



**Aging and Disability Resource Center
ADRC of Door County**

ADVISORY BOARD - NOTICE OF PUBLIC MEETING

MONDAY, July 18, 2016 - 4:00 P.M.
ADRC of Door County @Senior and Community Center
832 N. 14th Avenue, Sturgeon Bay, WI 54235

AGENDA

1. **Call to Order at 4:00 p.m.**
2. **Establish Quorum**
3. **Adopt Agenda**
4. **Approve Minutes from the 05/16/2016 Meeting**
5. **Public Comment**

6. **Old Business**
 - Building Project Update
 - ADRC 2016 Business Plan Update
 - Update on SRC and ADRC Blending
 - Memory Screenings Update
 - Family Care 2.0 Update
 - Director's Meeting Update

7. **New Business**
 - Garden Volunteers
 - Outreach
 - Scope of Services for the Contract Between WI DHS Division of LTC and ADRC
 - Updates and changes
 - Governing Boards Authority
 - HIPAA/Confidentiality
 - I-Team Restructuring
 - Release Form updates
 - Change Project
 - Trauma Informed Care
 - Director's Report

8. **Confirm Next Meeting Date and Time**
 - The next meeting is tentatively scheduled for September 19, 2016 at 4:00 p.m.

9. **Adjourn**

In compliance with the Americans with Disabilities Act, any person needing assistance to participate in this meeting should contact the Office of the County Clerk at (920) 746-2200. Notification 72 hours prior to a meeting will enable the County to make reasonable arrangements to ensure accessibility to that meeting.

Deviation from the printed order may occur.

Posted:

ADRC Advisory Board - Minutes

Monday, May 16, 2016

Senior Resource & Community Center, 832 N. 14th Ave., Sturgeon Bay, WI

THESE MINUTES HAVE NOT BEEN REVIEWED AND APPROVED BY THIS BOARD AND ARE SUBJECT TO REVIEW AND REVISION BY THE BOARD AT THEIR NEXT REGULARLY SCHEDULED MEETING.

Business Meeting

1. Call to Order

- The meeting was called to order at 4:00 p.m. by Helen Bacon. Members present were: Christine Andersen, Helen Bacon, Tom Krueck, Robert Sullivan, Tami Leist, Judith Treptow, Melissa Wolfe and Lucille Kirkegaard. Other persons present were Rachelle Gramann. Robin Mark took minutes.

2. Establish a Quorum

- A quorum was established and the meeting continued.

3. Adoption of Agenda

- A motion was made by Tom Krueck, and seconded by Christine Andersen to adopt the agenda. The motion was carried unanimously.

4. Approve Minutes from 3/21/16 Meeting

- A motion was made by Judy Treptow to approve the minutes and was seconded by Tom Krueck. The motion was carried unanimously.

5. Public Comment

- Tom Krueck shared that he is hearing concerns from at least 1 client in Baileys Harbor regarding the MCO's not wanting to pay providers a decent wage. This is causing the client to have difficulty retaining services under Family Care. This is starting to affect the level of care that clients are receiving since qualified caregivers want a higher wage. Rachelle shared her perspective coming from a different county that the resources are just not here in a smaller county. The rest of the board discussed the frustration that jobs at places like McDonalds and Wal-Mart pay much higher starting out than do qualified caregiving agencies. It was also discussed that the county may have to think outside the box and maybe go outside the country to bring in workers. Although a great idea, the lack of housing for those types of workers may preclude that from being a viable option. Helen stated that it is going to be up to the clients of Family Care to contact their Legislators and file complaints, and that we as a county are not in a position at this point to solve the difficulties that clients are having with Family Care. Rachelle shared that Family Care is a program about needs, not wants. The program is looking to balance informal and formal supports before the program is utilized.

- **Due to ongoing discussions, moving forward, Family Care 2.0 will be added to the agenda list for each meeting.**

6. Old Business

- Building Project Update –Rachelle passed around plans that are about 95% complete regarding the building design. She shared what she saw during her walk-thru. All staff will have their own offices. Helen then shared that the next step is that they are trying to coordinate a meeting with the DNR to go over the results of the soil testing. The hope is that minimum excavation work will be needed. This is phase 1 of 3 phases. Phase 2 will be more intricate drawings and will hopefully start in July. Judy suggested that the women’s bathroom needs to be bigger than the men’s since there are traditionally more women that utilize the center. Helen stated that the County Board has another opportunity to say yes or no in July to the plans. If all goes as planned, ground breaking should start in November, 2016.
- **ADRC Compliance Update** – Rachelle turned the report in and the State sent it back for some modifications. She is working on making the modifications and will turn it back in by the due date of June 1st. Some of the items, namely signage requirements won’t be done now, but will be done with the new building next year. The state has decided to fund hearing loops for the current Senior Resource and Community Center and we are waiting for I.S. to install.
- **ADRC 2016 Business Plan Update** – Rachelle is working on. The state keeps making changes to the information they are looking for which is delaying its completion. Finance will be helping with the completion of the numbers and Tom Krueck will also help. The current plan is due 11/1/16 and will be required every other year.
- **Marketing** – Rachelle stated that outreach is going very well. The team is working on a couple of things, possibly some regular radio spots, advertising in the Pulse, the Advocate, the YMCA newsletter and the MDCMC newsletter. Judy Treptow mentioned that at one time the state had marketing dollars available for the asking but she is not sure there is any left. Rachelle to follow up.
- Rachelle mentioned that they are trying to get a meeting set up between GWAAR and ORCD on the blending of the ADRC and Aging programs.
- **Add to agenda for future meetings – Update SRC & ADRC blending.**
- Discussion was held on the naming of the new building with some suggestions from the board as to how to go about getting naming suggestions.

7. New Business

- Director’s Report – Rachelle shared the SAMS contact numbers from the 1Q16 (1,057 contacts) and the average quarter contacts from last year (1,244) saying we are a bit shy of last year’s average but that’s to be expected now that the rollover to Family Care has settled into a steady pace.
- Rachelle shared that there is a Director’s training coming up, a Wellness fair at the Fish Creek YMCA and a team visit to Washington Island planned for June.
- Melissa Wolfe shared information that she is part of Next Generations which is a volunteer group that has weekly/monthly meetings and/or trainings. She is looking for sponsors.

- Rachelle went on to share that June 15th is Elder Abuse Awareness day and that we will have another “shred-fest” here at the SRC. Anyone with private information that they need destroyed is welcome to come in and drop their papers off in one of the locked bins. The documents will then be sent out for shredding.
- The RFP has gone out to have the SRC newsletter printed with a 3rd party.
- Effective 7/1/16, the ADRC’s state wide will now be under the Department of Public Health instead of the Department of Human Services. This will not affect us at the County level.
- July 8th will see the ADRC hosting free memory screenings at the SRC and the Alzheimer’s Association will be on hand to speak. Sign-ups will be posted at the receptionist’s desk.
- A discussion was held about “scope creep”. Social Services is underfunded so the push is on to send a lot of work to the ADRC’s. The ADRC is working hard to keep the boundary lines in place and not become overwhelmed.
- Rachelle shared some information about Family Care 2.0. She will send out hard copies to the board members now.

- **Public Feedback** - None

8. Confirm Next Meeting Date and Time

- The next meeting of the ADRC Advisory Board will be held on Monday, July 18, 2016, at 4:00 p.m. at the Senior Resource & Community Center.

9. Adjourn

- A motion was made by Christine Andersen, to adjourn the meeting. The motion was seconded by Tom Krueck. The motion was carried unanimously. Meeting adjourned at 5:45 p.m.

