.
  - v. An explanation that if the person disagrees with the decision, he/she has a right to a Department review, or to a State Fair Hearing process for determinations listed in Section IV.J.4 below.
  - vi. Information on how to file for review by the Department and through the State Fair Hearing process.

### 4. *Access to External Complaint Resolution through the Department*

The ~~Aging and Disability Resource Center~~ADRC shall provide access to formal external complaint resolution through the Department for complaints about an

ADRC, an MCO or IRIS. This assistance may be provided before, during or after use of the ADRC, MCO or IRIS internal complaint resolution process.

- a. *Complaints Relating to Services Provided by the ADRC.* Complaints relating to services provided by the ADRC shall be made directly to the Department by writing, calling or e-mailing:

~~Aging and Disability Resource Center~~ADRC Complaints

Office for Resource Center Development  
Division of Public Health  
Wisconsin Department of Health Services  
P.O. Box 2659  
Madison, WI 53701-2659

Phone: 608-266-2536

Fax: 608-267-3203

E-Mail: [DHSRCTeam@wisconsin.gov](mailto:DHSRCTeam@wisconsin.gov) (Indicate “ADRC Complaint” in the subject line.)

- b. *Complaints Relating to Managed Care.* The ADRC shall, upon request, assist members of MCOs in its service area in filing complaints with the Department.
- c. *Complaints Relating to IRIS.* The ADRC shall, upon request, assist IRIS participants in its service area in filing complaints with the Department.

5. *Access to the State Fair Hearing Process*

The ADRC shall, upon request, assist people with complaints against the ADRC, an MCO or IRIS in filing a request for a State Fair Hearing with the Division of Hearings and Appeals.

6. *Reprisals Prohibited*

The ~~Aging and Disability Resource Center~~ADRC shall support customers in the complaint process and shall refrain from any reprisal or threat of reprisal against the person for registering a complaint or appeal.

7. *Cooperating with Reviews or Investigations of Complaints and Appeals*

The ~~Aging and Disability Resource Center~~ADRC shall cooperate with investigations or review of complaints and appeals conducted by the Department, the external quality review organization or an external advocacy organization, including the Board on Aging and Long-Term Care Ombudsman and the Family Care and IRIS Ombudsman through Disability Rights Wisconsin.

## **K. Quality Assurance/Quality Improvement Process**

### *1. Principle of Continuous Quality Improvement*

To provide quality services, the ~~Aging and Disability Resource Center~~ADRC shall incorporate the principle of continuous quality improvement in its operations.

### *2. Internal Quality Assurance and Improvement Plan*

~~Aging and Disability Resource Center~~ADRCs shall develop and implement a written quality assurance and quality improvement plan designed to ensure and improve outcomes for its customer populations. The plan shall be approved by the Department and shall include at least all of the following components:

- a. *Policies and Procedures Designed to Ensure Quality.* The ADRC shall establish policies and procedures to ensure:
  - i. Knowledgeable and skilled staff;
  - ii. Quality information and assistance and options counseling;
  - iii. Quality enrollment counseling;
  - iv. Long-term care functional screen accuracy and consistency;
  - v. Quality disability benefit specialist services; and
  - vi. Comprehensive collection and review of customer contact data.
- b. *Plan for Monitoring and Evaluating Performance.* The ADRC shall establish goals and indicators for measuring the quality and effectiveness of its performance and procedures for evaluating and acting on the results, including:
  - i. Identification of performance goals specific to the needs of the resource center's customers, including any goals specified by the Department.
  - ii. Identification of objective and measurable indicators of whether the identified goals are being achieved, including any indicators specified by the Department.
  - iii. Identification of timelines within which goals will be achieved.
  - iv. Description of the process that the resource center will use to gather feedback from the resource center's customers and staff and other sources on the quality and effectiveness of the resource center's performance.

- v. Description of the process the resource center will use to monitor and act on the results and feedback received.
- c. *Process for Continuous Quality Improvement.* The ADRC shall establish a process for initiating, implementing and documenting continuous quality improvement within its organization. Utilization of the Department-approved Aiming for Excellence model meets this requirement.
- d. *Process for Updating the Plan.* The ADRC shall establish a process for annually updating its Quality Assurance and Improvement Plan, including a description of the process the resource center will use for annually assessing the effectiveness of the quality assurance and quality improvement plan and the impact of its implementation on outcomes.

### 3. *Performance Monitoring and Reporting*

The ~~Aging and Disability Resource Center~~ADRC shall routinely assess the quality and adequacy of the services it provides using standard measures contained in its Quality Assurance and Improvement Plan, together with any additional measures provided by the Department, and shall report its findings on these measurements to its governing board and to the Department.

### 4. *Quality Improvement Activities*

~~Aging and Disability Resource Center~~ADRCs shall engage in and document continuous quality improvement activities utilizing Department approved methods and documentation. At least one focused performance improvement project is required annually to improve resource center quality and customer satisfaction.

### 5. *Cooperation with External Reviews and Evaluations*

~~Aging and Disability Resource Center~~ADRCs shall cooperate with any review or evaluation of resource center activities by the Department, another state agency, the federal government or their subcontractors.

## **L. Business Plan**

### 1. *Submittal*

By November 1, 201~~8~~7, the ~~Aging and Disability Resource Center~~ADRC shall submit a business plan to the Department in the format and following instructions provided by the Department.

### 2. *Contents*

The ADRC's business plan shall identify strategies for improving services to current customers; expanding its reach to serve potential customers who could benefit from, but who are not currently accessing, ADRC services; and promoting cost effectiveness in service delivery. The ~~Aging and Disability Resource Center~~ADRC shall develop its business plan based on locally collected ADRC data; findings made by the ADRC's governing board; and statewide data, other findings, and instructions provided by the Department.

