

Scope of Services

for the

AGING AND DISABILITY RESOURCE CENTER

GRANT AGREEMENT

With the

WISCONSIN DEPARTMENT OF HEALTH SERVICES

DIVISION OF PUBLIC HEALTH



January 1, 2020 – December 31, 2020

Table of Contents
Aging and Disability Resource Center Grant Agreement
Scope of Services

I. INTRODUCTION	1
A. Authority and Purpose	1
B. Mission and Role of the ADRC	1
1. Mission	1
2. Role of the ADRC	1
3. ADRC Organization and Identity	2
C. Populations Served by the ADRC	2
1. Required Target Groups	2
2. Services for Adults with Mental Illness and/or Substance Use Disorders	2
3. Transitional Services for Youth	3
D. Service Priorities and Use of Funds	3
1. Service Priorities	3
2. Use of ADRC Grant Funds	4
3. Optional Local Contributions	4
E. Compliance with Federal and State Rules and Regulations	4
II. ADRC LOCATION, PHYSICAL PLANT, EQUIPMENT, AND SYSTEMS.....	4
A. Location, Physical Space, and Facility Characteristics	4
1. Site Requirements	4
2. Signage	4
3. Facility Requirements	5
4. Reception Area	5
5. Privacy and Confidentiality	6
6. Prohibition of Co-Location with an MCO or IRIS Agency	6
7. Co-Location with an Aging Unit	6
B. Hours of Operation	7
1. Scheduled Business Hours	7
2. After-Hours Services by Appointment	7
C. Equipment and Systems	7
1. General Communication Systems	7
2. Computer Systems	7
3. Client Tracking Database	8
4. Resource Database	9
5. Telephone System	9
6. Email	10
7. Website	10
8. Social Media	11
III. CORE SERVICES	11
A. Marketing, Outreach, and Public Education	11
1. Marketing, Outreach, and Informational Materials	11
2. Marketing, Outreach, and Public Information Activities	11
3. Developing and Implementing an Ongoing Program of Marketing, Outreach and Public Education	12
4. Ability to Reach All Client Populations	12
5. Outreach to Businesses, Community Organizations, and Health and Long-Term Care Providers	12

B. Information and Assistance	12
1. Information and Assistance Services	12
2. Information and Assistance Topics.....	14
3. Documenting Customer Contacts	15
4. Timeline for Providing Information and Assistance.....	15
5. Staff Qualifications.....	16
C. Long-Term Care Options Counseling.....	16
1. Options Counseling Services	16
2. How Options Counseling Takes Place.....	17
3. Requirement to be Objective and Address the Individual's Needs and Preferences	17
4. Documentation	18
5. Staff Qualifications.....	18
D. Preadmission Consultation and Assistance with Resident Relocations.....	18
1. Preadmission Consultation	18
2. Assistance with Relocations	19
3. Assistance with Referrals for Relocation from Nursing Homes.....	19
4. Assistance with Resident Relocations from Facilities that are Downsizing or Closing	19
E Elder Benefits Counseling	20
1. Access to Elder Benefit Specialist Services.....	20
2. Duties of the Elder Benefit Specialist.....	20
3. Prohibited Activities	22
4. Training and Qualifications	22
5. Partnership with the Elder Benefit Specialist Program Attorneys	22
6. Funding for Elder Benefit Specialists	22
F. Disability Benefits Counseling	23
1. Access to Disability Benefit Specialist Services	23
2. Staff Status of Disability Benefit Specialists	23
3. Location of the Disability Benefit Specialists	23
4. Duties of the Disability Benefit Specialists	23
5. Prohibited Activities	25
6. Training and Qualifications	25
7. Partnership with the Disability Benefit Specialist Program Attorneys	25
G. Access to Publicly Funded Long-Term Care Programs and Services	26
1. Assuring Access to Long-Term Care Programs and Services	26
2. Provision of the Long-Term Care Functional Screen	26
3. ADRC Role in the Financial Eligibility Determination Process.....	29
4. Enrollment Counseling	30
5. Assistance with Processing Enrollments	33
6. Referral for MCO Urgent Services While Financial Eligibility is Pending.....	33
7. Disenrollment Counseling	33
8. Processing Disenrollment	34
9. Assisting MCO and IRIS Enrollees in Maintaining or Re-establishing Eligibility or Enrollment	35
10. Wait List Management	35
H. Access to Other Public and Private Programs and Benefits	35
1. Assisting Customers in Accessing Programs and Benefits.....	35
2. Procedures for Coordinating Access to Benefits	37
I. Access to Emergency Services	37
1. Recognizing and Responding to Emergencies.....	37
2. Connecting Individuals to Emergency Service Providers.....	37
3. Emergency Preparedness and Response	38
J. Access to Elder Adults/Adults-at-Risk and Adult Protective Services	38
1. Identifying Individuals Who Need Services.....	38
2. Access To Elder Adults/Adults-at-Risk and Adult Protective Services	38

3. Prohibitin on Use of ADRC Funds to Pay for Elder Adults/Adults-at-Risk and Adult Protective Services.....	38
K. Transitional Services for Students and Youth	39
1. Coordination with Local Transition Planning.....	39
2. Community Outreach	39
3. Information for Individual Youth	39
L. Customer Rights, Client Advocacy, and ADRC Advocacy	40
1. Informing People of Their Rights and Responsibilities.....	40
2. Helping People Resolve Disputes and Referring Them to Advocates.....	40
3. Cooperation with Client Advocates.....	40
4. ADRC Advocacy.....	40
5. Lobbying.....	41
M. Community Needs Identification.....	41
1. Identifying Unmet Needs.....	41
2. Addressing Unmet Needs	41
IV. OTHER ALLOWABLE SERVICES.....	42
A. Health Promotion, Prevention, and Early Intervention Services	42
1. Provision of Health Promotion, Prevention, and Early Intervention Services	42
2. Development of Local Capacity for Health Promotion and Early Intervention.....	42
3. Health Promotion, Prevention, and Early Intervention Plan.....	42
B. Short-Term Service Coordination.....	43
1. Provision of Short-Term Service Coordination	43
2. Ensuring that Short-Term Service Coordination is Time Limited.....	43
3. Referral for Care Management Services.....	43
C. Dementia-Specific Programs, Activities, and Services	44
V. ORGANIZATIONAL AND PROCEDURAL STANDARDS	44
A. ADRC Name.....	44
B. Governing Board, Committee or Commission	44
1. Composition	44
2. Governing Board Roles	46
3. Duties.....	46
4. Training and Accommodation	47
5. Where the ADRC is a Long-Term Care District	47
6. Where an Aging Unit is Part of the ADRC	47
C. Director	47
1. Single Director.....	47
2. Duties of the Director	48
3. Director Qualifications	48
4. Attendance at Statewide ADRC Meetings.....	49
D. Organization of the ADRC	49
1. Overall Organization	49
2. Organization Chart	50
3. Organizational Independence from Managed Care Organization, IRIS Consultant Agency, or Fiscal Employer Agency	50
E. Staffing.....	50
1. Sufficient Staffing	50
2. Staffing Plan	50
3. Maintaining Expertise.....	51
4. Lead Staff	51
5. Shared and Part-Time Positions.....	51

F. Staff Qualifications and Training	53
1. Applicability	53
2. Knowledge and Skills	53
3. Required Education and Experience	53
4. Additional Requirements Relating to the Function of the Position	54
5. Training	55
6. Staff Meetings	56
7. Department Communication.....	56
G. Cultural Competence and Diversity.....	56
H. Materials and Information in Alternative Formats	56
1. Providing Understandable Materials	56
2. Communicating with Non-English Speaking People	57
3. Working with People with Cognitive Disabilities, their Family Members, and Friends	57
4. Making Material Understandable to People with Limited Reading Proficiency	57
I. Avoiding Conflicts of Interest	57
1. Requirement for the ADRC to be Objective and Unbiased	57
2. Provision of Objective Information and Counseling Services	57
3. Conflict of Interest Policies and Procedures.....	57
4. Staff Training on Avoiding Conflicts of Interest.....	58
5. Assurances	58
6. Compliance.....	58
J. Grievances and Appeals Regarding an ADRC or Publicly Funded Long-Term Care ..	58
1. Grievance and Appeal Policies and Procedures.....	58
2. Provision of Information about the Grievance and Appeal Process	58
3. Internal Grievance Resolution Process for the ADRC.....	59
4. Access to External Grievance Resolution.....	59
5. Appeals.....	60
6. Reprisals Prohibited.....	60
7. Cooperating with Reviews or Investigations of Grievances and Appeals	60
K. Quality Assurance/Quality Improvement Process	61
1. Principle of Continuing Quality Improvement	61
2. Internal Quality Assurance and Improvement Plan	61
3. Performance Monitoring and Reporting	62
4. Quality Improvement Activities	62
5. Cooperation with External Reviews and Evaluations.....	62
L. Access to and Confidentiality of Records.....	62
1. Confidentiality.....	62
2. Permission to Access Records	63
3. Exchange of Client Information and Records.....	63
4. Compliance with State and Federal Laws and Regulations	64
M. Reporting and Records.....	64
1. Required Documents and Reports	64
2. Where and When to Submit Reports and Other Required Materials	65
3. Participation in Data Collection Efforts	65
4. Privacy.....	65
5. Records Retention.....	65
6. Accurate, Complete, and Timely Submission.....	65
N. Requirements for Regional ADRCs	66
1. Requirements for Regional ADRCs	66
O. Requirements for ADRCs Serving Tribal Communities	68
1. Outreach to Tribal Members.....	68
2. Service to Tribal Members	68
3. Tribal Disability Benefit Specialist	68
4. Tribal Aging and Disability Resource Specialist.....	69