Recorded by Robin Mark



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

July 1, 2016

Honorable Alberta Darling
Co-Chair
Joint Committee on Finance
Room 317 East
State Capitol
P.O. Box 7882
Madison, WI 53707-7882

Honorable John Nygren
Co-Chair
Joint Committee on Finance
Room 309 East
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Senator Darling and Representative Nygren:

Section 9118(9q)(b) of 2015 Act 55, the 2015-17 biennial budget, directed the Department to submit a report on the responsibilities of Aging and Disability Resource Centers governing boards. Please find the report enclosed.

Please contact me if you have any questions about the report.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Engels".

Thomas J. Engels
Interim Secretary

Recommendations Regarding Duplication of Functions between Aging and Disability Resource Center (ADRC) Governing Boards and the Department of Health Services (DHS)



A Report to the Joint Committee on Finance by the
Wisconsin Department of Health Services
Division of Long Term Care
P-01241A (07/2016)

Table of Contents

Executive Summary.....	i
Introduction and Background	1
Overview of Aging and Disability Resource Centers (ADRCs).....	1
Composition and Responsibilities of ADRC Governing Boards Under Current Law	2
ADRC Organizational Structure and Governing Board Authority	4
External Stakeholder Input	4
Conclusions and Recommendations.....	5
Proposed Statutory Changes	10
APPENDIX	13
ADRCs in Wisconsin and the Counties and Tribes Served	13

Executive Summary

2015 Wisconsin Act 55 requires the Department of Health Services (DHS) to report to the Joint Committee on Finance no later than July 1, 2016, what responsibilities, if any, of Aging and Disability Resource Center (ADRC) governing boards described under Wis. Stat. § 46.283(6) are duplicative of functions performed by DHS. If duplicative functions are identified, DHS must report the changes needed to the statutory requirements for the resource center governing boards to remove that duplication.

This report is the second of three papers that DHS will be submitting to the Legislature by January 1, 2017, that evaluates the role of ADRCs in Wisconsin's Medicaid long-term care programs.

The report recommends the following:

DHS recommends no changes to the statutory requirements for the composition of resource center governing boards under § 46.283(6)(a).

DHS recommends eliminating the requirement that ADRCs review MCO-related grievances and appeals. Removing this requirement not only removes duplication, but also addresses concerns raised by external stakeholders and clarifies the role of the governing board.

DHS recommends no changes to statute to reduce the authority of the governing board to that of an advisory committee.

DHS recommends deleting obsolete duties of ADRC governing boards regarding the county long-term planning committee.

DHS recommends eliminating regional long-term care advisory committees.

Introduction and Background

2015 Wisconsin Act 55 requires the Department of Health Services (DHS), by no later than July 1, 2016, to assess which responsibilities of Aging and Disability Resource Center (ADRC) governing boards, described in Wis. Stat. § 46.283(6), are duplicative of functions performed by DHS, and shall propose changes to the statutory requirements for the resource center governing boards to remove any duplication of functions.

In developing this report, DHS staff reviewed statutory and contractual requirements relating to ADRCs and ADRC governing boards. DHS examined organizational structures of governing boards and the corresponding authority within each organizational structure, reviewed methods of oversight of the long-term care system, and solicited stakeholder input through an invitation to provide written comments and to participate in a series of meetings and conference calls. DHS solicited input from ADRC directors, managed care organization (MCO) leadership, county human service and social service department directors, aging directors, tribes fully partnered with ADRCs, consumer advocates, and ADRC governing board members. In addition, DHS reviewed methods available for consumers to provide meaningful input to DHS on the long-term care system in Wisconsin. ADRC governing boards are a mechanism for consumer input under current regulations.

Overview of Aging and Disability Resource Centers (ADRCs)

ADRCs are designed as the first place to go for accurate, unbiased information on all aspects of life related to aging or living with a disability. ADRCs are friendly, welcoming places where anyone—individuals, concerned family or friends, or professionals working with issues related to aging or disabilities—can go for information tailored to their situation. ADRCs provide information on a broad range of programs and services, help people understand the various long-term care options available to them, help people apply for programs and benefits, and serve as the access point for publicly funded long-term care. ADRC services are available to older people and adults with disabilities regardless of income and regardless of whether the person is eligible for publicly funded long-term care or other government benefits. ADRC services are also available to families, friends, caregivers, physicians, hospital discharge planners, and others who work with or care about older people or people with disabilities.

ADRCs are governed by § 46.283, and provide several required functions: information and assistance services, the initial long-term care functional screen, prevention and intervention services, benefit counseling, options counseling, enrollment counseling, and youth in transition services.

There are currently 41 ADRCs that serve the entire state of Wisconsin, including Wisconsin's 11 federally recognized tribes. The Appendix includes detailed information.

Of Wisconsin's 41 ADRCs, 28 are composed of a single-county and 13 serve multi-county regions. Milwaukee County has a separate Aging Resource Center and Disability Resource Center. The majority of ADRCs (28 of 41, accounting for 68%) are fully integrated with aging units in order to provide more robust and coordinated services to older adults and adults with disabilities.

All ADRCs are county or multi-county public entities, with the exception of the ADRC of Brown County, which is a nonprofit organization. Five of Wisconsin's 11 tribes partner with the ADRC serving their region and six have a tribal aging and disability resource specialist to provide information and assistance, options counseling, and certain other ADRC functions.

Composition and Responsibilities of ADRC Governing Boards Under Current Law

The requirements and duties of the ADRC governing boards are described in Wis. Stat. § 46.283(6), Wis. Admin. Code § DHS 10.22, and the ADRC's contract with DHS.

Board Membership—§ 46.283(6)(a) establishes requirements for the composition of governing boards. The statute does not mandate the number of members the board must have, but does require the following:

- The board must reflect the ethnic and economic diversity of the geographic area served by the resource center.
- At least one-fourth of the members shall be individuals who belong to the client groups served by the resource center or their family members, guardians, or advocates, with the mix of client group members reflecting the mix of groups served by Family Care statewide. These groups are frail elders, people with developmental disabilities, and people with physical disabilities.
- An individual with a financial interest in a Family Care MCO or Medicaid SSI managed care organization operating in the resource center's service area, or the individual's family member, may not serve on the board.

Board Responsibilities—§ 46.283(6)(a) enumerates specific duties for the governing boards:

1. Determine the structure, policies, and procedures of, and oversee the operations of, the resource center. The operations of a resource center that is operated by a county are subject to the county's ordinances and budget.
2. Annually gather information from consumers and providers of long-term care services and other interested persons concerning the adequacy of long-term care services offered in the area served by the resource center. The board shall provide well-advertised opportunities for persons to participate in the board's information gathering activities conducted under this subdivision.

3. Identify any gaps in services, living arrangements, and community resources needed by individuals belonging to the client groups served by the resource center, especially those with long-term care needs.
4. Report findings made under subds. [2.](#) and [3.](#) to the applicable regional long-term care advisory committee.
5. Recommend strategies for building local capacity to serve older persons and persons with physical or developmental disabilities, as appropriate, to local elected officials, the regional long-term care advisory committee, or DHS.
6. Identify potential new sources of community resources and funding for needed services for individuals belonging to the client groups served by the resource center.
7. Appoint members to the regional long-term care advisory committee, as provided under § [46.2825 \(1\)](#).
8. Annually review interagency agreements between the resource center and care management organizations that provide services in the area served by the resource center and make recommendations, as appropriate, on the interaction between the resource center and the care management organizations to assure coordination between or among them and to assure access to and timeliness in provision of services by the resource center and the care management organizations.
9. Review the number and types of grievances and appeals concerning the long-term care system in the area served by the resource center, to determine if a need exists for system changes, and recommend system or other changes if appropriate.
10. If directed to do so by the county board, assume the duties of the county long-term community support planning committee as specified under § [46.27 \(4\)](#) for a county served by the resource center.