## **M. Access to and Confidentiality of Records**

### *1. Confidentiality*

The ~~Aging and Disability Resource Center~~ADRC shall respect the confidentiality of its customers and at a minimum implement the Department's ADRC Confidentiality Policy, which can be found on the Department's ADRC SharePoint site. The Department's ADRC Confidentiality Policy does not supersede an ADRC's more strict policy.

### *2. Permission to Access Records*

The ~~Aging and Disability Resource Center~~ADRC shall ask an individual or, when applicable, the individual's guardian or activated power of attorney for health care to sign a release of information form for any confidential record that the ~~Aging and Disability Resource Center~~ADRC needs to examine. The records and related signed release of information forms shall be kept in the file that the ADRC has for the individual which will be confidential and secure as directed by the Department's confidentiality policy and procedures.

### *3. Exchange of Client Information and Records*

- a. The ~~Aging and Disability Resource Center~~ADRC shall ensure the confidentiality of information in the long-term care functional screen, CARES, and any other system that contains individual client information. The ADRC shall require each user who has access to the above applications to sign a confidentiality agreement before being given access to the application(s). The information contained in these applications shall be used only as needed for its intended purposes.
- b. The ~~Aging and Disability Resource Center~~ADRC may share records that contain personally identifying information concerning individuals who receive services from the ADRC without the individual's informed consent when and only when the exchange of information is necessary for the following reasons, as required by law:
  - i. For the Department to administer the Family Care, IRIS or Medicaid programs or to comply with statutorily-required advocacy services for Family Care enrollees and prospective enrollees.

- ii. To coordinate the delivery of county or tribal human services, social services, or community programs to the client.
- iii. For the ADRC to perform its duties.

In all situations, except those identified above or as otherwise allowed by federal and/or state law, the ADRC must obtain the informed consent of the individual prior to sharing personally identifying information about that individual.

#### 4. *Compliance with State and Federal Laws and Regulations*

The ~~Aging and Disability Resource Center~~ADRC shall comply with all applicable federal and state laws and administrative rules concerning confidentiality.

### **N. Reporting and Records**

#### 1. *Required Documents and Reports*

The ~~Aging and Disability Resource Center~~ADRC shall submit the following documents and reports to the Department in accordance with the following provisions:

- a. *Reports to Claim Federal Medicaid Match.* Staff of the ~~Aging and Disability Resource Center~~ADRC and its subcontractors shall complete daily activity logs (known as 100% time reports) using the spreadsheet format provided by the Department for the purpose of claiming Medicaid administration match for eligible ~~Aging and Disability Resource Center~~ADRC services. ADRCs are required to submit monthly 100% time reports by the 20<sup>th</sup> of the month following the time report month (e.g. January's 100% time report must be submitted by February 20<sup>th</sup>) to the Office for Resource Center Development Fiscal Analyst.
- b. *Monthly Activity Reports.* The ~~Aging and Disability Resource Center~~ADRC shall submit encounter data to the Department's data warehouse monthly. The ADRC shall submit required data elements and fields as specified in the *ADRC Activity Report* document provided by the Department. The ~~Aging and Disability Resource Center~~ADRC shall submit its encounter data to the Department electronically no later than the 14<sup>th</sup> of the month following the month for which the report is prepared (e.g. the January 2016 Encounter Report must be submitted by February 14<sup>th</sup>).
- c. *Governing Board Minutes and Agendas.* The ~~Aging and Disability Resource Center~~ADRC shall send agendas and supporting materials, including minutes of prior meetings when available, to its assigned Regional ADRC Quality Specialist in advance of its governing board meetings.

- d. *Disability Benefit Specialist Report.* The ~~Aging and Disability Resource Center~~ADRC shall use the Department's Disability Benefit Specialist (DBS) client database for reporting DBS activities.
- e. *MDS 3.0 Section Q Nursing Home Referral Reports.* The ~~Aging and Disability Resource Center~~ADRC shall use the Department's PPS Nursing Home Referral Management Module for reporting MDS 3.0 Section Q referrals.
- f. *Monthly Expenditure Report on DMT Electronic Form F-00642.* The ~~Aging and Disability Resource Center~~ADRC shall report monthly expenditures electronically to the Department at: [DHS600RCARS@dhs.wi.gov](mailto:DHS600RCARS@dhs.wi.gov) on the DMT Form F-00642 <https://www.dhs.wisconsin.gov/cars/index.htm> in accordance with the applicable Department instructions for the completion and submission of these forms.
- g. *Annual Expenditure Report.* The ~~Aging and Disability Resource Center~~ADRC shall submit an annual expenditure report using the standard report form provided by the Department. The ~~Aging and Disability Resource Center~~ADRC shall submit the annual expenditure report to the Department no later than June 1<sup>st</sup> of the year following the year for which the report is prepared. Reports shall be submitted to the Office for Resource Center Development's Fiscal Analyst.
- h. *ADRC Annual Report.* The ~~Aging and Disability Resource Center~~ADRC shall annually submit information for the "ADRC Annual Report," using electronic forms supplied and following procedures established by the Department. This report contains information on target groups served, staffing, organization, mitigation of conflicts, optional services, contact information and service area leads, budget and other information requested by the Department.

2. *Where and When to Submit Reports and Other Required Materials*

- i. Unless otherwise specified, reports and other materials are to be submitted electronically to the Resource Center Team mailbox at [DHSRCTeam@wisconsin.gov](mailto:DHSRCTeam@wisconsin.gov).
- ii. Unless otherwise specified, reports are to be submitted on or before the end of the month following the month or quarter for which the report is prepared.

3. *Participation in Data Collection Efforts*

The ~~Aging and Disability Resource Center~~ADRC shall provide data requested by the Department in order to profile the ADRC's customers and services or to evaluate the quality, effectiveness, cost or other aspects of the services it provides.