P. Requirements for ADRCs that are Integrated with Aging Units	69
Q. Process for Merger, Dissolution and Formation of New ADRCs	70
VI. CONTRACT MANAGEMENT	70
A. Required Plans, Policies, and Procedures	70
B. Budget	71
1. Budget Requirement	71
2. Use of ADRC Grant funds	71
3. Budget Format	72
C. Subcontracts	72
1. Requirements for Subcontracts	72
2. Responsibilities of Parties to the Contract	72
3. Subcontracts Available for Department Review	72
D. Performance	72
1. Performance Consistent with Requirements of this Scope of Services	72
2. Performance Consistent Requirements in Technical Assistance Documents	72
3. Failure to Meet Requirements of this Scope of Services	73
4. Performance of Contract Terms During Dispute	73
VII. APPENDICES	74
A. Definitions	74
B. Guiding Principles for ADRCs	78

Scope of Services
For the Grant Agreement 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’ (DHS) requirements for the services provided by, the organization of, and the procedures performed by Aging and Disability Resource Centers (ADRCs).

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).

B. Mission and Role of the ADRC

1. Mission

To provide older adults and people with physical or intellectual/developmental disabilities the resources needed to live with dignity and security, and achieve maximum independence and quality of life. The goal of the 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

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, be

culturally competent, be able to communicate with persons of differing abilities, 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 (MCO), IRIS consultant agency (ICA), or fiscal employer agency (FEA).

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 ADRC

1. *Required Target Groups*

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 intellectual/developmental disabilities
- Adults with physical disabilities

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

- a. ADRCs shall make their full range of services available to adults with mental illness and/or a substance use disorder when the individual is elderly or has an intellectual/developmental or physical disability.
- b. 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 are not elderly and do not have an intellectual/developmental or physical disability. ADRC grant funds may not be used to provide any of the other services covered under this scope of services, including but not limited to

options counseling and short term service coordination, to persons not in the required ADRC client groups. Additionally, ADRCs may not administer the *Functional Eligibility Screen for Mental Health and AODA* or provide intake for mental health or substance use services.

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 long-term care services in the adult long-term care system. ADRCs shall not otherwise provide children's services.

D. Service Priorities and Use of Funds

1. *Service Priorities*

- a. The ADRC shall provide all of the core services and activities prior to using ADRC grant funds for other allowable services.
- b. Core services and activities are those covered in the following sections of this scope of services. Provision of these services by the ADRC is required.
 - i. Marketing, outreach, and public education
 - ii. Information and assistance
 - iii. Long-term care options counseling
 - iv. Preadmission consultation
 - v. Elder Benefit Specialist services
 - vi. Disability Benefit Specialist services
 - vii. Access to publicly funded long-term care
 - viii. Access to other public and private 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 advocacy, and ADRC advocacy
 - xiii. Community needs identification
- c. Other allowable services and activities are those covered in the following sections of this scope of services. The ADRC may provide these services only if it is providing all of the required core services and funds and staffing permit.
 - i. Health promotion, prevention, and early intervention services
 - ii. Short-term service coordination
 - iii. Dementia-specific programs, activities, and services

2. *Use of ADRC Grant Funds*

ADRC grant funds shall not be used for to pay for the provision of any service that is not authorized under this scope of services.

3. *Optional Local Contributions*

There is no local match or contribution requirement for this grant. ADRC grant funds provided through this grant agreement may, but need not be supplemented with local levy at the discretion of the relevant county and/or tribal governments.

E. Compliance with Federal and State Rules and Regulations

The ADRC shall comply with all applicable federal and state statutes, regulations and guidelines. Federal and state requirements may change throughout the duration of this grant agreement. If there is a conflict between federal and state requirements, including those in this scope of services, the federal requirements will take precedence.

II. ADRC LOCATION, 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) (See http://www.ada.gov/2010ADAstandards_index.htm).
- c. All ADRCs that are located in municipalities served by public transportation must be accessible by public transportation.

2. *Signage*

- a. All ADRC locations shall have clearly visible signage indicating the presence of the 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 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). 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 in private consultation areas.
- e. Have public restrooms for use by 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 that answer the phone and interact with the public contained in Section V.F.4.a of this scope of services. 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 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 V.L.

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

The ADRC shall not be located in the same building as an MCO, ICA, or FEA. Co-location with an MCO, ICA or FEA creates the appearance of a conflict of interest. If an MCO, ICA or FEA 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" per Section II.C.5.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 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

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

- a. The ADRC's computer system shall:
 - i. Have a high-speed internet connection and shall have the capacity to stream both video and voice over the internet.
 - ii. Operate either SAMS IR, or equivalent software, that has the same capacity as SAMS IR for client tracking, resource database, and reporting.
 - iii. Provide all ADRC staff with a computer and shall allow all ADRC staff to input data into SAMS IR or equivalent software.

- b. The ADRC shall designate lead staff to manage its databases.
 - i. 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.
 - ii. 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.
- c. Access to ADRC Data Systems
 - i. The ADRC shall ensure that former staff, whether paid or unpaid, no longer has access to any data systems that contain information about the ADRC or its customers. Systems access may be re-established for individuals who qualify for access in their subsequent employment.
 - ii. The ADRC shall submit requests to have staff's data systems access deactivated within one business day of a staff's termination.
 - iii. The ADRC shall submit requests to have staff's data systems access deactivated within three business days of a staff's departure or reassignment.

3. *Client Tracking Database*

- a. The 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 that satisfy the requirements listed in Section V.M.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. 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.

4. *Resource Database*

- a. The 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.
- b. The resource database or directory shall be sufficient to support the provision of information and assistance, options counseling, and other required ADRC services.
 - i. 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.
 - ii. 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.
- c. The information in the resource database or directory shall be complete and up to date. Resource information shall be updated at least annually.

5. *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 ADRC telephone shall be answered during the ADRC's business hours directly by a person who will identify to the caller that they have called the "Aging and Disability Resource Center." 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 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.

6. *Email*

The ADRC shall have a well-publicized electronic mail (email) address that is published on the ADRC's web site and in ADRC's marketing materials. For county-based ADRCs, the ADRC's email address shall also be published on the home page of the county's web site, if other agency or department email addresses are published there. The ADRC shall respond to email contacts from customers by the end of the next business day.

7. *Website*

- a. The 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.
- b. 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 email address shall be highly visible and easy to find on the ADRC's home page.
- c. For county-based ADRCs, the ADRC website shall be highly visible and easy to find on the home page of the county's website.
- d. The website shall contain, or provide a link to, the ADRC's resource database or directory.
- e. The ADRC website shall contain a link to the Department's ADRC consumer web page.
- f. 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.

8. *Social Media*

- a. ADRCs may, but are not required to, have a social media presence.
- b. Social media sites maintained by the ADRC shall follow naming conventions provided by the Department, if any.
- c. The ADRC shall have control over postings on any social media site that it maintains.

III. CORE SERVICES

A. Marketing, Outreach, and Public Education

1. Marketing, Outreach, and Informational Materials

- a. Statewide Consistency and Brand Identification
 - i. Standardized marketing materials developed by the Department shall be used by the ADRC.
 - ii. Marketing and other informational materials developed by or for the ADRC shall comply 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, the ADRC logo can be black and white.

- b. Objectivity and Independence

ADRC outreach, marketing, and informational materials shall be objective; shall not indicate a preference for, recommend or favor particular programs or providers; and shall be separate from any marketing for a health or long-term care provider or program.

- c. The ADRC shall provide the Department with copies of the marketing and informational materials it distributes or plans to distribute to customers or the general public, when requested to do so by the Department.

2. Marketing, Outreach, and Public Information Activities

Participation in community events and other marketing, outreach, and public information activities shall be objective; shall not indicate a preference for, recommend or favor particular programs or providers; and shall be separate from any marketing for a health or long-term care provider or program.