Variations in ADRC Organizations and Governing Board Authority

The 41 ADRCs in Wisconsin include a variety of organizational structures and governing board arrangements. This flexibility in organizational structure is purposeful and necessary, so that the ADRC may adapt to meet the needs of its local community and county government.

Forty of the 41 ADRCs are county agencies, while one is a non-profit organization. Under § 46.283(6)(b)1, an ADRC board within a county is subject to the county's ordinances and budget. These counties are governed by their own county boards, and many report to a county human services board overseeing their human services agency. Consequently, governing boards for county-agency ADRCs serve as advisory councils or committees to the county board or county human services board, rather than as independent governing bodies.

ADRC Organizational Structure and Governing Board Authority

	Single-County Agency	Multi-County Agency	Nonprofit	Total
Governing Role	0	2	1	3
Advisory Role	27	11	0	38
Total	27	13	1	41

In addition, the majority of ADRCs are integrated with county aging units. When ADRCs and aging units are integrated, DHS expects the ADRC governing board to be combined with the commission on aging to form a single, integrated governing body meeting all of the requirements for ADRC governing boards described in statute and contract, as well as the requirements for county commissions on aging described in § 46.82(4). Integration between the two entities promotes coordination of services for older adults and people with disabilities.

Regional Long-Term Care Advisory Committee

Wisconsin Stat. § 46.2825 establishes regional long-term care advisory committees that were intended to have a monitoring, review, and evaluation role with regard to ADRCs, MCOs, and the long-term care system in general. ADRC governing board responsibilities under § 46.283(6) include several duties related to regional committees, including: reporting the board’s findings on community needs and adequacy of services within their local area, recommending strategies for building local capacity, and appointment of the committees’ membership.

External Stakeholder Input

To inform this report, DHS held a series of in-person meetings and conference calls, and provided an opportunity for stakeholders to provide written input. DHS solicited input from ADRC directors, MCO leadership, county human and social service department directors, aging directors, tribes fully partnered with ADRCs, consumer advocates, and ADRC governing board members.

Stakeholder input served as an important opportunity for DHS to identify potential areas of duplication and to recommend statutory changes to the duties of governing boards. Common themes are listed below:

- **Duplication with DHS duties:** Many stakeholders felt that the duties regarding oversight of the long-term care system, specifically review of grievances and appeals, was an area of duplication with DHS.
- **Importance of the board as a consumer voice:** Stakeholders voiced that boards play a critical role in identifying gaps in service, identifying unmet needs, and advocating for the needs of the community. Many felt the need to preserve the board’s role as advocate for

ADRC target populations, and the programs, services, and policies that impact their quality of life.

- **Appropriateness of roles:** The appropriateness of the ADRC governing board as policing the long-term care system was questioned by many stakeholder groups. At the same time, some stakeholders asked what other entity would effectively serve that role
- **Administrative functions:** Some stakeholders discussed that board requirements (such as oversight of ADRC operations and policies, identification of funding sources, and review of interagency agreements) were more administrative functions of the ADRCs, and should be completed by ADRC management. Others disagreed and felt that the functions should remain requirements of the board.

Review of agency agreements: Many stakeholders felt that boards needed to review interagency agreements with MCOs when they are first developed and when material changes are made, but there was no need for annual review. Some questioned why ADRCs governing boards had duties specific to managed care organizations, when their role is broader within long-term care and populations served.

- **Removal of obsolete duties:** Many recommended removing duties that were irrelevant or placed the board in a position where they could not fulfill duties, such as those related to the regional long-term care advisory committees and COP planning committees.

Conclusions and Recommendations

The recommendations in this report focus on areas of duplication between DHS and ADRC governing boards.

Composition and Core Functions of the ADRC Governing Boards

- Governing boards are an integral component of ADRCs that define and uphold the mission of the ADRC. ADRC governing boards provide guidance and direction on the structure, operations, and performance of the ADRC. Boards, with membership representing consumer voices, not only ensure that the ADRC has awareness of community needs, but also advocate for and support changes to meet those needs for their local community.
- Requiring a consumer-driven ADRC governing board ensures that the populations served by the ADRC—older adults and people with disabilities—have a voice in the creation, development, direction, and implementation of their local ADRC’s policies and services. Stakeholders articulated ADRC governing board’s core function as the ability to act and advocate for ADRC target populations by being knowledgeable about and working to improve the programs, services, and policies that affect their way of life. DHS agrees that ADRC board members have an awareness of and connection to the pulse of those served by the ADRC in the local community, and the ADRC board is, therefore, an appropriate entity to advocate for their needs. Boards also have a role in shaping the ADRC’s local policies and operations to ensure a successful fit with the area and population served by the ADRC.

- These core functions of the board are not duplicative of the functions of DHS. While DHS is responsible for oversight of statewide ADRC functions through the Office for Resource Center Development, the ADRC and their local board have latitude to develop and implement local policies and procedures in addition to those required statewide.
- Wisconsin Stat. § 46.283(6)(a) addresses the requirements for member composition of the ADRC governing board. This section of the statutes requires and ensures that a representative voice of ADRC populations and of consumers of long-term care is embodied in ADRC governing board membership. DHS is committed to safeguarding requirements that ensure inclusion of input from people who represent the target groups served. Because there are not duplications in functions, DHS recommends no changes to the statutory requirements for the composition of resource center governing boards.

Oversight of the Long-Term Care System and MCOs

- The ADRC governing board is currently charged under § 46.283(6)(b)9 to review the number and types of grievances and appeals concerning the long-term care system in the area served by the resource center, to determine if a need exists for system changes, and recommend system or other changes if appropriate.
- DHS is responsible for oversight of MCOs and all long-term care programs. DHS performs that oversight through monitoring of contracts, use of an external quality review organization (EQRO) to help implement a multi-level quality management system for managed long-term care on a statewide level, and through annual financial reviews. Quality oversight activities include: onsite annual quality reviews, annual care management reviews that include review of a sample of member individualized service plans, review of quarterly narrative reports, ongoing review of grievances and appeals, review of critical incidents and other adverse events for members, and ongoing review of utilization data. In particular, under the direction of DHS, the EQRO undertakes discovery activities in accordance with DHS quality strategies, while DHS executes remediation and quality improvement efforts.
- Since 2002, DHS has contracted with MetaStar to conduct EQRO activities for the Family Care program. On an ongoing basis, EQRO activities evaluate the quality of the services that are arranged for or provided to Family Care enrollees or potential enrollees under the contract DHS has with MCOs. In reviewing MCOs, MetaStar performs quality compliance reviews, validates performance improvement projects, implements performance measures, as well as other oversight methods. DHS annually publishes a report of MetaStar findings, which is available for public review on the DHS website.
- Groups of external stakeholders questioned the appropriateness of the ADRC governing board's role in oversight of the long-term care system, specifically MCOs. Without authority to enforce changes or require data from MCOs, concerns were also raised that ADRC boards could only rely on anecdotal evidence rather than actual data.

- DHS recommends eliminating the requirement that ADRCs review MCO-related grievances and appeals. Removing this requirement not only removes duplication, but also addresses concerns raised by external stakeholders, and clarifies the role of the governing board.