#### 4. Privacy

The ~~Aging and Disability Resource Center~~ADRC shall share with the Department any record, as defined in s. 19.32 (2) Stats., of the ~~Aging and Disability Resource Center~~ADRC, even one that contains personally identifiable information, as defined in s. 19.62 (5) Stats., necessary for the Department to administer the program under s. 46.2805-46.2895 Stats., or as otherwise required by federal or state law or administrative rules. No data collection effort shall interfere with a person's right to receive information anonymously. No data collection effort shall interfere with the efficient and respectful provision of information and assistance.

#### 5. Records Retention

The ADRC shall retain records on site and dispose of records consistent with applicable county, state and federal regulations, policies and guidelines. Financial records shall be kept at least three (3) years after the close of an audit.

#### 6. Accurate, Complete and Timely Submission

The ~~Aging and Disability Resource Center~~ADRC shall comply with all reporting requirements established by the Department and assure the accuracy and completeness of the data and its timely submission. The data submitted shall be supported by records available for inspection or audit by the Department. The ~~Aging and Disability Resource Center~~ADRC shall have a contact person responsible for the data reporting who is available to answer questions from the Department and resolve any issues regarding reporting requirements.

### O. Special Requirements for Regional ~~Aging and Disability Resource Center~~ADRCs

#### 1. Requirements for Regional ~~Aging and Disability Resource Center~~ADRCs

- a. An ~~Aging and Disability Resource Center~~ADRC serving a multi-county, multi-tribe, or county-tribal area must be recognizable to the public as a single regional service entity, providing consistent services to residents throughout its service area.
- b. Regional ~~Aging and Disability Resource Center~~ADRCs shall have a single governing board for the entire regional ADRC. The governing board shall have representation from each participating county and tribe in the regional ~~Aging and Disability Resource Center~~ADRC and shall report to the human service boards, commissions on aging, county boards and/or tribal councils in each of the participating counties.
- c. The service area of a regional ~~Aging and Disability Resource Center~~ADRC includes all of the participating counties and tribes.

- d. Regional ADRCs shall have a single name that is used consistently throughout the entire ADRC region. The name shall be as concise as possible and need not contain the names of the counties which the ADRC serves. The regional ADRC name shall appear on the ADRC's logo, letterhead, business cards, e-mail signatures and signage at all of its locations.
- e. There shall be one ADRC mission statement across all participating ADRC branch offices.
- f. A regional ~~Aging and Disability Resource Center~~ ADRC shall have a single director with the responsibilities required under Section IV. C. of this Scope of Services for the entire multi-county ADRC. The director shall report to the regional ADRC board. The director shall have regular contact with staff at each branch office in order to provide guidance regarding ADRC operations. Regular contact shall include in person visits, phone calls, teleconferences, and staff meetings.
- g. The ADRC shall have a regional management plan that describes:
  - i. The respective roles and responsibilities of the regional director and the branch management staff;
  - ii. How the director and branch staff will communicate with one another, with relevant oversight boards or committees in the participating counties, and with the regional ADRC governing board;
  - iii. How the performance of each branch will be evaluated to determine whether consistent quality standards are being met.

The management plan shall be submitted to the Department for approval with the ADRC's annual documentation and updated as needed.

- h. Regional ADRCs shall have one set of policies and procedures that are applied throughout the entire ADRC region. The director is responsible for monitoring the implementation of these policies and procedures to ensure consistency.
- i. The regional ADRC shall provide the managers and professional staff of its branch offices with opportunities for joint training and staff meetings, either in person or via video or telephone conferencing. Meetings should include all relevant ADRC staff from all of the branch offices in the region and occur at least quarterly.
- j. A regional ADRC shall have one marketing plan for its service area.
- k. A regional ADRC shall have a single quality assurance plan, including activities to ensure quality across the region. The director is responsible for ensuring the

quality of services provided at all ADRC locations and for compliance with the requirements of this contract.

- l. There may be more than one telephone or telecommunications system for a regional ADRC.
- m. All required ~~Aging and Disability Resource Center~~ADRC services shall be provided consistently throughout the regional ADRC service area. Staff within the region shall be able to provide ADRC services to anyone within the ADRC service area, regardless of the county where the person resides.
- n. Each regional ADRC shall have a single screen liaison designated to communicate with the Department.
- o. ~~Aging and Disability Resource Center~~ADRC services shall be available to all residents of the regional service area through at least one of its offices during the hours of operation required under Section II.B. An ADRC's satellite or branch offices do not all need be open at the same time, provided services are available in at least one office and by phone during the required hours and people receive a comparable level of service throughout the ADRC service area.
- p. The ~~Aging and Disability Resource Center~~ADRC shall use a single client tracking database and a single resource database or directory for the entire regional ADRC service area which conform to standards established by the Department, and the regional ADRC shall submit a single monthly activity report to the Department under Subsection N. above.
- q. The ~~Aging and Disability Resource Center~~ADRC shall produce a single budget and expenditure report for the regional ADRC, with supporting documentation for each of the participating counties and/or tribes.
- r. The ~~Aging and Disability Resource Center~~ADRC shall have a single website for the regional ADRC. The full name of the regional ADRC and a link to the regional ADRC website shall be included in an easy-to-find location on the websites of the participating counties and tribes.

## **P. Special Requirements for ADRCs Serving Tribal Communities**

### *1. Outreach to Tribal Members*

The ~~Aging and Disability Resource Center~~ADRC shall provide tribal members with the full range of ADRC services in the most accessible, comfortable and culturally appropriate manner possible and shall coordinate with any tribe(s) in its service area regarding outreach and service to tribal members.

## 2. *Service to Tribal Members*

ADRCs shall make their services available to tribal members who live in the ADRC service area. Tribal members may choose whether to receive services from the ADRC or from the Tribal Aging and Disability Resource Specialist (TADRS) in areas where there is a TADRS, from an EBS and/or DBS.

## 3. *Tribal Disability Benefit Specialist*

When appropriate, tribal members may be referred to the Tribal Disability Benefit Specialist at the Great Lakes Inter-Tribal Council.