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

- a. The ADRC shall develop and implement ongoing marketing, outreach, and public education activities for older persons, adults with intellectual/developmental disabilities, adults with physical disabilities, and youth transitioning to the adult system of care.
- b. The ADRC shall target its marketing, outreach, and education activities based on locally collected ADRC data, statewide data, and other findings of the Department and the ADRC's governing board. Results of the governing board's annual gathering of information regarding the adequacy of long-term care services, including service gaps and needs of the ADRC's client populations, shall be used in targeting the ADRC's outreach and public education efforts.

4. *Ability to Reach All Client Populations*

The ADRC shall market, outreach, and provide education to all client populations required by this scope of services. 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.

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

The 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, adult family homes, 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.

B. Information and Assistance

1. *Information and Assistance Services*

The 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 individual, assessing their needs, and helping the individual 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 email, or through written correspondence.

As part of its information and assistance service, the ADRC shall:

- a. *Evaluate the Call or Request.* Identify the issue(s) leading to the inquiry, establish rapport with the individual, determine the nature of the situation, and evaluate the knowledge and capacities of the individual, in order to determine how to best provide assistance.
 - i. Base the information and assistance provided on the results of this person-centered conversation.
 - ii. Identify and respond quickly to emergency situations and immediate needs.
 - iii. Determine whether the individual could benefit from health promotion, prevention and/or early intervention information, activities, and programs and look for opportunities to help the customer maintain or improve his or her health and function. The ADRC is not required to perform a formal health assessment.
 - iv. Offer a memory screen when appropriate and, if the customer agrees, perform the memory screen, share results with the customer, and provide additional information and referrals as needed.
- 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 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 in Accessing Public and Private Resources.* Determine the needs of the individual; evaluate appropriate resources; provide information about services, providers, and organizations capable of meeting the customer's needs; locate alternative resources for customers with under-met or unmet needs; and actively assist the customer in accessing needed resources. The ADRC shall provide assistance in connecting the person with the respective agency or organization, when needed.

- e. *Provide Follow-up.* The ADRC staff shall follow up with individuals to whom they have provided information and assistance to determine whether the customer's needs were met and whether additional information or assistance is needed, consistent with the Department's Information and Assistance Follow Up Policy.
- f. *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 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. End-of-life issues and supports, including hospice and palliative care.

3. Documenting 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.. Appointments 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 Sections V.E and F.

C. Long-Term Care Options Counseling

1. *Options Counseling Services*

The 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. An exploration 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 they 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 may 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. Assistance for the individual in identifying next steps to implement their decision, when appropriate.
- h. Options and support for the caregiver as well as for the individual with long-term care needs, as appropriate.

2. *How Options Counseling Takes Place*

- a. The 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, email 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 or to withhold information about any suitable option, program, or provider.

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 Section V.F.

D. Preadmission Consultation and Assistance with Resident Relocations

1. *Preadmission Consultation*

- a. 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. Methods 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 or IRIS consultant agency.
- d. The 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 & Medicaid Services (CMS) and Department policy.
- b. The ADRC shall contact the individual, 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 individuals interested in relocating with information about locally available long-term care options and supports for community living to help the person fulfill their 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 individual wishes to change residency by relocating outside the local ADRC's service area:

The ADRC where the nursing facility is located shall provide general information and assistance and options counseling. For customers enrolling in a publicly funded long-term care program, the ADRC shall perform the long-term care functional screen and help streamline the financial eligibility process. The ADRC will also facilitate contact between the person and the ADRC serving the county to which the individual wants to relocate.

- i. 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.

- 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.

E. Elder Benefits Counseling

1. Access to Elder Benefit Specialist Services

The ADRC shall ensure that people have access to the services of an elder benefit specialist (EBS) 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>)

EBS may be staff of the ADRC or of another public or private organization. When an EBS is on the staff of another organization, the ADRC shall have a contract, memorandum of understanding, or similar agreement with this organization that ensures ADRC customer access to the EBS.

If the EBS is headquartered in the ADRC, then the primary office of the EBS is located in the ADRC and the EBS can be reached by telephone through the ADRC as per the requirements under Section II.C.5.

2. Duties of the Elder Benefit Specialist

EBS who are headquartered in the ADRC shall meet all Department requirements and standards for the EBS 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 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, Family Care Partnership, and PACE to locate and gather verifying information, both financial and non-financial;
- d. Provide information on rights and grievance and appeal processes;
- e. Provide advice and assistance in preparing and filing grievances and appeals;
- f. Make appropriate referrals for employment-related counseling and services;
- g. Consult with legal back-up personnel to the EBS 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 grant agreement to the EBS 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; 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 EBS 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. EBS shall meet the education and experience requirements in Section V.F. of this scope of services, together with those contained in the standards for the EBS program in Chapter 9 of *A Manual of Policies, Procedures, and Technical Assistance for the Wisconsin Aging Network*. Persons employed as EBS prior to creation of the ADRC shall be exempt from the education and experience requirements contained in this scope of services.
- b. The EBS shall attend and successfully complete initial and ongoing training required by the Department.

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

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

6. *Funding for Elder Benefit Specialists*

- a. Primary funding for the EBS 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 the costs associated with an EBS only after all other EBS program-specific funding from state and local sources has been applied and when all other ADRC services required under this scope of services are being provided.
- b. 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.

F. Disability Benefits Counseling

1. Access to Disability Benefit Specialist Services

- a. The 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 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/dbsppmanual.pdf> and <https://www.dhs.wisconsin.gov/publications/p0/p00416.pdf>.
- b. When appropriate and the preference of the customer, the ADRC shall refer individuals who use sign language to the DBS employed by the Office for the Deaf and Hard of Hearing.
- c. When appropriate and the preference of the customer, the ADRC shall offer to refer tribal members to the tribal DBS employed by the Great Lakes Inter-Tribal Council.

2. Staff Status of Disability Benefit Specialists

A DBS may be staff of the ADRC or of another public or private organization. When a DBS is on the staff of another organization, the ADRC shall have a contract with the organization that indicates that the DBS shall meet all the requirements described in this scope of services, be headquartered in the ADRC, and coordinate activities with those of the ADRC. The contract shall also describe the responsibilities of the respective organizations.

3. Location of the Disability Benefit Specialist

The primary office of the DBS shall be located in the ADRC and shall be reachable by telephone through the ADRC under the requirements under Section II.C.5.

4. Duties of the Disability Benefit Specialists

The ADRC shall meet all Department requirements for the DBS 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 18 through 59 with intellectual/developmental 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 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 regarding how to access such benefits and information regarding the responsibilities of program participants;
- c. Assist potential applicants of private and 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 grievance and appeal processes;
- e. Provide advice and assistance in preparing and filing 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 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;
- h. Initiate investigations to gather needed factual information to perform advocacy duties;
- i. Provide representation, as needed and appropriate, for people with physical disabilities, intellectual/developmental disabilities, mental illness, and/or substance use disorders in administrative hearings and other formal or informal grievance steps;
- j. Refer to DBS program attorneys, who are under contract 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, volunteer training, and technical assistance to develop self and family advocacy;
- m. Negotiate on behalf of 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 of individuals with intellectual/developmental disabilities, physical disabilities, mental illness and/or substance use disorders and related system-level issues to present this information to appropriate entities,

including county or tribal government, the Department, and statewide councils representing disability constituencies;

- o. Complete required reporting and documentation as per Department requirements;
- p. Use those content management systems stipulated by the Department for creation and storage of confidential client information generated within the course of their work as a DBS. Exceptions to this policy will be granted only by the DBS program manager, in conjunction with the DBS data systems specialist, on a case-by-case basis;
- q. Have access to a secure electronic records transmission system capable of transmitting large electronic files (such as Social Security CDs, client documents, etc.) to DBS program attorneys for purposes of technical assistance. The transmission of client information to DBS program attorneys for technical assistance is limited to electronic transmission, or, for smaller individual documents (15 pages or less), facsimile. Exceptions to this policy must be approved by the DBS program manager on a case-by-case basis.
- p. Notify the DBS program manager of DBS staffing changes;
- q. Request and obtain access to the DBS SharePoint site; and
- r. Beginning at age 17 years and 6 months, assist children with disabilities with the transition to and/or the application process for adult benefits.

5. Prohibited Activities

To avoid potential conflicts of interest, the 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 not provide guardianship or adult protective services.

6. Training and Qualifications

- a. The DBS shall attend and successfully complete initial and ongoing training as required by the Department.
- b. The DBS shall meet the education and experience requirements contained in Section V.F. of this scope of services.

7. Partnership with the Disability Benefit Specialist Program Attorneys

The ADRC must partner with the DBS program attorneys, who are under contract with the Department, to monitor the effectiveness of the DBS program. The program attorneys provide technical assistance, substantive case oversight, and mandatory

training to the DBS. The program attorneys also provide input to the local supervisor on the quality of the DBS work through an annual case review process.