Governing Board Authority

- As discussed above, pursuant to county ordinances, county-agency ADRC governing boards typically have an advisory role only.
- DHS recommends that county boards give ADRC governing boards the authority to independently make decisions and act on those decisions, consistent with the scope of the boards' duties under § 46.283(6). This recommendation would not mandate a single prescriptive organizational structure for ADRCs because boards are able to act independently and successfully in various organizational designs.

Single-County ADRCs

- In single-county ADRCs, the ADRC is either a public entity with a board that acts in an advisory capacity to the county, or a nonprofit organization with a board independent of the county. When acting in an advisory function to the county, the ADRC governing board may take different forms, including a subcommittee within the county board, ADRC governing board membership appointed by the county executive, or as an advisory council to the human services or county board.
- Although a governing board may be a public entity that is "advisory" in title, it is possible that the board may be effective in implementing the core functions of the ADRC board. If the ADRC board is able to provide meaningful input to the county entity to which the governing board reports, regardless of the title "advisory" or "governing," the board may have the authority to independently make decisions and act on those decisions within the scope of their duties under § 46.283(6). In order to provide meaningful input, the county entity to which the ADRC governing board reports would need to include ADRC board members' input in decision-making, and provide deference to the ADRC board as appropriate.

Regional ADRCs

- Regional ADRCs that operate under Wis. Stat. § 66.0301 Intergovernmental cooperation, or as long-term care districts, have governing boards with the authority to act as true governing bodies, including the authority to act independently and make local decisions. These arrangements allow the ADRC to continue as public entities while ensuring that core functions of the board are carried out.
- DHS recommends that regional ADRCs organize structurally under § 66.0301 for efficiency in operations. Regional ADRCs that are structured under § 66.0301 are streamlined with a single autonomous governing board. This design allows for

effectiveness and efficiency in operations for the ADRC. When regional ADRCs are not organized under § 66.0301, the ADRC board will act in an advisory capacity to multiple counties, often through different entities. It is possible that requiring the ADRC governing board to report to multiple counties in a disjointed structure will result in inefficiency. Reporting to multiple counties with disparate priorities could also pose challenges to the functioning of the ADRC and their governing board's core functions.

Regional Long-Term Care Advisory Committee

- Regional long-term care advisory committees were convened once in 2012, and are currently inactive due to several challenges DHS has encountered. First and primarily, the statutory duties of the committees are significant in number and depth. The commitment needed by committee members to adequately perform the duties is unreasonable to expect of a citizen advisory committee. Secondly, neither DHS nor ADRCs are funded or staffed to provide technical assistance or training to the committees. Furthermore, in meetings with stakeholders, the appropriateness of the ADRC governing boards and regional long-term care advisory committees in policing the long-term care system has been called into question.
- Therefore, DHS recommends deleting the regional long-term care advisory committee statute and relieving the ADRC governing boards of those duties rather than requiring duties that boards are unable to fulfill due to DHS challenges in convening the committees. Stakeholders also mirror the recommendation to strike the duties related to the committees, as long as an alternate mechanism for reporting board findings to DHS and addressing unmet service needs at a regional or state level is maintained.
- Stakeholder groups also recommended that rather than convening the advisory committees as defined in current statutes and charging the governing boards with duties related to these committees, DHS actively solicit stakeholder involvement and input on the long-term care system through the Wisconsin Long-Term Care Advisory Council. DHS agrees with this additional recommendation.

County Long-Term Support Planning Committee

- DHS recommends removing the duty of the ADRC governing board related to the county long-term support planning committee under § 46.283(6)(b)10. This section of the statute charges the resource center governing board to assume the duties of the county long-term support planning committee, if so directed by the county.
- The county long-term support planning committee is responsible for overseeing the Community Options Program (COP) in that county. When Family Care is implemented in a county, COP funding support services to frail elders and adults with physical and developmental disabilities transfer to the Family Care and IRIS programs. Historically, the COP program has also served children with disabilities and adults with mental illness and

substance abuse. The 2015-17 biennial budget reallocated COP funding for these target to the new Children’s Community Options Program and the new Community Aids Community Mental Health Allocation in Family Care counties. Once Family Care is implemented in all counties, all COP funds will have been transitioned to other programs. At that point, the county long-term support planning committee will no longer have a role, and there will no longer be a need for the ADRC governing board to assume its duties.

Proposed Changes to Clarify Statutory Language

In summary, DHS recommends the following changes to clarify the duties of the ADRC governing boards:

- Preserve the board’s role in assessing and making recommendations regarding long-term care service delivery, but broaden the focus to include review of service quality and capacity and making system recommendations. Allow boards to gather all relevant information as part of this assessment. Under Wis. Stat. § 46.283(6)(b)2, clarify that the boards’ scope regarding annual information gathering from stakeholders should include both public and private long-term care systems.
- Remove board responsibility for reviewing MCO-related grievances and appeals; retain responsibility for reviewing ADRC-related grievances and appeals.
- Eliminate the Regional Long-Term Care Advisory Council statute and ADRC governing board duties with respect to those councils.
- Eliminate provisions regarding the board assuming the duties of the county long-term support planning committee.
- Combine the administrative and operational functions of governing boards currently listed under §§ 46.283(6)(b)1 and 8, so that the two are grouped in one subsection.
- Renumber subsections consistently with recommendations to remove §§ 46.283(6)(b)4,7,8, and 10.

Proposed Statutory Changes

DHS proposes the following statutory changes to reflect the recommendations enumerated in the discussion above:

s. 46.283(6) GOVERNING BOARD.

(a)

1. A resource center shall have a governing board that reflects the ethnic and economic diversity of the geographic area served by the resource center.

2. At least one-fourth of the members of the governing board shall be individuals who belong to a client group served by the resource center or their family members, guardians, or other advocates. The proportion of these board members who belong to each client group, or their family members, guardians, or advocates, shall be the same, respectively, as the proportion of individuals in this state who receive services under s. [46.2805](#) to [46.2895](#) and belong to each client group.

3. An individual who has a financial interest in, or serves on the governing board of, a care management organization or an organization that administers a program described under s. [46.2805 \(1\) \(a\)](#) or [\(b\)](#) or a managed care program under s. [49.45](#) for individuals who are eligible to receive supplemental security income under [42 USC 1381](#) to [1383c](#), which serves any geographic area also served by a resource center, and the individual's family members, may not serve as members of the governing board of the resource center.

(b) The governing board of a resource center shall do all of the following:

1. ~~Determine~~ With input from consumers, service providers, and other local constituents, review and make recommendations regarding the structure, policies, and procedures of, and oversee the operations of, the resource center, to ensure consistency with applicable statutory, rule and Department requirements. ~~The operations of a~~ A resource center that is operated by a county ~~are~~ is subject to the county's ordinances and budget.

2. Annually gather information from consumers and providers of public and private long-term care services and other ~~interested persons~~ relevant sources of information concerning the ~~adequacy~~ quality and capacity of long-term care services offered in the area served by the resource center. The board shall provide well-advertised opportunities for persons to participate in the board's information gathering activities conducted under this subdivision.

3. Identify ~~any~~ gaps in services, living arrangements, and community resources needed by individuals belonging to the client groups served by the resource center, especially those with long-term care needs, and determine if a need exists for system changes.

~~4. Report findings made under subds. 2. and 3. to the applicable regional long-term care advisory committee.~~

~~5. 4. R~~ As appropriate and based on an analysis of the information gathered, recommend strategies for building local capacity, and making system changes, to better serve older persons and persons with physical or developmental disabilities, ~~as appropriate,~~ to ~~local~~-elected officials, ~~the regional long-term care advisory committee~~ other community leaders, and the Department.