## 4. *Tribal Aging and Disability Resource Specialist*

- a. Where an ADRC serves a tribe that has a Tribal Aging and Disability Resource Specialist (TADRS), the ADRC shall coordinate with the TADRS to facilitate the provision of services to tribal members.
- b. The ADRC shall provide the TADRS with access to the information in its resource database and shall include data on tribal resources in its database as appropriate.
- c. The ADRC shall coordinate with the TADRS as needed to allow for smooth transfer and/or timely provision of aging and disability services and sharing of: ~~The memorandum of understanding or agreement between the ADRC and the tribe shall describe how each entity will provide client information to the other in order to coordinate services.~~
- d. The ADRC shall provide an orientation for the TADRS that includes a tour of the ADRC and an opportunity to meet the ADRC staff and to become familiar with the ADRC's resources, policies and procedures.
- e. The ADRC shall notify the Department of any concerns regarding service to tribal members and shall cooperate with the Department in efforts to facilitate resolution of issues.

## **Q. Special Requirements for ADRCs Integrating with Aging Units**

### 2. Application

An ADRC that wishes to integrate with an aging unit shall submit an application to the Department for its review and approval, using the Department's application form and process.

### 3. Requirements for Integrated Aging and ADRC Agencies

a. An integrated Aging and ADRC agency shall:

- i. Be either a single county or tribal organization providing both aging and ADRC services or a regional organization providing both aging and ADRC services in one or more of its participating entities.
- ii. Provide all required ADRC and Aging services.
- iii. Have one name for the agency, one publicized phone number, and one website.
- iv. Have one governing body that meets the requirements of the Wisconsin Elders Act and the ADRC scope of services.
- v. Have one director with responsibility for both ADRC and Aging Unit functions.
- vi. Have sufficient staff to adequately deliver the required Aging and ADRC programs and services.
- vii. Have either a single database or separate databases that are sufficiently compatible to coordinate customer service.
- viii. Have a budget and accounting system that streamlines fiscal management and clearly distinguishes funds from the ADRC grant, the Older Americans Act, MCO reimbursement, and other funding sources.
- ix. Solicit public input and engage the community regarding the integration of the Aging and ADRC services.

b. An integrated Aging and ADRC entity shall meet all the requirements contained in this Scope of Services and the Wisconsin Elders Act.

c. The integrated Aging-ADRC entity shall update its aging plan to reflect its organizational change, governance, responsibilities, and priorities.

**QR. Process for Mergers, Dissolution, and Formation of New ADRCs**

1. An ADRC may merge with other ADRCs to form or expand a regional ADRC or disband and reconfigure into a new single county or regional ADRC.
2. An ADRC shall notify the Department with a letter intent to reorganize at least 120 days in advance of the proposed effective date of any reorganization. The ADRC shall also provide the same advance notice to any other ADRCs or aging units that would be affected by the reorganization.
3. Counties served by a regional ADRC that is disbanding shall notify the Department of whether they intend to apply to continue to provide ADRC services.
4. Any new regional ADRC must be created under a s. 66.0301 agreement, a subcontract arrangement, or other legal relationship between the participating entities. A memorandum of understanding or memorandum of agreement is not sufficient to meet this requirement.

5. Any new ADRC entities proposed as a result of reorganization shall submit an application to the Department for its review and approval at least 90 days in advance of the proposed effective date, using the Department's application form-

—The ADRC shall continue to function until an alternative is in place to ensure continuity of service.

## V. CONTRACT MANAGEMENT

### A. Required Plans, Policies and Procedures

1. The ~~Aging and Disability Resource Center~~ADRC shall comply with any statewide policies and procedures required by the Department and posted on the ADRC SharePoint site. Copies may be requested by calling the Bureau of Aging and Disability Resources, Office for Resource Center Development at 608-266-2536, or by emailing DHSRCTeam@wisconsin.gov.
2. ~~Aging and Disability Resource Center~~ADRCs shall develop all required plans, policies and procedures following the formats and within the timeframes specified by this contract or otherwise agreed to by the Department.
3. The ~~Aging and Disability Resource Center~~ADRC shall develop and maintain policies and procedures consistent with the requirements contained in this contract.
4. Prior to the start-up of a managed care organization in the area served by the ~~Aging and Disability Resource Center~~ADRC, the ADRC shall submit documentation of its policies and procedures for ensuring the quality of its functional screens as required under Section III.I.3.vi and a fully executed *ADRC Enrollment and Disenrollment Plan* as required under Section III.I.4.b of this contract. These documents should be resubmitted only when there is a change.
5. If the ~~Aging and Disability Resource Center~~ADRC will be providing services in addition to those required by this ADRC contract, these shall be identified in the personnel, budget and subcontract worksheets form number [F-00052a](#) (<https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Aply>). Such services cannot be funded with monies from the ~~Aging and Disability Resource Center~~ADRC contract.
6. Unless otherwise specified, required plans, policies and procedures are to be submitted electronically to the ADRC's assigned Regional Quality Specialist in the Office for Resource Center Development.

### B. Budget

1. *Budget Requirement*

The ~~Aging and Disability Resource Center~~ADRC shall develop a line-item budget and budget narrative for the period covered by this contract and shall submit these for Department approval using forms and procedures established by the Department.

2. *Use of ~~Aging and Disability Resource Center~~ADRC Grant Funds*

~~Aging and Disability Resource Center~~ADRC grant funds may only be used in support of those services which are either required in this contract or specifically identified as eligible for ADRC funding if all other service requirements are being met. Any other services provided by the ~~Aging and Disability Resource Center~~ADRC shall be funded from other sources, and these sources shall be identified in the budget.

3. *Budget Format and Contents*

The budget shall be prepared using the budget worksheet form number [F-00052a \(https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply\)](https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply) and shall contain the following elements at a minimum:

a. *Budget*

Line-Item Budget: Complete the ADRC Budget Worksheet for the contract period. Some line items may not be applicable to all ~~Aging and Disability Resource Center~~ADRCs.