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

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

The ADRC shall assure that customers who request access to and indicate potential eligibility for publicly funded long-term care are informed about and assisted in accessing these programs, consistent with the requirements in this scope of services and with any additional direction provided by the Department.

2. Provision of the Long-Term Care Functional Screen

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

- i. The ADRC shall administer the initial long-term care functional screen (LTCFS) to determine an individual's functional eligibility for managed long-term care and IRIS.
- ii. The ADRC shall offer the 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 they have a condition requiring long-term care.
- iii. The ADRC shall perform a LTCFS 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.
- iv. The ADRC shall initiate the LTCFS 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.
- v. The ADRC shall conduct the initial LTCFS for private pay individuals interested in purchasing care management or other services from the MCO or upon request from the income maintenance consortium to start the clock on asset assessments.
- 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 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 LTCFS to the selected managed care organization no later than one business day after sending the enrollment packet or to the selected the IRIS consultant agency no later than one business day after receipt of the IRIS start date letter.
 - x. The 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. Long-Term Care Functional Screen Staff
- i. Staff who administer the LTCFS shall meet the requirements in Sections V.E. and F., successfully complete screener training and be certified as a functional screener by the Department before being allowed to administer the LTCFS.
 - 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 ADRC shall maintain an up-to-date list of all staff who administer the LTCFS, including documentation of screener qualifications, and make this information available to the Department upon request.
 - iv. The ADRC shall submit requests to have a screener's security access deactivated within one business day of a screener's termination.
 - v. The ADRC shall submit request to have a screener's security access deactivated within three business days of a screener's departure or reassignment.
- c. Ensuring Long-Term Care Functional Screen Quality

The ADRC shall take the following measures to ensure the consistency, accuracy and timeliness of its LTCFS:

- i. Designate a “Screen Liaison.” Screen liaisons must be certified screeners. 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) Serve as the contact person for other agencies when a LTCFS needs to be transferred; and
 - (d) Serve 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 LTCFS.
 - (a) Train, mentor, and monitor new screeners; have all screeners participate in Department-required training on the LTCFS; 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 from the Department.
 - (c) Use the most current version of the LTCFS and instructions provided by the Department.
- iii. Consult with the Department, MCO, or IRIS CA when there are conflicting results or other questions about or difficulties with the LTCFS, as follows:
 - (a) Consult with the Department about unexpected results, when it is unusually difficult to complete an accurate LTCFS, or how to interpret all or part of a completed LTCFS.
 - (b) Consult with the MCO or ICA screener, when a person who has been found to be functionally eligible by the ADRC’s initial LTCFS is, within the next 90 days, found by the MCO, or ICA to be ineligible or to be eligible at a non-nursing home level of care. Review and compare the LTCFS 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 LTCFS 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 LTCFS 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 LTCFS 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 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 LTCFS performed by the ADRC.
- vi. Document policies and procedures for ensuring the quality of its LTCFS consistent with the above requirements. The ADRC shall make the policies and procedures available to the Department upon request.

3. *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 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 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 to determine whether the person is likely to be eligible for publicly funded long-term care and share the results with the individual. When appropriate, inform the person that they may have a cost share and about the process for determining the actual cost share amount.
- 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 Medicaid application process on-line, via telephone, or mail-in paper application.
- c. *Providing Needed Information to Income Maintenance.* The 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. LTCFS results;
 - ii. Signed Medicaid application, if applicable; 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.

4. *Enrollment Counseling*

- a. *Provide Enrollment Counseling.*
 - i. The ADRC shall provide enrollment counseling to people who have been found to be eligible for and are considering enrolling in publicly funded long-term care.

- ii. Enrollment counseling shall be provided in a setting that ensures the applicant'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, an employee, spouse of an employee, or representative of an MCO, ICA, FEA, facility, agency, or other paid care provider shall not attend the enrollment counseling session unless he or she is the person's guardian, spouse, relative, a person signing for or witnessing his/her signature on the enrollment form, or a supporter identified in a Supported Decision-Making Agreement.

- (b) The applicant is incompetent, in which case, a person authorized to sign the enrollment form must attend. If the applicant has a legal guardian, the guardian shall participate in the enrollment counseling, with or without the applicant present.

b. *Required Enrollment Counseling Components*

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 support programs that are available to the individual.
- ii. Review, discuss, and provide the individual with objective information comparing covered benefits, provider networks, responsibility for coordination of care, opportunities for self-direction and choice, and other features of Family Care, IRIS and, where available, Family Care Partnership and/or PACE, using Department-developed materials
- iii. Inform the individual that MCOs are required to make all covered services available to enrollees who need them.
- iv. Provide additional objective information that is relevant to the individual's choice, using materials developed by the Department. Provide information about MCO provider networks and directories, quality and performance indicators, and other MCO- or ICA-specific details to address the individual's interests, questions and concerns. Provide information about covered medications and drug formularies for Family Care Partnership and/or PACE MCOs in areas where these programs are available.

- v. After the individual selects a program, review the appropriate Department-provided MCO or ICA options charts with the individual and provide other objective information comparing the available MCO and/or ICA options. Information is to be provided even if there is only one MCO or ICA option available to the prospective enrollee.
 - vi. Information shall be provided in a timeframe that enables the potential enrollee to use the information when 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.
 - viii. Provide information about the enrollee's right to disenrollment, the disenrollment process, disenrollment counseling, the right to appeal, ombudsman and other resources to assist with dispute resolution, and the opportunity to enroll in other programs for which the individual is eligible.
 - ix. Ensure access to information and other materials for customers with visual impairments or other communication barriers by providing the information in alternative formats and languages.
 - x. Refer people who express an interest in IRIS to the ICA of their choice. Provide the ICA with the information it needs to complete the enrollment process, including the LTCFS, cost share, and other data as directed by the Department.
 - xi. Obtain signed enrollment forms for individuals who decide to enroll in managed care, in accordance with the Department's *Long-Term Care Authorization, Enrollment, and Disenrollment Form Signatures Policy* posted on the ADRC SharePoint site and using the standard forms provided by the Department.
- c. *Follow-up Counseling for People with a Cost Share or Premium.* When an individual's enrollment is pending because eligibility for Medicaid requires a cost share or premium, the 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 Department-established process.
- d. *Department Materials to Be Used in Enrollment Counseling.* Only Department developed materials may be used in enrollment counseling. The ADRC may request permission to modify the Department's enrollment counseling materials to

reflect local situations and needs, and shall obtain Department approval prior to using modified materials for public information or enrollment counseling purposes.

5. *Assistance with Processing Enrollments*

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

Once a person has been determined to be eligible for and made the decision to enroll in a Family Care, Family Care Partnership or PACE program, the 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 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 ICA. The ADRC shall document that the referral was made.

6. *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 ADRC shall inform the person that, in the event that they are found to be ineligible for publicly funded services, they 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 acceptance of this responsibility before making the referral.

7. *Disenrollment Counseling*

- a. The 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.
- i. Within two business days of receiving a request to disenroll a person from managed care or IRIS, the ADRC shall contact the individual and his or her guardian, where applicable, to offer disenrollment counseling and schedule a meeting.
- ii. The ADRC shall offer disenrollment counseling to individuals before they disenroll from an MCO or IRIS.

- iii. Disenrollment counseling may be provided in a face-to-face meeting or over the telephone, whichever the recipient prefers.
 - iv. Disenrollment counseling shall be provided within five business days of the ADRC's initial contact with the individual, unless refused or extended at the request of the individual or his or her guardian.
- b. Disenrollment counseling shall include:
- i. Reviewing the reason for disenrollment, including asking whether the person was in the process of a grievance or appeal.
 - ii. Providing information about the grievance and process; options for resolving any disagreements between the individual and the MCO, ICA or 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 they disenroll, including information on other MCO and ICA options, where available, and 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. If the individual is losing eligibility due to failure to follow the process for maintaining financial eligibility, the ADRC shall promptly notify its assigned regional quality specialist.
 - vi. Assisting people who request to disenroll in selecting a disenrollment date.
 - vii. Obtain signed disenrollment forms for individuals who decide to disenroll from managed care, in accordance with the Department's *Long-Term Care Authorization, Enrollment, and Disenrollment Form Signatures Policy* posted on the ADRC SharePoint site and using the standard forms 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 Disenrollment*

The ADRC shall record the disenrollment in the Forward Health interChange Partner Portal for the Family Care, Family Care Partnership or PACE programs. When an

IRIS participant wishes to disenroll, the ADRC shall send a copy of the disenrollment request to income maintenance and to the IRIS participant's ICA.