~~6. 5.~~ Identify potential new sources of community resources and funding for needed services for individuals belonging to the client groups served by the resource center.

~~7. Appoint members to the regional long-term care advisory committee, as provided under s. 46.2825 (1).~~

~~8. Annually review interagency agreements between the resource center and care management organizations that provide services in the area served by the resource center and make recommendations, as appropriate, on the interaction between the resource center and the care management organizations to assure coordination between or among them and to assure access to and timeliness in provision of services by the resource center and the care management organizations.~~

~~9. 6.~~ Review the number and types of grievances and appeals concerning the ~~long-term care system in the area served by the~~ resource center, to determine if a need exists for system changes, and recommend system or other changes ~~if~~ as appropriate to elected officials, other community leaders, and the Department.

~~10. If directed to do so by the county board, assume the duties of the county long-term community support planning committee as specified under s. 46.27 (4) for a county served by the resource center.~~

S. 46.2825

46.2825 — Regional long-term care advisory committees.

~~(1) CREATION.~~ The governing board of each resource center operating in a region established by the department under s. 46.281 (1n) (d) 1. shall appoint the number of its members that is specified by the department under s. 46.281 (1n) (d) 2. to a regional long-term care advisory committee. At least 50 percent of the persons a resource center board appoints to a regional long-term care advisory committee shall be older persons or persons with a physical or developmental disability or their family members, guardians, or other advocates.

~~(2) DUTIES.~~ A regional long-term care advisory committee shall do all of the following:

~~(a)~~ Evaluate the performance of care management organizations and entities that operate a program described under s. 46.2805 (1) (a) or (b) in the committee's region with respect to responsiveness to recipients of their services, fostering choices for recipients, and other issues

affecting recipients; and make recommendations based on the evaluation to the department and to the care management organizations and entities, as appropriate.

~~(b) Evaluate the performance of resource centers operating in the committee's region and, as appropriate, make recommendations, concerning their performance to the department and the resource centers.~~

~~(c) Monitor grievances and appeals made to care management organizations or entities that operate a program described under s. 46.2805 (1) (a) or (b) within the committee's region.~~

~~(d) Review utilization of long term care services in the committee's region.~~

~~(e) Monitor enrollments and disenrollments in care management organizations that provide services in the committee's region.~~

~~(f) Using information gathered under s. 46.283 (6) (b) 2. by governing boards of resources centers operating in the committee's region and other available information, identify any gaps in the availability of services, living arrangements, and community resources needed by older persons and persons with physical or developmental disabilities, and develop strategies to build capacity to provide those services, living arrangements, and community resources in the committee's region.~~

~~(g) Perform long range planning on long term care policy for individuals belonging to the client groups served by the resource center.~~

~~(h) Annually report to the department regarding significant achievements and problems relating to the provision of long term care services in the committee's region.~~

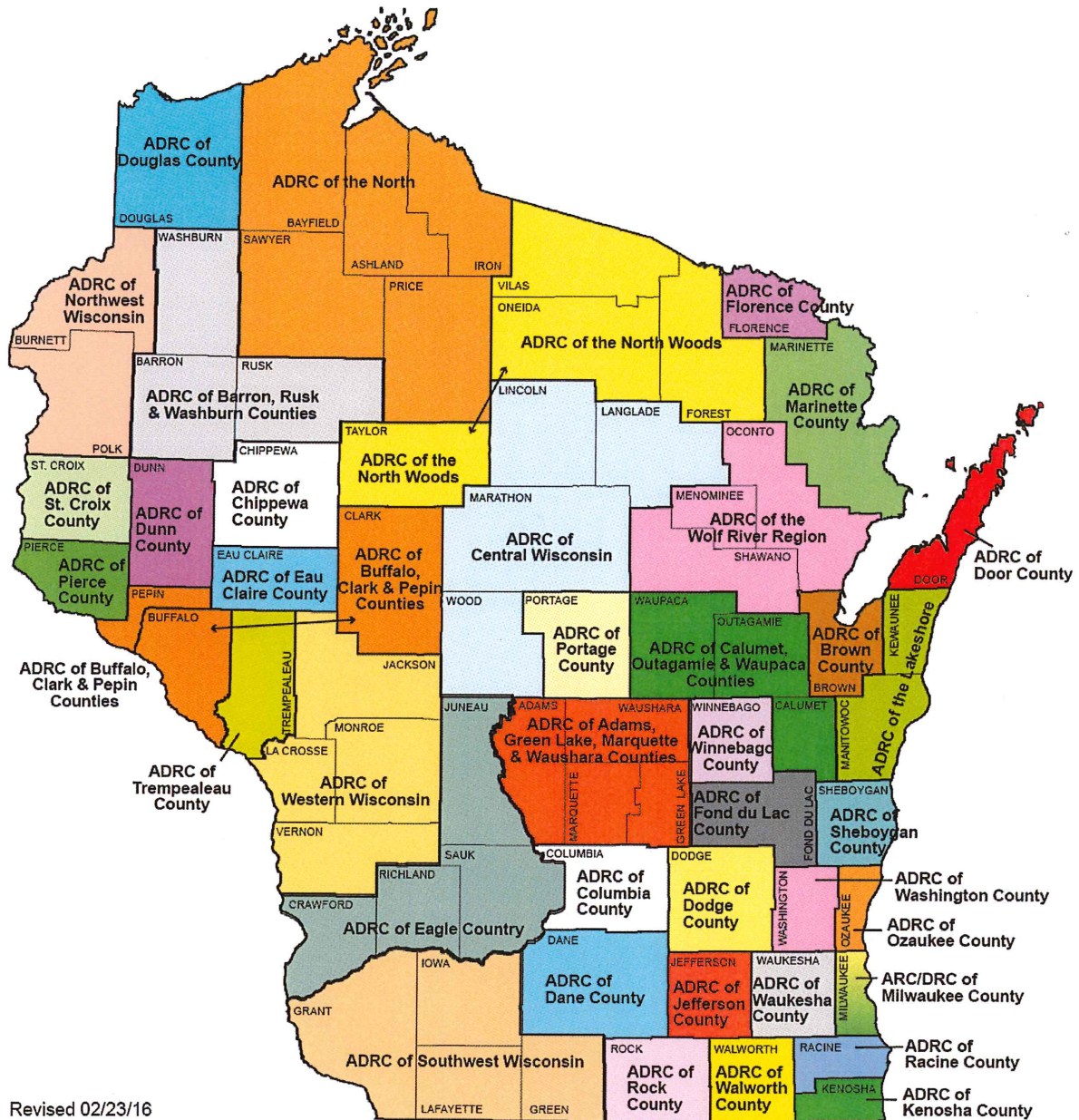
~~46.2825(2)(i) (i) Review and assess the self directed services option, as defined in s. 46.2899 (1).~~