Personnel: Complete the Personnel Worksheet. It should show the staff name, functions (s), FTE, annual salary and funding source.

Subcontract(s): If the ~~Aging and Disability Resource Center~~ADRC plans to subcontract, complete the Subcontract Worksheet. For each subcontract, identify the subcontractor organization's name; the work to be performed; the staff name and FTE, where applicable; and the cost.

b. *Budget Narrative*

Program Personnel: Explain any issues not identified by the staffing plan and/or personnel worksheet.

Direct Expenses: Identify any special projects and/or unusual expenses for each line item.

Identify the location, use, square footage and rate per square foot for any rented or leased space.

Indirect Expenses: Indirect costs charged to the ADRC grant must follow the guidelines described in the Department's *Allowable Cost Policy Manual*, which is located

at <https://www.dhs.wisconsin.gov/business/allow-cost-manual.htm>.

Other Expenses: Travel—estimate total number of miles multiplied by the mileage reimbursement rate, and estimate the number of overnight stays.

Statewide meetings—estimate the expense of having the ADRC director and/or staff attend monthly statewide ADRC meetings in Madison and other locations.

Training—briefly describe the type of training that is anticipated and estimate the total number of trainings.

Other—identify any special projects and/or unusual expenses for each line item.

Subcontracts: For each subcontract, explain why a subcontract is being used, where the subcontracted staff will be located, and the basis for calculating the contract amount.

## C. Subcontracts

### 1. *Requirements for Subcontracts*

Subcontracts shall clearly identify all parties to the subcontract, describe the scope of services to be provided, include any requirements of this contract that are appropriate to the service(s), and define any terms that may be interpreted in ways other than what the ~~Aging and Disability Resource Center~~ADRC intends.

### 2. *Responsibility of Parties to the Contract*

The prime contractor (i.e., the ~~Aging and Disability Resource Center~~ADRC) is responsible for contract performance when subcontractors are used. Subcontractors must agree to abide by all applicable provisions of this contract. The prime contractor maintains fiscal responsibility for its subcontracts, which includes reporting expenses associated with the subcontract to the Department. The Department should not be named as a party to a subcontract.

### 3. *Subcontracts Available for Department Review*

The ~~Aging and Disability Resource Center~~ADRC shall make all subcontracts available for review by the Department on request.

## D. Performance

### 1. *Performance Consistent with Contract Requirements*

The ~~Aging and Disability Resource Center~~ADRC shall perform all the services required under this contract in a professional manner. The ~~Aging and Disability Resource Center~~ADRC shall perform all services consistent with this contract and as required by the Department in its numbered memos, information bulletins, and operational practice guidelines. The ~~Aging and Disability Resource Center~~ADRC shall maintain a file documenting required policies, procedures, plans and agreements required under this contract and shall make this file available for Department inspection upon request.

2. *Failure to Meet Contract Requirements*

ADRCs which fail to meet the provisions of this contract shall be subject to a sequential process that may include development of a plan of correction, -fiscal or non-fiscal enforcement measures, or contract termination, as determined by the Department.

3. *Performance of Contract Terms During Disputes*

The existence of a dispute notwithstanding, both parties agree to continue without delay to carry out all their respective responsibilities which are not affected by the dispute and the ~~Aging and Disability Resource Center~~ADRC further agrees to abide by the interpretation of the Department regarding the matter in dispute while the ~~Aging and Disability Resource Center~~ADRC seeks further review of that interpretation.

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## VI. APPENDICES

### APPENDIX A: Definitions

~~ADRC–Aging and Disability Resource Center~~ADRC

**AMSO**–Agency Management Support Overhead

**Adult**–A person aged 18 or older

**Adult at Risk**–as defined in Wis. Stat. s 55.043(1e), any adult who has a physical or mental condition that substantially impairs his or her ability to care for his or her needs and who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

**Adult Protective Services (APS)**–under Wis. Stat. s 55.02, any services that, when provided to an individual with developmental/intellectual disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacity, keep the individual safe from abuse, neglect, or misappropriation of property or prevent the individual from experiencing deterioration or from inflicting harm on himself or herself or another person.

**Appeal**–A formal request to change an official decision resolving a grievance or complaint.

**CARES**–Client Assistance for Re-employment and Economic Support, an automated system for determining eligibility for Medicaid, FoodShare and other benefits.

**Client group or client population**–Any of the following groups identified in the authorizing legislation contained in Ch. 46.283, Wis. Stats. that an ~~Aging and Disability Resource Center~~ADRC has contracted with the Department to serve:

- (a) Elderly
- (b) Adults with a physical disability
- (c) Adults with a developmental disability

**Complaint**–An expression of dissatisfaction about a situation that the person making the complaint wants to see rectified. A complaint is the same as a grievance.

**Contract**–The collected documents describing the agreement between the Department and the ~~Aging and Disability Resource Center~~ADRC, including the body of the contract, exhibits and appendices of the contract, and other documents referenced therein, and any subsequent contract interpretation bulletins issued by the Department.

**Costs**–The actual costs that meet the Department's Allowable Cost Policy Manual and the federal allowable cost policies that are incurred by the Resource Center within the contract period to provide the services under this contract.

**Department**–The Wisconsin Department of Health Services.

**Director**–The single person in charge of the ADRC, regardless of the title given to that person's position.

**Effective date**—The date upon which the Resource Center is responsible to begin providing services under this contract.

**Effective term**—The period of time during which the Resource Center is responsible to provide services under this contract.

**Elderly**—People aged 60 and older, including healthy elders and elders with disabilities or chronic health problems.

**Elder adult-at-risk**—as defined in Wis. Stat. s 46.90(br), any person age 60 or older who has experienced, is currently experiencing, or is at risk of experiencing abuse, neglect, self-neglect, or financial exploitation.

**Emergency**—Any situation which poses an imminent danger to self or others.

**FTE**—Full Time Equivalent. This may be 40 hours per week or whatever other number of hours the county or tribe considers full time employment.