9. *Assisting MCO and IRIS Enrollees with Maintaining or Re-establishing Eligibility or Enrollment*
 - a. Assisting MCO members and IRIS participants with maintaining eligibility and enrollment is not a primary responsibility of the ADRC. Where practical, the ADRC shall refer the individual to the appropriate entity to provide assistance.
 - b. The ADRC shall assist MCO members and IRIS participants for the purpose of continuing or re-establishing Medicaid eligibility and Family Care or IRIS enrollment when their continued enrollment is appropriate and would be jeopardized without the ADRC's intervention.
 - c. The ADRC shall notify its assigned regional quality specialist when it provides assistance to an MCO or IRIS member in maintaining or re-establishing eligibility and enrollment in the Family Care or IRIS program, following procedures established by the Department.

10. Wait List Management

During the transition 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.

H. Access to Other Public and Private Programs and Benefits

1. *Assisting Customers in Accessing Programs and Benefits*
 - a. Referrals for Public or Private Programs and Benefits
 - i. 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, Veterans benefits, mental health services, and other public programs and benefits.
 - ii. When an individual contacts, or is referred to, the ADRC and appears to be eligible for or interested in receiving private program services or benefits, the ADRC shall refer the individual to the appropriate benefit specialist and/or the private agency responsible for determining the individual's eligibility.

b. Assistance with Medicaid Applications

The ADRC shall provide assistance to individuals applying for home and community based long-term care Medicaid consistent with the requirements relating to access to publicly funded long-term care in Section III.G.3 of this scope of services.

Assistance with Medicaid applications not involving access to publicly funded long-term care shall be provided as follows:

- i. ADRCs do not have the primary responsibility for assisting with Medicaid applications. The ADRC shall provide individuals who appear likely to be eligible and/or want to apply for Medicaid with basic information about how to apply for Medicaid and refer them to the appropriate agency for application assistance, eligibility determination, and enrollment.
- ii. The ADRC shall assist individuals with the Medicaid application when it determines that the assistance that is available from the local or regional income maintenance agency or other sources is not timely or sufficient to ensure access. Assistance shall include one or more of the following when, and only when, the ADRC determines that its assistance is necessary:
 - (a) Reviewing the person's financial and non-financial circumstances to determine whether the person is likely to be eligible for Medicaid.
 - (b) Gathering information to support the Medicaid application, including medical and remedial expenses.
 - (c) Scheduling an appointment with the income maintenance agency.
 - (d) Helping the person complete the application on-line, via telephone, or by mail.
- iii. The ADRC is not responsible for assisting with Medicaid applications for nursing home residents unless they are relocating to the community.

c. Eligibility Determination for SSI-E

The ADRC may perform initial SSI-E eligibility determinations and certifications for both managed care and IRIS enrollees if so directed by the county and/or tribe. If an ADRC provides initial SSI-E eligibility determinations it must inform the Department of this in its Annual Update.

- 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

The ADRC shall develop policies and procedures, and enter into agreements where needed, to coordinate services with county, multi-county, and tribal agencies. These policies and procedures shall be designed to facilitate access to public programs and benefits for ADRC customers and access to ADRC services for local program participants who could benefit from ADRC services.

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

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

I. Access to Emergency Services

1. *Recognizing and Responding to Emergencies*

- a. The 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.
- b. While 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, 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 ADRC shall identify and plan for its role in natural disasters and other emergencies, including its roles in emergency preparedness planning and response.

J. Access to Elder Adults/Adults-at-Risk and Adult Protective Services

1. *Identifying Individuals Who Need Services*

All ADRC staff shall know the warning signs and shall identify ADRC customers who may be at risk of abuse, neglect, 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. The ADRC shall identify persons who may need elder abuse or adult protective services and shall provide or facilitate access to services under s. [46.90](#) and chs. [51](#) and [55](#), Stats., through cooperation with the elder-adult-at-risk agency or the adult-at-risk agency that provides the services.

Benefit specialist reporting is governed by the policies of their respective programs.

- 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 ADRC shall receive and act on referrals from the elder adults/adults-at-risk agency and the adult protective services agency.
- d. If the ADRC is not the county agency designated under s. [46.90](#) or ch. [55](#), Stats., it shall have a memorandum of understanding with the designated agency or agencies regarding how these services are to be coordinated. The memorandum shall specify staff contacts, hours of operation, and referral processes and procedures.

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

ADRCs which are a county agency may provide Elder Adults/Adults at Risk and APS services, but may not use ADRC grant funds for this purpose. ADRC grant funds may not be used to pay for APS or elder adult/adults-at-risk call lines, investigations,

annual reviews of protective placements (Watts Reviews), , or any other elder adults/adults-at-risk or APS service that is 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 V.E.5 of this scope of services.

K. Transitional Services for Students and Youth

1. Coordination with Local Transition Planning

The 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 ADRC shall regularly employ a variety of measures to ensure that children with physical or intellectual/developmental 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 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. ADRC services are available to youth who are age 17 years 6 months or older and their families or guardians. Where appropriate, the 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.

L. Customer Rights, Client Advocacy, and ADRC Advocacy

1. Informing People of Their Rights and Responsibilities

The 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 ADRC shall provide assistance to people when they need help in understanding how to resolve service system disputes or violation of rights grievances. The 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, independent living centers, aging units, mental health and AODA advocates, the Title VII Client Assistance Program, volunteer and peer support, and other state or local organizations that provide advocacy for older people and adults with disabilities, 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 Department's Confidentiality Policy.

4. ADRC Advocacy

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 they receive the benefits and services for which they are 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 they are entitled and obtaining the services for which they are 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

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 L.4. above.

M. Community Needs Identification

1. Identifying Unmet Needs

- a. The 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.C.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 V.B.3.f.
- 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 V.B.3.f.

2. Addressing Unmet Needs

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

IV. OTHER ALLOWABLE SERVICES

Use of ADRC grant funds to provide the services described in this section is allowed when staff and financial resources permit and all of the ADRC core services required under the terms of this scope of services are being provided. Some of these allowable services must be provided when resources permit and others are optional. Health promotion, prevention, and early intervention services and short-term service coordination are required as resources permit. Dementia-specific programs, activities, and services are optional.

A. Health Promotion, Prevention, and Early Intervention Services

1. *Provision of Health Promotion, Prevention, and Early Intervention Services*

- a. The ADRC shall provide prevention and intervention services if funding and staff resources are available. These services may include educating communities on prevention of disabling conditions; screening and other health promotion, prevention, and early intervention events and activities as part of its marketing, outreach, and public education program; or the provision of evidence-based or other health promotion, prevention, and early intervention programs and activities.
- b. ADRCs may use Older American's Act and other alternative funding sources to support its health promotion, prevention, and intervention activities, so long as these do not create a conflict of interest or appearance of bias.

2. *Development of Local Capacity for Health Promotion, Prevention, and Early Intervention*

If ADRC funding is insufficient to support the delivery of health promotion, prevention, and early intervention programming, the ADRC shall endeavor to address the need for these services by developing partnerships with aging units, public health agencies, and other entities that have a health promotion, prevention, early intervention, disease management, and/or health literacy focus.

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

3. *Health Promotion, Prevention, and Early Intervention Plan*

The ADRC shall develop and maintain a plan that outlines its approach to providing the health promotion, prevention, and early intervention services and activities allowed under this section. The plan is intended for the ADRC's use and need not be submitted to the Department for review and approval, but shall be made available to the Department on request.

B. Short-Term Service Coordination

1. Provision of Short-Term Service Coordination

- a. 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.
- b. 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 scope of services, consistent with the Department's Short-Term Service Coordination Policy found on the ADRC SharePoint site.
- c. Subject to the limitations described above, short-term service coordination shall be provided to assist individuals and their families in managing complex and immediate needs when the individual cannot manage the situation, 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 into a publicly-funded long-term care program. 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 their own or set them up with the needed support.
- 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

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. The 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 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.

C. Dementia-Specific Programs, Activities, and Services

An ADRC may facilitate dementia friendly communities and provide other dementia-specific programming, activities, and related services not covered under other sections of this scope of services, depending on funding availability. ADRC grant funds may not be used to provide respite, home care, or other direct care or support for people with dementia or their caregivers. All ADRC dementia-specific programs, activities, and services shall be informed by the Dementia Care Guiding Principles found at <https://www.dhs.wisconsin.gov/publications/p01022.pdf>.

V. ORGANIZATIONAL AND PROCEDURAL STANDARDS

A. ADRC Name

The 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

- a. The composition of the governing board shall reflect the ethnic and economic diversity of the 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 older adults, adults with a physical disability and adults with an intellectual/developmental disability, or their family members, guardians, or advocates, reflective of the ADRC’s target population.
 - ii. Representatives of groups receiving limited services may also be represented but shall not count toward the one-fourth consumer representation requirement.

- iii. A governing board member who can represent more than one ADRC client group cannot be counted as a representative in more than one client group.
- 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 or IRIS Fiscal Employer Agency.
 - ii. 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.
 - iii. Providers that offer long-term services for older adults or people with physical or intellectual/developmental disabilities, and have a competitor providing the same service in the ADRC service area, are also prohibited from serving on the ADRC governing board.
- 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, 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 require that members be added or removed to ensure that client groups and the diversity of the service area are represented, and to request replacement of members with conflicts of interest.