APPENDIX

ADRCs in Wisconsin and the Counties and Tribes Served

1. ADRC of Adams, Green Lake, Marquette, and Waushara Counties
2. ADRC of Barron, Rusk, and Washburn Counties
3. ADRC of Brown County
4. ADRC of Buffalo, Clark, and Pepin Counties
5. ADRC of Central Wisconsin (Marathon, Wood, Lincoln, and Langlade Counties)
6. ADRC of Chippewa County
7. ADRC of Columbia County
8. ADRC of Calumet, Outagamie, and Waupaca Counties
9. ADRC of Dane County
10. ADRC of Dodge County
11. ADRC of Door County
12. ADRC of Douglas County
13. ADRC of Dunn County
14. ADRC of Eagle Country (Crawford, Juneau, Richland, and Sauk Counties)
15. ADRC of Eau Claire County
16. ADRC of Florence County
17. ADRC of Fond du Lac County
18. ADRC of Jefferson County
19. ADRC of Kenosha County
20. ADRC of the Lakeshore (Manitowoc and Kewaunee Counties)
21. ADRC of Marinette County
22. Aging Resource Center of Milwaukee County
23. Disability Resource Center of Milwaukee County
24. ADRC of the North (Ashland, Bayfield, Iron, Price, and Sawyer Counties)
25. ADRC of Northwest Wisconsin (Polk and Burnett Counties and the St. Croix Chippewa Indians of Wisconsin)
26. ADRC of the North Woods (Forest, Vilas, and Oneida Counties and the Sokaogon Chippewa Community, Lac du Flambeau Band of Lake Superior Chippewa Indians, and Forest County Potawatomi Community)
27. ADRC of Ozaukee County
28. ADRC of Pierce County
29. ADRC of Portage County
30. ADRC of Racine County
31. ADRC of Rock County
32. ADRC of Sheboygan County
33. ADRC of St. Croix County
34. ADRC of Southwest Wisconsin (Grant, Green, Iowa, and Lafayette Counties)
35. ADRC of Trempealeau County
36. ADRC of Walworth County
37. ADRC of Washington County
38. ADRC of Waukesha County
39. ADRC of Western Wisconsin (La Crosse, Jackson, Monroe, and Vernon Counties)
40. ADRC of Winnebago County
41. ADRC of the Wolf River Region (Menominee, Oconto, and Shawano Counties and the Stockbridge-Munsee Community)

Wisconsin's Aging and Disability Resource Centers



Revised 02/23/16

Scope of Services

for the

CONTRACT

Between the

**WISCONSIN DEPARTMENT OF HEALTH SERVICES
DIVISION OF LONG TERM CARE**

and the

AGING AND DISABILITY RESOURCE CENTER

of

«COUNTY OR TRIBE»



January 1, 2016 – December 31, 2016

Table of Contents
Scope of Services

I. INTRODUCTION.....1

 A. Authority and Purpose 1

 B. Mission and Role of the Aging and Disability Resource Center 1

 1. Mission1

 2. Role of the ADRC1

 3. ADRC Organization and Identity2

 C. Populations Served by the Aging and Disability Resource Center 2

 1. Statutorily Required Client Groups2

 2. Services for Adults with Mental Illness and/or Substance Use Disorders2

 3. Transitional Services for Youth2

 D. Limits to ADRC Service Requirements..... 3

 1. Services Provided Within the ADRC Service Area3

 2. Services Relating to Family Care and IRIS3

II. AGING AND DISABILITY RESOURCE CENTER LOCATION AND PHYSICAL PLANT3

 A. Department Approval of Location and Physical Plant 3

 1. Department Approval Prior to Location and Physical Plant Changes3

 2. Evaluation and Compliance Plan3

 B. Location, Physical Space and Facility Characteristics 4

 1. Welcoming and Inviting Environment4

 2. Signage4

 3. Facility Requirements4

 4. Reception Area5

 5. Privacy and Confidentiality5

 6. Co-Location with an MCO5

 7. Co-Location with an Aging Unit5

 C. Hours of Operation6

 1. Scheduled Business Hours6

 2. After Hours Services by Appointment6

 D. Equipment and Systems 6

 1. General Communication Systems6

 2. Computer Systems6

 3. Management Information Systems7

 4. Telephone System8

 5. E-Mail8

 6. Website9

III. SERVICES TO BE PROVIDED BY THE AGING AND DISABILITY RESOURCE CENTER.....9

- A. Marketing, Outreach and Public Education 9
 - 1. Use of Standard Materials9
 - 2. Developing and Implementing an Ongoing Program of Marketing, Outreach and Public Education..9
 - 3. Ability to Reach All Populations10
 - 4. Outreach to Businesses, Community Organizations, Health and Long-term care Providers..... 10
 - 5. Outreach to Residents of Nursing Homes and Assisted Living When Family Care First Becomes Available in the ADRC Service Area 10
 - 6. Objectivity and Independence of Marketing Activities 10
- B. Information and Assistance 10
 - 1. Information and Assistance Services10
 - 2. Information and Assistance Topics.....12
 - 3. Document Customer Contacts13
 - 4. Timeline for Providing Information and Assistance13
 - 5. Staff Qualifications.....13
- C. Long-Term Care Options Counseling..... 14
 - 1. Options Counseling Services14
 - 2. How Options Counseling Takes Place.....15
 - 3. Requirement to be Objective and Address the Individual's Needs and Preferences15
 - 4. Documentation15
 - 5. Staff Qualifications.....15
- D. Services to People with Dementia and their Families 15
 - 1. Dementia Guiding Principles15
 - 2. Memory Screens16
- E. Counseling to Caregivers..... 16
- F. Pre-Admission Consultation and Assistance with Resident Relocations 16
 - 1. Pre-Admission Consultation16
 - 2. Assistance with Relocations17
 - 3. Assistance with Referrals for Relocation from Nursing Homes17
 - 4. Assistance with Resident Relocations from Facilities that are Downsizing or Closing 18
- G. Elder Benefits Counseling 18
 - 1. Access to Elder Benefit Specialist Services.....18
 - 2. Duties of the Elder Benefit Specialist.....19
 - 3. Prohibited Activities20
 - 4. Training and Qualifications20
 - 5. Partnership with the Elder Benefit Specialist Program Attorneys20
- H. Disability Benefits Counseling 21
 - 1. Access to Disability Benefit Specialist Services21
 - 2. Staff Status of Disability Benefit Specialists21
 - 3. Location of the Disability Benefit Specialists21
 - 4. Duties of the Disability Benefit Specialists21
 - 5. Prohibited Activities23
 - 6. Training and Qualifications23
 - 7. Partnership with the Disability Benefit Specialist Program Attorneys23
- G. Access to Publicly Funded Long-Term Care Programs and Services 23
 - 1. Assuring Access to Long-Term Care Programs and Services23
 - 2. Provision of the Long-term care Functional Screen24
 - 3. ADRC Role in the Financial Eligibility Determination Process.....27
 - 4. Enrollment into Managed Long-term care Programs28
 - 5. Assistance with Processing Enrollments30
 - 6. Disenrollment Counseling30

7. Processing Disenrollments.....	31
8. Referral for MCO Urgent Services While Financial Eligibility is Pending.....	31
11. Waiting List Management	32
J. Access to Other Public Programs and Benefits	32
1. Eligibility Determination for SSI-E.....	32
2. Process for Accessing Programs and Benefits.....	32
K. Short Term Service Coordination.....	32
1. Provision of Short-term Service Coordination	32
2. Ensuring that Short Term Service Coordination is Time Limited	33
3. Referral for Care Management Services.....	33
L. Access to Emergency Services	33
1. Recognizing and Responding to Emergencies.....	33
2. Connecting Individuals to Emergency Service Providers.....	34
3. Emergency Preparedness and Response	34
M. Access to Elder Adults/Adults-at-Risk and Adult Protective Services	34
1. Identifying Individuals Who Need Services	34
2. Access To Elder Adults/Adults-at-Risk and Adult Protective Services	34
N. Transitional Services for Students and Youth	35
1. Coordination with Local Transition Planning.....	35
2. Community Outreach	35
3. Information for Individual Youth	35
O. Health Promotion, Prevention and Early Intervention Services.....	36
1. Provision of Health Promotion and Early Intervention Programming.....	36
2. Develop Local Capacity for Health Promotion and Early Intervention Services	36
P. Customer and Systems Advocacy.....	37
1. Informing People of Their Rights and Responsibilities.....	37
2. Helping People Resolve Disputes and Referring Them to Advocates.....	37
3. Cooperation with Client Advocates.....	37
4. ADRC Advocacy.....	37
5. Lobbying.....	38
Q. Community Needs Identification.....	38
1. Identifying Unmet Needs.....	38
2. Addressing Unmet Needs	38