**Family Care benefit**—Financial assistance for long-term care and support for an enrollee of a Family Care managed care organization pursuant to s. 46.286, Stats.

**Fiscal Employer Agency (FEA)**—The organization responsible for paying workers based on the IRIS participant's approved budget, handling other employer paperwork responsibilities for the participant, and helping the participant keep track of his/her funds.

**ForwardHealth interChange (FHiC)**—A web-based system which handles Medicaid claims, prior authorizations, and Medicaid and managed care enrollment. FHiC replaced the Medicaid Management Information System (MMIS).

**Franchise Model**—The package of ADRC services that the Department is purchasing through this contract and expects to be made available in a consistent manner to citizens throughout the State of Wisconsin.

**Governing Board**—The board, committee or commission appointed under s. 46.283(6), Stats. The governing board of an ~~Aging and Disability Resource Center~~ADRC may be advisory to a county board or committee of the county board or to a tribal council.

**Health Care Transition**—When an individual moves to or is discharged from a care setting such as a hospital, nursing home or assisted living facility. Interventions to prevent unnecessary re-hospitalizations within 30 days of discharge are the focus of a federal health care transitions initiative.

**IRIS**—“Include, Respect, I Self-Direct”, Wisconsin's Medicaid Self-Directed Home and Community-Based Services Waiver, through which participants control and direct their services, supports and expenditures within a monthly budget amount.

**IRIS Consultant**—People who assist individual IRIS participants to develop and implement their support and service plans.

**IRIS Consultant Agency**–The organization which, under contract with the Department, employs, trains and oversees the IRIS consultants and operates the IRIS Service Center, answers questions for IRIS participants, and approves participants’ support and service plans.

**Immediate Need**–A need that requires quick response to avoid harm but is not necessarily an emergency. Examples of immediate need include situations where the individual has lost a primary caregiver, is at risk of losing his or her home, is being discharged from a health care facility without adequate support, etc.

**Long-term care Functional Screen**–The latest version of the Wisconsin Adult Long-Term Care Functional Screen created and/or prescribed by the Department for use in determining an individual’s functional eligibility for the Family Care, IRIS and the Medicaid Home and Community-Based Services Waivers.

**MDS 3.0 Section Q**–That part of the Minimum Data Set (MDS) assessment that nursing home staff complete for all residents of federally certified nursing homes which asks whether the resident wants to return to the community. Nursing homes are required to refer people who “want to talk to someone about the possibility of returning to the community” to a local contact agency which, in Wisconsin, is the ADRC.

**Managed Care/Managed Long-term care**–The Family Care and Family Care Partnership programs.

**Managed Care Expansion**–The Department’s initiative to expand managed long-term care to counties in addition to the original five Family Care counties.

**Managed Care Organization (MCO)**–The organization responsible for administering the Family Care benefit, PACE, Partnership benefit, or other publicly funded managed long-term care program in those counties where it is available.

**Marketing**–Publicizing the services of the ADRC for the purpose of encouraging people to make use of the ADRC’s services.

**Outreach**–Contact with individuals, groups or organizations initiated by an agency or organization for the purpose of identifying potential clients or their caregivers and encouraging their use of ADRC services and benefits.

**PACE**–Program of All-Inclusive Care for the Elderly, a publicly funded managed care program which provides a full range of long-term care, health and medical services, and prescription drugs. Available in selected locations only.

**Partnership**–The Family Care Partnership Program, a Medicaid managed care program that integrates health and long-term support services for nursing home eligible older adults and people with physical disabilities in Wisconsin. Available in selected locations only.

**Performance goal**–The outcome to be worked toward as a result of performing the functions described in the scope of services. These goals are included to explain the purpose of the contract requirements and to provide guidance for contract implementation. They are not specific contract expectations.

**Preadmission consultation (PAC)**—Provision of long-term care options counseling and the functional screen to persons referred to the ~~Aging and Disability Resource Center~~ADRC by a nursing home, community based residential facility or residential care apartment complex.

**Program Participation System (PPS)**—Web-based software that interfaces between the Functional Screen application and other DHS applications (e.g., CARES) and tracks an individual's participation in mental health, substance abuse and long-term care programs.

**Public education**—Publications, media campaigns and other activities directed to large audiences of current or potential service recipients, members of the ADRC client populations or caregivers.

**Referral**—Directing people in need of human services to or linking them with appropriate service providers who can meet their needs.

**Regional ADRC**—An ADRC serving more than one county, more than one tribe, or a combination of county(ies) and tribe(s) where the tribe is a full participating partner in the ADRC. A single county ADRC which serves tribal members through a Tribal ADRC is not considered a regional ADRC.

**Service area**—The geographic area in which the ~~Aging and Disability Resource Center~~ADRC provides services. The service area may be a single county or tribe or a multi-county, county-tribal, or multi-tribal region.

**Target group or target population**—The same as client group or client population.

**Tribal Aging and Disability Resource Specialist (TADRS)**—An aging and disability resource specialist employed by a tribe who serves as a liaison between a tribe and the ADRC(s) serving that tribe, provides outreach and some basic ADRC services to tribal members, and facilitates tribal members' access to the ADRC.

**Unmet need**—The lack or inadequate availability of a service or support necessary for older people or people with disabilities in the community served by the ADRC to live with dignity and security or to achieve maximum independence and quality of life.

**Urgent needs**—While not immediately life-threatening, urgent needs are those where a lack of response would cause significant pain, place the person at serious risk of harm, or create or significantly increase a person's risk of unnecessary hospitalization or institutionalization.