2. *Governing Board Roles*

The governing board, committee or commission shall perform the following roles for the ADRC:

- a. Provide strategic direction to the ADRC to ensure fidelity to the ADRC mission.
- b. Advocate for older adults and adults with physical or intellectual/developmental disabilities in the ADRC's service area.
- c. Represent and promote the ADRC and the services it provides to the community at large.

3. *Duties*

The governing board shall have the following duties:

- a. Provide guidance and feedback on the ADRC's services, priorities, and future direction.
- b. Oversee the operations of the ADRC, including its policies, procedures, contracts, and other agreements.
- c. Provide input to the ADRC budget and review spending relative to the budget.
- d. Identify, monitor and recommend ways to avoid or mitigate potential conflicts of interest in the ADRC's operations, consistent with the Department's Conflict of Interest Policy.
- e. Review ADRC customer feedback and other sources of information to determine if there is a need to change the ADRC's policies or otherwise improve performance.
- f. Gather information about, and identify unmet needs of, the ADRC's target populations for long-term care and other services. Provide well-advertised opportunities for public participation in the board's information gathering activities.
- g. Identify potential strategies and resources for building local capacity to serve ADRC customers.
- h. Report findings and recommendations to the ADRC Director, local officials, and other interested parties as appropriate.

- i. Provide input to, and approve any proposed changes in, the organizational structure of the ADRC.
- j. Provide input on hiring of the ADRC Director.

4. *Training and Accommodation*

- a. The ADRC shall provide the governing board with information and assistance to enable its members to have a strong and effective voice on the governing board and to fulfill their duties under this scope of services. The information and assistance provided shall include, but is not limited to, the following:
 - i. Orientation to the requirements for ADRCs, the 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, and grievances and appeals regarding the 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.

5. *Where the ADRC is a Long-Term Care District*

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

6. *Where an Aging Unit is Part of the ADRC*

When an Aging Unit is part of the ADRC, ensures that the ADRC 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.

C. Director

1. *Single Director*

An 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.

The director is the single person in charge of the ADRC, regardless of the title given to that person's position.

2. *Duties of the Director*

The ADRC director shall have the following responsibilities:

- a. Ensure that the ADRC meets all obligations under this scope of services.
- b. Ensure that the performance of the ADRC meets expectations for quality and is consistent with the mission set out for the ADRC.
- c. Oversee day-to-day operations of the ADRC in coordination with the county's business or financial manager, where applicable.
- d. Provide supervision for the staff of the ADRC, including making work assignments, arranging training, and overseeing performance.
- e. Oversee personnel decisions regarding ADRC staff and have direct or shared authority to hire and fire.
- f. Oversee the performance of any subcontractors to the ADRC.
- g. Oversee the budget and financial management of the ADRC.
- h. Ensure that all charges incurred against this grant agreement are correct and appropriate.
- i. Report to and assist the 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 ADRC. In addition, the director shall have thorough knowledge and understanding of:
 - i. The mission and values of the ADRC;

- ii. The principles of customer service;
 - iii. All of the target populations served by the ADRC;
 - iv. The requirements for ADRCs contained in this scope of services;
 - v. The functions and procedures of the ADRC; 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. The information required for completing a request and related technical assistance documents should be reviewed prior to recruitment of ADRC positions. Requests for exception to the education and/or experience requirements must be submitted to and approved by the Department prior to the ADRC making the job offer. Requests shall be made using the form [F-00054](#) and submitted to dhsrcteam@wisconsin.gov.
 - ii. Approval of waiver requests is discretionary. The Department is not obligated to approve a request for waiver of education and/or experience requirements.
- c. Directors who provide services directly to ADRC customers as part of their regular job duties shall also meet the requirements for staff providing those functions contained in Section V.F.4 of this scope of services.

4. Attendance at Statewide ADRC Meetings

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

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 ADRC must be clear, understandable, and support the mission of the ADRC.

2. *Organization Chart*

The 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.

3. *Organizational Independence from Managed Care Organization, IRIS Consultant Agency, or Fiscal Employer Agency*

The ADRC shall be organizationally separate and independent from any managed care organization (MCO), IRIS consultant agency (ICA) or fiscal employer agency (FEA) and shall meet all state and federal requirements for organizational independence from any MCO.

E. Staffing

1. *Sufficient Staffing*

The ADRC shall have sufficient staff to provide all required services. Staffing at the ADRC shall be at an appropriate level to meet the needs of customers around expected business hours.

2. *Staffing Plan*

The ADRC shall develop and maintain a staffing plan that describes how it is staffed to meet the requirements of this scope of services, including:

- a. The functions of the various staff positions;
- b. The qualifications of employees in those positions;
- c. Any functions the position performs in addition to its ADRC responsibilities, together with the source of funding for performance of those functions;
- d. The percent of each position's time devoted to its different responsibilities; and
- e. The number of full-time equivalent positions (FTEs) devoted to each function.

The staffing plan shall identify any positions and services that are subcontracted by the ADRC and indicate where these positions and services are located. The plan is intended for the ADRC's use and need not be submitted to the Department for review and approval, but shall be made available to the Department on request.

3. *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 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 V.E.5.

4. *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 designate 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.
- c. Long-Term Care Functional Screen Liaison. The ADRC shall designate a LTCFS screen liaison. This lead staff shall work with the Department to ensure the consistency, accuracy and timeliness of LTCFS.

5. *Shared and Part-Time Positions*

The ADRC shall ensure that shared and/or part-time staff is 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 that performs the LTCFS 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 DBS or EBS may not also perform the LTCFS, 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 APS shall not provide enrollment counseling for any APS client with whom they are working.
- f. ADRC positions that 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-00054D](#) and submitted to 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 V.F of this scope of services. All shared or part-time positions in which a portion of the position is allocated to the ADRC must be submitted and approved by the assigned regional quality specialist.

- h. Only that portion of a shared position that is devoted to functions required under this scope of services may be funded with ADRC funds. For positions where 100% time reporting is required to claim federal Medicaid match, costs must be allocated between fund sources based on time reporting. Funding for other positions may be allocated based on FTE or on another method that has been reviewed and approved by the Office for Resource Center Development Financial Manager.

F. Staff Qualifications and Training

1. Applicability

For the purposes of this scope of services, staff includes all employees and subcontractors of the ADRC, including supervisors who are not also the director. Supervisors who perform the functions described in this section as part of their regular job duties shall also meet the requirements for other staff providing those functions.

2. Knowledge and Skills

Employees of the ADRC and its subcontractors shall possess the knowledge and skills necessary to perform all of their assigned responsibilities and provide all services in a competent and professional manner.

3. Required Education and Experience

- a. Employees of the 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 ADRC (elderly or adults with physical or intellectual/developmental 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. The information required for completing a request and related technical assistance documents should be reviewed prior to recruitment of ADRC positions. Requests for exception to the education and/or experience requirements must be submitted to and approved by the Department prior to

the ADRC making the job offer. Requests shall be made using the form [F-00054](#) and submitted to dhsrcteam@wisconsin.gov.

- ii. Approval of waiver requests is discretionary. The Department is not obligated to approve a request for waiver of education and/or experience requirements.

4. *Additional Requirements Relating to the Function of the Position*

a. *Requirements for All Staff Who Interact with the Public.*

- ii. The person answering the 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 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.
- iii. All ADRC employees and contractors 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>.

b. *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 shall have at least a basic knowledge of Wisconsin's Medicaid long-term care programs, their eligibility requirements, and procedures.
- iii. Staff providing information and assistance and/or options counseling services shall be knowledgeable about preventable causes of disability and

institutionalization, and shall be able to identify risk factors and refer individuals to appropriate prevention and early intervention services and programs.

- iv. Staff providing information and assistance and/or options counseling shall know the warning signs of abuse, neglect, self-neglect, and financial exploitation, be able to identify customers who may be at risk, and be familiar with the elder-adult-at-risk, adult-at-risk, and/or adult protective services system in the ADRC's service area.
 - v. 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.
 - vi. Staff providing information and assistance and/or options counseling shall be trained on the Department's Information and Assistance Follow Up Policy and on how to document follow-up contacts and activities.
- c. *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 Section III.G.2.b.
 - d. *Requirements for Benefit Specialists.* Benefit specialists shall meet all requirements, including those for education experience and training, contained in Section III E and F 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>.
 - f. *Requirements for the ADRC Director.* Requirements for Director qualifications are contained in Section V.C.3.

5. Training

- a. The ADRC shall ensure that staff has the training necessary to perform their responsibilities in a competent and professional manner.
- b. The ADRC shall ensure that all staff completes the Department's mandatory ADRC Orientation Module in the Learning Management System (LMS). 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 training, and AIRS certification.