IV. ORGANIZATIONAL AND PROCEDURAL STANDARDS38

A. Aging and Disability Resource Center Name.....	38
1. Inclusion of Phrase “Aging and Disability Resource Center” in the Name.....	38
B. Governing Board, Committee or Commission	39
1. Composition	39
2. Training and Accommodation	40
3. Duties.....	40
4. Where the Aging and Disability Resource Center is a Long-term care District	42
5. Where an Aging Unit is Part of the Aging and Disability Resource Center	42
6. Where the Aging and Disability Resource Center is Operated by a County that Also Operates a Managed Care Organization or Provides Care Management Services to the MCO Under Contract..	42
C. Director	42
1. Single Director.....	42
2. Duties of the Director	42
3. Director Qualifications	43
D. Organization of the ADRC	43
1. Overall Organization	43
2. Organization Chart	43
3. Organizational Independence from Managed Care	44

E. Staffing.....	44
1. Staffing Plan	43
2. Maintaining Expertise.....	44
3. Shared and Part-Time Positions.....	44
F. Staff Qualifications and Training	46
1. Knowledge and Skills	46
2. Required Education and Experience.....	46
3. Additional Requirements Relating to the Function of the Position	47
4. Training	48
5. Staff Meetings	48
6. Attendance at Statewide ADRC Meetings	48
G. Cultural Competence and Diversity.....	49
1. Requirement to Demonstrate Cultural Competence and Cultural Diversity.....	49
H. Materials and Information in Alternative Formats	49
1. Providing Understandable Materials	49
2. Communicating with Non-English Speaking People	49
3. Working with People with Cognitive Disabilities, their Family Members and Friends	49
4. Making Material Understandable to People with Limited Reading Proficiency	49
I. Avoiding Conflicts of Interest	50
1. Requirement for the ADRC to be Objective and Unbiased	50
2. Provision of Objective Information and Counseling Services	50
3. Conflict of Interest Policies and Procedures.....	50
4. Staff Training on Avoiding Conflicts of Interest.....	50
5. Assurances.....	50
6. Compliance.....	51
J. Complaints and Appeals	51
1. Complaint and Appeal Policies and Procedures	51
2. Provision of Information about the Complaint and Appeal Process.....	51
3. Internal Complaint Resolution Process for the ADRC	51
4. Access to External Complaint Resolution Through the Department	52
5. Access to the State Fair Hearing Process.....	53
6. Reprisals Prohibited.....	53
7. Cooperating with Reviews or Investigations of Complaints and Appeals.....	53
K. Quality Assurance/Quality Improvement Process	53
1. Principles of Continuing Quality Improvement.....	53
2. Internal Quality Assurance and Improvement Plan	53
3. Performance Monitoring and Reporting	54
4. Quality Improvement Activities	54
5. Cooperation with External Reviews and Evaluations.....	55
L. 2016 Business Plan to Improve the ADRCs Market Base and Expand its Reach.....	55
M. Access to and Confidentiality of Records.....	56
1. Confidentiality	56
2. Permission to Access Records	56
3. Exchange of Client Information and Records.....	56
4. Compliance with State and Federal Laws and Regulations	57
N. Reporting and Records.....	57
1. Required Documents And Reports	57
2. Where and When to Submit Reports	58
3. Participation in Data Collection Efforts	58
4. Privacy.....	59
5. Records Retention.....	59
6. Accurate, Complete and Timely Submission.....	59
O. Special Requirements for Regional Aging and Disability Resource Centers.....	59
1. Requirements for Regional Aging and Disability Resource Centers.....	59

P. Special Requirements for ADRCs Serving Tribal Communities	61
1. Outreach to Tribal Members.....	61
2. Service to Tribal Members	61
3. Tribal Disability Benefit Specialist	61
4. Tribal Aging and Disability Resource Specialist.....	62
V. CONTRACT MANAGEMENT	62
A. Required Plans, Policies and Procedures.....	62
B. Budget.....	63
1. Budget Requirement	63
2. Use of Aging and Disability Resource Center Grant funds	63
3. Budget Format and Contents	63
C. Subcontracts.....	64
1. Requirements for Subcontracts.....	64
2. Responsibilities of Parties to the Contract.....	64
3. Subcontracts Available for Department Review.....	65
D. Performance	65
1. Performance Consistent with Contract Provisions	65
2. Failure to Meet Contract Requirements Subcontracts Available for Department Review	65
3. Performance of Contract Terms During Dispute	65
VI. APPENDICES.....	66
A. Definitions	66
B. Guiding Principles for Aging and Disability Resource Centers	70

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

I. INTRODUCTION

A. Authority and Purpose

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

Aging and Disability Resource Centers 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 (https://docs.legis.wisconsin.gov/code/admin_code/dhs/10).

B. Mission and Role of the Aging and Disability Resource Center

1. Mission

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

2. Role of the ADRC

Aging and Disability Resource Centers (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 must be 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 must also be available to families, friends, caregivers, and others who work with or care about older people or people with disabilities. ADRCs must be physically accessible and be able to provide information and assistance in a private and confidential manner. ADRC services must be available at a location preferred by and at a time convenient to individual customers.

3. *ADRC Organization and Identity*

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

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

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

The ADRC must provide services consistent with the Department's requirements as defined in this Scope of Services. The ADRC's organizational structure shall not pose a barrier to providing services consistent with this Scope of Services.

C. Populations Served by the Aging and Disability Resource Center

1. *Statutorily Required Client Groups*

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

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

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

ADRCs shall provide information and referral, disability benefits counseling, and referral for emergency services to adults with mental illness and/or substance use disorders. ADRC funds available under this contract may not be used to provide options counseling, short term service coordination, administration of the Functional Eligibility Screen for Mental Health and ODA, intake for mental health services or any other services to persons not in the statutorily required ADRC client groups.

3. *Transitional Services for Youth*

ADRCs shall not provide services to individuals under the age 18, with the following exception: ADRCs shall provide services to children with disabilities beginning at age 17 years and 6 months who may be eligible to receive LTC services in the adult long-term care system. ADRCs shall not otherwise provide children's services.

D. Limits to ADRC Service Requirements

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

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

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

2. Services Relating to Family Care and IRIS

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

1. Administration of the Long-term care Functional Screen
2. Enrollment Counseling
3. Disenrollment Counseling

II. AGING AND DISABILITY RESOURCE CENTER LOCATION AND PHYSICAL PLANT

A. Department Approval of Location and Physical Plant

1. Department Approval Prior to Location and Physical Plant Changes

Prior to any change to the ADRC's location, physical plant, or operations subject to requirements under this Section II of this Scope of Services, the ADRC shall receive approval from the Department of the change.