## APPENDIX B

### GUIDING PRINCIPLES FOR ~~AGING AND DISABILITY RESOURCE CENTER~~ ADRCs

Adapted from the Final Report of the Aging Network Modernization Committee

- ◆ **Individual and Organizational Advocacy**
- ◆ **Customers Really In Charge**
- ◆ **Core Services Provided Statewide**
- ◆ **Statewide Expertise In Aging and Disabilities Services And Systems**
- ◆ **Consistent Quality Services**
- ◆ **A Focus On Community Collaboration**
- ◆ **Convenient Service Areas**
- ◆ **Volunteers Are Key To Service Delivery**

## Key Topic Areas for Additional Wisconsin National Core Indicators (NCI) Questions for 2017-18

### Background

- The NCI Adult Consumer Survey is a survey of people with intellectual and developmental disabilities (I/DD) and was completed in Wisconsin in the 2015-16 and 2016-17 survey cycles for waiver program enrollees.
- The NCI Aging and Disabilities survey is a survey of people who are aging or have physical disabilities and will be new in Wisconsin in 2017-18. Waiver enrollees and Medicaid nursing home residents will be included in the survey.
- States can add up to 10 additional state questions in each survey, but questions cannot be split for different populations within one survey (for example, no different questions for elderly versus physically disabled enrollees) and standard questions cannot be revised by the state.
- The key topic areas below are those in which Wisconsin has asked additional questions in the 2016-17 NCI Adult Consumer Survey. For each area there are notes on the *Standard NCI Adult Consumer Survey* (the one we have done the past two years), the *2016-17 NCI Adult Consumer Survey additional questions* (added by Wisconsin for 2016-17), and the *Standard NCI Aging and Disabilities* questions (what will be included in the new Aging and Disabilities survey).

### Key Topic Areas

#### 1. Employment

- *Standard NCI Adult Consumer Survey* includes:
  - Background Information on work settings and wages gathered from state systems, if possible.
  - Standard interview questions on whether a person has a job. If the person does not have a job, if they would like a job. If the person has a job, do they like working there or would like a different job.
- *2016-17 NCI Adult Consumer Survey additional question* on if care manager or support staff have talked to the person about finding a job.
- *Standard NCI Aging and Disabilities* questions include whether they have a paying job, if they would like one, and if someone has talked to them about finding a job.

**Note:** The additional Adult Consumer Survey question about whether staff have talked to the person about finding a job may be duplicative of the similar standard Aging and Disabilities question.

## 2. Community Inclusion

- *Standard NCI Adult Consumer Survey* questions include whether people can go out and do the things they like to do and if they can do that as much as they want. There are other questions about how many times in the past month they went out for certain activities (shopping, errands or appointments, entertainment, restaurant or coffee shop, religious services/spiritual practices).
- *2016-17 NCI Adult Consumer Survey additional question* asking if people spend time in the community practicing new things to become more independent.
- *Standard NCI Aging and Disabilities* questions include whether people are as active in the community as they'd like, and if not, why. Responses to the question on why are recorded on a checklist of potential barriers, including cost, transportation, accessibility, health limitations, lack of help, and other issues, along with whether the person has tried to go somewhere in the past week and not been able to.
- The "why not" question from NCI Aging and Disabilities may be modifiable into a follow-up on the NCI Adult Consumer Survey for people who cannot go out as much as they'd like.

## 3. Safety

- *Standard NCI Adult Consumer Survey* questions include whether there are places people feel scared or afraid (checklist includes home, day program, work, and transport) and if there is someone they can talk to.
- *2016-17 NCI Adult Consumer Survey additional question* asking if they know who to tell if someone hurts or steals from them.
- *Standard NCI Aging and Disabilities* questions include whether the person has an emergency plan in place (for example, for natural disasters); if they can get to safety quickly in case of an emergency; if they feel safe at home, are worried for the security of their personal belongings, and if anyone has used or taken their money without permission.

## 4. Staffing

- *Standard NCI Adult Consumer Survey* questions include whether the person has staff who help them, if those staff treat them with respect, and if they arrive and leave when they're supposed to.
- *2016-17 NCI Adult Consumer Survey additional questions:*
  - If staff do not always show up or leave when they are supposed to, how many times in the last month did they not show up or showed up late.

- Do people know what to do if staff don't show up.
- In the self-directed supports module, within the past month did they have extra hours for staff that they could not fill because staff were unavailable within the past month.
- *Standard NCI Aging and Disabilities* questions include:
  - Whether people get enough assistance with everyday activities and self-care (though not explicitly addressing whether barrier is staff availability).
  - Whether paid staff show up and leave when they are supposed to and if there is a backup plan if staff do not show up.
  - If staff change too often, treat them with respect, and do things the way they want them done.
  - If they feel safe around staff.
- **Note:** "Do you know what to do if staff do not show up" is probably not a necessary NCI-AD additional question given standard backup plan question, but questions about frequency of staff not showing up and extra hours for staff may be helpful.

## 5. Transportation

- *Standard NCI Adult Consumer Survey* includes questions about whether people have a way to get places they need to go and to go places when they want to do something for fun. Transportation is one of a checklist of services to indicate additional services needed.
- *2016-17 NCI Adult Consumer Survey* additional question on why a person can't get where they need to go with a checklist of potential issues, including rides:
  - Not available.
  - Not going where needed.
  - Not going on days or at times needed.
  - Showing up late.
- *Standard NCI Aging and Disabilities* questions include whether people have transportation for medical appointments and when they want to do something fun.

## 6. Acute and Primary and Behavioral Health

- *Standard NCI Adult Consumer Survey* questions include overall health rating (excellent, very good, fairly good, poor), if people exercise or are involved in physical activity, and several background questions about health services, though many are not readily available.
- *2016-17 NCI Adult Consumer Survey additional questions:*
  - If people can talk to a doctor, counselor, or other professional about their emotions.
  - If people are happy with their regular medical care.
  - How many times in the past year the person used the emergency department.
- *Standard NCI Aging and Disabilities* questions include:

- A similar health rating along with comparisons to 12 months ago and additional similar questions about hearing, vision, and memory.
- How often the person feels sad or depressed and whether they have talked to someone.
- If they can get a primary care appointment when needed.
- If they have gone to the emergency department in the past 12 months.
- Questions about hospitalization, nursing facility use, and discharge or follow-up.
- Questions about preventative care, chronic conditions and their management, and understanding prescription medications.
- Aging and Disabilities direct questions to the participant regarding health are more extensive, but do not include exactly parallel versions of the topics added to the 2016-17 Adult Consumer Survey.