- c. The ADRC shall document when staff has completed the required training and make the documentation available to the Department on request.
- d. The ADRC shall assure that its professional staff has opportunities to participate in relevant online training and to attend in-person trainings and conferences sponsored or made available by the Department.

6. 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.

7. Department Communication

All ADRC staff shall have access to the ADRC SharePoint site to access technical assistance documents, training registration, and other communications by the Department.

G. Cultural Competence and Diversity

Cultural competence is demonstrated by behaviors, attitudes, practices, and policies that result in 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 ADRC shall endeavor to have its staff reflect the backgrounds of and speak the language(s) prevalent in its service population.

The ADRC and its subcontractors shall demonstrate cultural competence and cultural diversity in their performance under this scope of services.

H. Materials and Information in Alternative Formats

1. Providing Understandable Materials

The 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 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 are 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*

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 ADRC services.

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

The materials developed by the ADRC that 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*

The ADRC shall comply with the Department's 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.

4. *Staff Training on Avoiding Conflicts of Interest*

The ADRC shall ensure that its staff are trained on the 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. Grievances and Appeals Regarding an ADRC or Publicly Funded Long-Term Care

1. *Grievance and Appeal Policies and Procedures.*

The ADRC shall implement due process policies and procedures to review and resolve grievances and inform people of their appeal rights, consistent with the Department's Grievance and Appeal Policy found on the ADRC SharePoint site.

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

The ADRC shall provide information about the following, as appropriate, when the person initiates a grievance or appeal or when the ADRC staff has reason to believe the person is dissatisfied. This shall include:

- a. The informal and formal processes for resolving grievances regarding the ADRC, MCO, ICA, FEA, or other long-term care or health care program or 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 ADRC, MCO, ICA, FEA or other program, provider or service; and
- c. Organizations and resources available to assist with grievances and appeals, including the Board on Aging and Long-Term Care and Disability Rights Wisconsin Ombudsmen.

3. *Internal Grievance Resolution Process for the ADRC*

The ADRC shall implement internal policies and procedures for both informal and formal resolution of grievances regarding the services that it provides. This includes the following:

- a. *Informal Grievance Resolution.* The ADRC should encourage people to resolve grievances with the ADRC through the internal informal grievance resolution process. Informal internal grievance resolution shall be completed within 10 business days of the time the grievance is received.
- b. *Formal Grievance Resolution.* The formal internal grievance resolution shall include a decision by the ADRC's management and shall be completed within 15 business days of the time the grievance is received.
- c. *Notification of Decision.* The ADRC shall give written notice of the decision made through its formal internal grievance process to the person who made the grievance and to any other affected parties. The notice shall include:
 - i. The decision of either founded or unfounded.
 - ii. The name of the contact person for the grievance.
 - iii. The date the decision was reached.
 - iv. A summary of the steps taken on behalf of the person to resolve the issue.
 - v. Information on how the person may file for an external review by the Department if they disagree with the decision.
 - vi. If the grievance founded, specific recommendations for resolving the issue. Where appropriate, the recommendations will include a timeline for carrying out the changes.
 - vii. If the grievance is unfounded and the ADRC has identified issues that appear to affect the quality of services, suggestions for improvement.

4. *Access to External Grievance Resolution*

The ADRC shall provide information about and assistance in accessing formal external grievance resolution for grievances about the ADRC. .

Grievances relating to services provided by the ADRC shall be made directly to the Department by writing, calling or emailing:

Aging and Disability Resource Center Grievances
Office for Resource Center Development
Division of Public Health
Wisconsin Department of Health Services
1 W. Wilson St., Room 551
Madison, WI 53703
Phone: 608-266-2536
Fax: 608-267-3203
Email: dhsrcteam@wisconsin.gov

(Indicate “ADRC of _____ Grievance” in the subject line.)

Complaints Grievances Relating to Services Provided by an MCO, ICA or FEAs.
Grievances relating to services provided by an MCO, ICA or FEA should be directed to the agency providing the services.

5. *Appeals*

An appeal is a request for review of an adverse benefit determination. For ADRCs, an adverse benefit determination is denial of functional eligibility including non-nursing home and functionally ineligible level of care or cost share determination.

Upon request, the ADRC shall assist individuals who wish to pursue a State fair hearing to appeal a denial of functional or financial eligibility, non-nursing home level of care determination, or cost share amount, or reduction in services or supports by providing information about the process for filing a request for a State fair hearing with the Division of Hearings and Appeals and making referrals to advocacy organizations for assistance, consistent with the Grievance and Appeal Policy published on the ADRC SharePoint site.

6. *Reprisals Prohibited*

The ADRC shall support customers in the grievance and appeal process and shall refrain from any reprisal or threat of reprisal against the person for registering a grievance or appeal.

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

The ADRC shall cooperate with investigations or review of grievances and appeals conducted by the Department, an 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.

K. Quality Assurance/Quality Improvement Process

1. Principle of Continuous Quality Improvement

To provide quality services, the ADRC shall incorporate the principle of continuous quality improvement in its operations.

2. Internal Quality Assurance and Improvement Plan

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 ADRC'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 ADRC will use to gather feedback from the ADRC's customers and staff and other sources on the quality and effectiveness of the ADRC's performance.

- v. Description of the process the ADRC 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 ADRC 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 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*

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 ADRC quality and customer satisfaction.

5. *Cooperation with External Reviews and Evaluations*

ADRCs shall cooperate with any review or evaluation of ADRC activities by the Department, another state agency, the federal government or their subcontractors.

L. Access to and Confidentiality of Records

1. *Confidentiality*

ADRC employees should have the minimum access to confidential information necessary for them to perform their jobs. The ADRC shall respect the confidentiality of its customers and at a minimum implement the Department's Confidentiality Policy, which can be found on the ADRC SharePoint site. The Department's Confidentiality Policy does not supersede an ADRC's more strict policy.

2. *Permission to Access Records*

The ADRC shall ask an individual or, when applicable, the individual's guardian or agent under an activated power of attorney for health care to sign a release of information form for any confidential record that the 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.

3. *Exchange of Client Information and Records*

- a. The ADRC shall ensure the confidentiality of information in any system that contains individual client information. The ADRC shall require each user who has access to client information to sign a confidentiality agreement before being given access to the system(s). Only personnel whose assigned duties include functions with the ADRC can be given access to ADRC information. Personnel shall not share user ids or passwords. Information from DHS systems shall only be used in accordance with the agreement or as permitted by state/federal law.

The information contained in these systems shall be used only as needed for its intended purposes. Whenever a user terminates their employment or other status such as a change in job, that person's account must be deactivated.

- b. The 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 permitted or 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.
 - iv. Information from DHS systems will not be used to locate an individual, unless the disclosure is approved by DHS staff in accordance with applicable laws or the individual, parent or guardian, or legal guardian has consented to the disclosure.
 - v. Identifying data will not be disclosed to unauthorized individuals including law enforcement, unless permitted or required by law.

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 ADRC shall comply with all applicable federal and state laws and administrative rules concerning confidentiality.

M. Reporting and Records

1. *Required Documents and Reports*

The 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 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 ADRC services. ADRCs are required to submit monthly 100% time reports to the Department by the 20th of the month following the time report month (e.g. January's 100% time report must be submitted by February 20th) or the first business day thereafter when the 20th falls on a weekend or holiday .
- b. *Monthly Activity Reports.* The ADRC shall submit encounter data to the Department's data warehouse monthly. The ADRC shall submit its encounter data to the Department electronically no later than the 20th of the month following the month for which the report is prepared (e.g. the January Encounter Report must be submitted by February 20th), or the first business day thereafter when the 20th falls on a weekend or holiday.
- c. *Governing Board Minutes and Agendas.* The ADRC shall send agendas and supporting materials, including minutes of prior meetings when available, to its assigned regional quality specialist in advance of its governing board meetings.
- d. *Disability Benefit Specialist Report.* The 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 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 ADRC shall report monthly expenditures electronically to the Department at: dhs600rcars@dhs.wi.gov on the DMT Form F-00642 at

<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 ADRC shall submit an annual expenditure report using the standard report form provided by the Department. The ADRC shall submit the annual expenditure report as requested by the Department.
- h. *ADRC Annual Update.* The ADRC shall annually submit information for the ADRC Annual Update using the report form supplied and following procedures established by the Department. This report contains information on staffing, organization, , 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*

Unless otherwise specified, reports and other materials are to be submitted electronically to the Office for Resource Center Development Team mailbox at dhsrscteam@wicsonsin.gov.

3. *Participation in Data Collection Efforts*

The 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 ADRC shall share with the Department any record, as defined in s. 19.32 (2) Stats., of the 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 , years after the close of an audit.

6. *Accurate, Complete, and Timely Submission*

The 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 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.

N. Requirements for Regional ADRCs

1. Requirements for Regional ADRCs

- a. An 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 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 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 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, email 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 ADRC shall have a single director with the responsibilities required under Section V.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 Annual Update as requested.

- 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 scope of services.
- l. There may be more than one telephone or telecommunications system for a regional ADRC.
- m. All required 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 LTCFS screen liaison designated to communicate with the Department.
- o. 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 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 M. above.

- q. The 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 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.

O. Requirements for ADRCs Serving Tribal Communities

1. Outreach to Tribal Members

The 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 Tribal Aging and Disability Resource Specialist (Tribal ADRS) in areas where there is a Tribal ADRS), or from an EBS, DBS, or other appropriate ADRC staff.

3. Tribal Disability Benefit Specialist

When appropriate and the preference of the customer, 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 ADRS, the ADRC shall coordinate with the Tribal ADRS to facilitate the provision of services to tribal members.
- b. The ADRC shall provide the Tribal ADRS 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 Tribal ADRS as needed to allow for the smooth transfer and/or timely provision of aging and disability services and appropriate sharing of customer information in order to coordinate services.
- d. The ADRC shall provide an orientation for the Tribal ADRS 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.

P. Requirements for ADRCs that are Integrated with Aging Units

- 1. An integrated ADRC and aging entity shall:
 - a. 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.
 - b. Provide all required ADRC and aging services.
 - c. Have one name for the integrated ADRC and aging entity which begins with the words “Aging and Disability Resource Center.”
 - d. The ADRC shall have one publicized phone number and one website for the integrated entity.
 - e. Have one body that meets the requirements for an ADRC governing board, committee, or commission for the entire integrated entity and any additional advisory committees or commissions that may be needed to meet requirements for the aging network.
 - f. Have one director with responsibility for both ADRC and aging unit functions.
 - g. Have sufficient staff to adequately deliver the required ADRC and aging programs and services.
 - h. Use data from both ADRC and aging systems to provide a smooth and efficient experience for individual customers and to facilitate operational efficiencies. In multi-county entities, ADRC branch offices which are not integrated with aging are exempt from this requirement.
 - i. 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.
 - j. Solicit public input and engage the community regarding the integration of the ADRC and aging services.
- 2. An integrated ADRC and aging entity shall meet all the requirements contained in this scope of services and the Wisconsin Elders Act.

Q. Process for Merger, Dissolution, and Formation of New ADRCs

An ADRC shall follow the process described below for any merger, dissolution, or reorganization in which an ADRC joins with others to create or expand a regional ADRC or a regional ADRC disbands and reforms to create new single or multi-county ADRCs.

1. An ADRC shall notify the Department with a letter of 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.
2. 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.
3. Any new regional ADRC must be created under a Section 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.
4. 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.
5. The existing ADRC shall continue to function until an alternative is in place to ensure continuity of service.

VI. CONTRACT MANAGEMENT

A. Required Plans, Policies and Procedures

1. The ADRC shall develop and maintain plans, policies, and procedures consistent with the requirements contained in this scope of services, following the formats and within the timeframes specified by this scope of services or otherwise agreed to by the Department.
2. ADRC plans, policies, and procedures and all services provided by the ADRC shall comply with all applicable state and federal requirements.
3. The following plans are required under this scope of services. Requirements for these plans are contained in the relevant sections of this scope of services.
 - (a) Health Promotion, Prevention and Early Intervention Plan
 - (b) Quality Assurance and Improvement Plan
 - (c) Regional Management Plan (for regional ADRCs only)
 - (d) Staffing Plan

4. The ADRC shall comply with any statewide policies and procedures required by the Department and posted on the ADRC SharePoint site. Statewide policies are;
 - (a) Confidentiality Policy
 - (b) Conflict of Interest Policy
 - (c) Grievance and Appeal Policy
 - (d) Information and Assistance Follow-up Policy
 - (e) Long-term Care Authorization, Enrollment, and Disenrollment Form Signatures Policy
 - (f) Short-Term Service Coordination Policy

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.

5. The following additional policies are required under this scope of services. Requirements for these policies are contained in the relevant sections of this scope of services.
 - (a) Accessing Locally Administered Programs and Benefits
 - (b) LTCFS Quality
 - (c) Shared Positions
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 ADRC shall develop a line-item budget and budget narrative for the period covered by this scope of services and shall submit these for Department approval using forms and procedures established by the Department.

2. Use of ADRC Grant Funds

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

3. *Budget Format*

The budget shall be prepared using the budget section in the ADRC Annual Update

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 scope of services that are appropriate to the service(s), and define any terms that may be interpreted in ways other than what the ADRC intends.

2. *Responsibility of Parties to the Contract*

The prime contractor (i.e., the ADRC) is responsible for contract performance when subcontractors are used. Subcontractors must agree to abide by all applicable provisions of this scope of services. 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 ADRC shall make all subcontracts available for review by the Department on request.

D. Performance

1. *Performance Consistent with Requirements of this Scope of Services*

The ADRC shall perform all the services required under this scope of services and statewide policies in a professional manner. The ADRC shall maintain the policies, procedures, plans, and agreements required under this scope of services and shall make them available for Department inspection upon request.

2. *Performance Consistent with Requirements in Technical Assistance Documents*

The ADRC shall comply with requirements contained in technical assistance documents published on the ADRC SharePoint site. Technical assistance documents contain both requirements and best practice information. ADRCs are encouraged, but not required, to follow the best practices identified in technical assistance documents.

3. *Failure to Meet Requirements of this Scope of Services*

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

4. *Performance of Terms During Disputes*

The existence of a dispute notwithstanding, both parties agree to continue without delay to carry out all their respective responsibilities under this grant agreement not affected by the dispute and the ADRC further agrees to abide by the interpretation of the Department regarding the matter in dispute while the ADRC seeks further review of that interpretation.

VII. APPENDICES

APPENDIX A: Definitions

ADRC—Aging and Disability Resource Center

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 intellectual/developmental 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—The same as target group or target population. Any of the following groups identified in Ch. 46.283, Wis. Stats., and DHS 10 that an ADRC has contracted with the Department to serve:

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

Costs—The actual costs that meet the Department's Allowable Cost Policy Manual and the federal allowable cost policies that are incurred by the ADRC within the grant period to provide the services under this scope of services.

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 ADRC is responsible to begin providing services under this grant agreement.

Effective term—The period of time during which the ADRC is responsible to provide services under this grant agreement.

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.

Enrollment counseling—Providing information to prospective publicly funded long-term care enrollees so they can make an informed choice among the available programs and managed care organizations or IRIS consultant agencies. Also called choice counseling.

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—Any or all of the three Medicaid managed long-term care programs included in the Family Care umbrella – Family Care, Family Care Partnership, and PACE (Program of All Inclusive Care for the Elderly). Family Care Partnership and PACE are not available in all counties. See <https://www.dhs.wisconsin.gov/familycare/index.htm> for information on these programs.

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.

Family Care 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 intellectual/developmental or physical disabilities in Wisconsin. Family Care Partnership is not available in all counties. See <https://www.dhs.wisconsin.gov/familycare/index.htm> for information on these programs.

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 grant agreement 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 ADRC may be advisory to a county board or committee of the county board or to a tribal council.

Grant agreement—The collected documents describing the agreement between the Department and the ADRC, including the scope of services, exhibits, appendices, and other documents referenced therein, and any subsequent technical assistance issued by the Department.

Grievance—An expression of dissatisfaction about a situation that the person making the grievance wants to see rectified.

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—A person who assists individual IRIS participants in developing and implementing their support and service plans.

IRIS Consultant Agency (ICA)—The organization which, under contract with the Department, employs, trains and oversees the IRIS consultants, 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, Family Care Partnership, PACE and IRIS.

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 Organization (MCO)—The organization responsible for administering the Family Care benefit, PACE, Family Care 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. PACE is not available in all counties. See <https://www.dhs.wisconsin.gov/familycare/index.htm> for information on these programs

Preadmission consultation (PAC)—Provision of long-term care options counseling and the LTCFS to persons referred to the 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.

Publicly funded long-term care—Any of Wisconsin's Medicaid managed long-term care waivers for elderly and adults with physical or intellectual/developmental disabilities (Family Care, PACE, Family Care Partnership, or IRIS). This does not include children's waivers or fee-for-service Medicaid for nursing home or other institutional care.

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

Relative—A parent, child, sibling, aunt, uncle, niece, nephew, cousin, grandparent, grandchild, great grandparent or great grandchild, including those related by and adoption or stepfamily relationships.

Regional ADRC—An ADRC serving more than one county, more than one tribe, or a combination of county(s) 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 ADRC provides services. The service area may be a single county or tribe or a multi-county, county-tribal, or multi-tribal region.

Staff—All employees and subcontractors of the ADRC, including supervisors who are not also the director.

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

Tribal Aging and Disability Resource Specialist (Tribal ADRC)—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 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**