### Discussion Questions

1. Are these the right *topic areas*, or are there other areas in which it is *more important* to ask additional questions?
2. Which *2016-17 NCI Adult Consumer Survey additional questions*:
  - a. Should continue to be asked in the 2017-18 NCI Adult Consumer Survey?
  - b. Should be asked in the 2017-18 NCI Aging and Disabilities survey?
3. Are there other *additional questions* that are more important than the *2016-17 NCI Adult Consumer Survey additional questions* that should:
  - a. *Replace* current additional questions in the 2017-18 NCI Adult Consumer Survey?
  - b. *Be added* to the NCI Aging and Disabilities Survey *instead of* 2016-17 NCI Adult Consumer Survey additional questions?

**Section I**

**Content Area: Employment/Other Daily Activities**

**WI-1. If the person is not currently working, ask: Has your Care Manager or support staff talked with you about finding a job? (E.g., how to apply for a job, going to job fairs, getting information about DVR, etc.)**

**If the person is currently working, ask: Did your Care Manager or support staff talk to you about the job you have right now?**

- 98. Not Applicable – does not want a job
- 2. Yes
- 3. Maybe, not sure
- 1. No
- 99. Don't know, no response, unclear response

**NOTE:** For the next question (WI-2), activities can be with someone, like staff, or done alone; use cues to explain what “new things” are considered.

**WI-2. If you want to, do you get to spend time in the community practicing new things to become more independent? (E.g., riding the bus, getting a library card, learning accessible routes, ordering food at a restaurant, etc.)**

- 98. Not Applicable – does not want to practice new things
- 2. Yes
- 3. Maybe, not sure
- 1. No
- 99. Don't know, no response, unclear response

**Content Area: Feeling Safe**

**NOTE :** Assure individual we talk about things they want to talk about and they don't have to answer any question they don't want to. Ask the person: Is it okay if I ask you a personal question if anything bad has happened in the past?

**WI-3. Do you know who to tell if someone hurts you or steals from you?**

- 2. Yes
- 3. Maybe, not sure
- 1. No

- 99. Don't know, no response, unclear response

**Content Area: Friends and Family**

**WI-4. If you want to, can you talk to a doctor, counselor, or other professional about your emotions and how you feel?**

- 2. Yes
- 3. Maybe, not sure
- 1. No
- 99. Don't know, no response, unclear response

**Content Area: Satisfaction with Services/Supports**

**(reference)43. Do your staff come and leave when they are supposed to?**

*Do they show up on time? Do they show up when they say they will? Do they leave when they are supposed to?*

**Does \_\_\_\_\_ come and leave when they are supposed to?**

 [see PS-6]

- 98. Not Applicable – doesn't have staff
- 2. Yes
- 3. Maybe, not sure
- 1. No
- 99. Don't know, no response, unclear response

**WI-5. If yes to Q43, how many times in the last month did your staff not show up or show up late?**



**NOTE:** Staff refers to paid help provided by your state services/agency plan

- 98. Not Applicable – doesn't have staff
- 1. A lot (at least once a week)
- 2. Sometimes (at least once a month)
- 3. Not much (at least once every six months)
- 4. Not at all (staff are always there when they are supposed to be)
- 99. Don't know, no response, unclear response

**WI-6. Do you know what to do if your staff doesn't show up when they're supposed to? (Or, In the future, if your staff doesn't show up, do you know what to do?)**

- 98. Not Applicable – doesn't have staff
- 2. Yes
- 3. Maybe, not sure
- 1. No
- 99. Don't know, no response, unclear response

**Now I am going to ask you a couple of questions about how you get around.**

**(reference)44. Do you have a way to get places you need to go (like work, appointments, etc.)?**



*Can you get a ride when you need one?*

- 2. Yes, almost always
- 3. Sometimes
- 1. No, almost never
- 99. Don't know, no response, unclear response

**WI-7. If no or sometimes, why can't you get where you need to go?**

Surveyor may read from list

Check all that apply

- 98. Not Applicable – always able to get places
- 1. No rides are available where I am located
- 2. No rides go where I need to go
- 3. No rides are available at the time needed
- 4. No rides are available on the day needed
- 5. Rides show up late
- 6. Other (please describe)
- 99. Don't know, no response, unclear response

**WI-8. Are you happy with the health care you get from your medical care staff on a regular, day-to-day basis (dedicated nurse, primary doctor, etc.)?**

**NOTE:** This does not include selective services where professionals tend to be limited or more specialized in the work they do with the individual (e.g., surgeon, cardiologist, gastroenterologist).

- 98. Not Applicable – does not get health or medical services
- 2. Yes
- 3. Sometimes
- 1. No
- 99. Don't know, no response, unclear response

**Section II**

**Content Area: Health and Wellness**

**WI-9. In the past year how many times did you use the emergency room because you were hurt, sick, or in pain? (E.g., broken bone, very high temperature, feeling a lot of pain in one part of your body).**

**Other respondent:** *In the past year how many times did this person use the emergency room because s/he was hurt, sick, or in pain?*

Respondent:

- 1. 0
- 2. 1-2
- 3. 3-4
- 4. 5 or more
- 5. Unsure how many visits
- 99. Don't know, no response, unclear response

**Self-Directed Supports Module**

**WI-10. In the last month, do you have extra hours to use for staff because there was not enough staff to fill up the hours?**

**Other respondent:** *In the last month, did this person have extra hours to use for staff that couldn't be used because no staff were available?*

**NOTE:** Question is trying to capture staff shortages

Respondent:

- 98. Not Applicable - doesn't have staff
- 2. Yes
- 3. Maybe, not sure
- 1. No
- 99. Don't know, no response, unclear response