2. Evaluation and Compliance Plan

An Aging and Disability Resource Center's compliance with requirements in Section II of this Scope of Services (e.g. signage, phone system, reception area, parking, client tracking system, etc. . .) must be evaluated by the ADRC and submitted to the assigned Regional Quality Specialist for approval by March 1, 2016. For areas of non-compliance, the ADRC shall work with its Regional Quality Specialist and the Department to develop a timeline, and identify resources from current ADRC allocations, to come into compliance. An ADRC's timeline and plan to come into compliance must be completed by May 1, 2016 to avoid corrective action.

B. Location, Physical Space and Facility Characteristics

1. Welcoming and Inviting Environment

The ADRC must encourage and promote access to the community to utilize the ADRC. The ADRC's location should be welcoming and inviting and where customers are comfortable coming for programs, information and resource center services.

All ADRC locations must be accessible by public transportation, if the municipality in which the ADRC is located has public transportation, and have adequate parking, including accessible parking, at no cost to the public.

2. Signage

All Aging and Disability Resource Center locations shall have clearly visible signage indicating the presence of the Aging and Disability Resource Center on both the interior and exterior of the building in which it is located. The ADRC shall also be identified on any posted building directories. All signage must show the Department's ADRC logo in the Department's blue and white color scheme.

3. Facility Requirements

All ADRC buildings shall meet the following facility requirements:

- a. Have both the building and furnishings clean, in good condition, free of hazards, and meet state and federal requirements for physical accessibility, including the ADA Accessibility Guidelines for Buildings and Facilities (ADAAG) (See http://www.ada.gov/2010ADASTandards_index.htm)
- b. Be in compliance with the ADAAG, provide directional signs and instructions for the use of ADRC services in print, Braille, and alternate formats to be accessible to people with impairments that limit their ability to access information in standard formats.
- c. Provide hearing loop technology at the receptionist area and in private consultation areas.
- d. Have public restrooms for use by Aging and Disability Resource Center customers that are clearly signed, accessible, and accommodate customers with an attendant while maintaining privacy for all customers.

The Aging and Disability Resource Center is responsible for identifying and addressing barriers to accessibility and complying with the Americans with Disabilities Act within the ADRC.

4. *Reception Area*

The Aging and Disability Resource Center shall have a clearly defined, separate, distinct, accessible and welcoming reception area where the public is greeted by an individual ready to assist them.

The requirement for a defined, separate and distinct reception area does not apply to ADRCs that are integrated or co-located with an Aging unit. See Subsection 7. below.

The reception area shall be large enough to comfortably accommodate people of all ages and disabilities with dignity and respect for privacy in an atmosphere that is welcoming and respectful.

In accordance with the requirements in Subsections 2. c. above, the reception area shall include hearing loop technology, and the layout of the reception area shall be such that customers are not able to overhear conversations between the receptionist and customer.

The reception area shall include accessible display space for fliers, pamphlets and other information materials, arranged so that visitors can easily browse and reach the material.

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.

These spaces shall be equipped with telephones and computers with high speed internet access to be able to access databases, benefits assessment tools and other information that may need to be used during the consultation.

The Aging and Disability Resource Center shall provide for the secure storage of confidential information on site as per requirements in Section IV. M. 6.

6. *Co-Location with an MCO*

The ADRC shall not be located in the same building as an MCO. Co-location with an MCO creates the appearance of a conflict of interest. If an MCO moves into the same building as the ADRC, the ADRC shall notify the Department immediately (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.4.c..

B. Hours of Operation

1. Scheduled Business Hours

The ADRC must have business hours at times that are convenient for its customers. The ADRC must ensure that:

- a. Hours open are based on an assessment of the most convenient days and times to visit the ADRC, rather than on staff convenience. The ADRC shall assess the most convenient days and times to visit the ADRC for current customers and submit its findings in the required business plan under Section IV. L. Results of the assessment will be used to determine potential changes to ADRC hours to better meet existing and potential customers’ needs.
- b. Information and assistance is available continuously on all days and during all hours when the ADRC is open for business.
- c. ADRC hours are fixed and posted.

2. After-Hours Services by Appointment

In addition to its regularly scheduled business hours, the Aging and Disability Resource Center 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. The criteria will be submitted to the Department for review in the business plan required under Section IV. L.

C. Equipment and Systems

1. General Communication Systems

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

2. Computer Systems

The ADRC’s computer system shall:

- a. Have a high-speed internet connection and shall have the capacity to stream both video and voice over the internet.

- b. Operate either a SAMS IR or an equivalent software that has the same capacity as SAMS IR for client tracking, resource database, and reporting.
- c. Provide all ADRC staff with a computer and shall allow all ADRC staff to input data into the SAMS IR or equivalent software.

3. *Management Information System (MIS)*

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

serving as a contact for the Department regarding the database, and participating in any Department required trainings and/or user groups.

- f. If an ADRC does not operate SAMS IR, the ADRC shall provide access to its client tracking system for its assigned Regional Quality Specialist for quality assurance.

4. *Telephone System*

- a. The ADRC shall have its own dedicated phone number or numbers, including a phone number which is toll free to all callers within its service area.
- b. The ADRC phone number(s) shall be publicized on the ADRC's web site, in the ADRC's marketing materials, and published in the 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.
- c. The Aging and Disability Resource Center telephone shall be answered during the ADRC's business hours directly by a person who will identify to the caller that he/she has called the "Aging and Disability Resource Center."
- 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 such as Regional ADRCs. Multi-office ADRCs must be able to transfer calls among their offices without requiring the caller to place a separate call.
- e. The telephone system must have the capacity to track and report hold times and abandoned calls.
- f. If, after regular business hours, the Aging and Disability Resource Center phone is not answered by a person, then it shall be answered by a system that identifies the ADRC's regular business hours, permits callers to leave a message, and refers callers to an emergency number. The ADRC shall respond to phone messages by the end of the next business day.

5. *E-Mail*

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

6. *Website*

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

- a. The website shall include descriptions of the ADRC's mission, the populations it serves, and the types of information and services it provides. Contact information for the ADRC, such as telephone number, address, hours of operation, and e-mail address should be highly visible and easy to find on the ADRC's home page.
- b. For county-based ADRCs, the ADRC website shall be highly visible and easy to find on the home page of the county's website.
- c. The website shall contain, or provide a link to, the ADRC's electronic resource database.

The ADRC web site, including the resource database, shall be accessible to people with impairments or disabilities that limit access to standard web formats

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

A. Marketing, Outreach and Public Education

1. Use of Standard Materials

Marketing and other informational materials developed by the ADRC in 2016, and going forward, shall be compliant with Department guidelines to ensure consistency and "brand" identification statewide. All official ADRC public information must include the ADRC logo with the wording "Aging & Disability Resource Center" in the Department's blue and white color scheme. If the document is a black and white printed document, then the ADRC logo must be used, but can also be printed in black and white. All materials provided to customers or the general public shall be approved by the Department prior to printing/producing. Standardized marketing materials developed by DHS shall be used by the ADRC. The requirement does not apply to Department generated documents.

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

- a. The Aging and Disability Resource Center shall implement ongoing marketing, outreach and public education activities.
- b. The Aging and Disability Resource Center shall target its outreach and education activities based on locally collected ADRC data, statewide data and other findings of the Department or the ADRC's governing board.

3. *Ability to Reach All Populations*

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

4. *Outreach to Businesses, Community Organizations and Health and Long-term care Providers*

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

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

The Aging and Disability Resource Center shall provide information about its services and about the managed care and IRIS programs to all older persons and persons with a developmental/intellectual or physical disability who are residents of nursing homes, community based residential facilities, adult family homes and residential care apartment complexes in its service area when the Family Care benefit first becomes available in the ADRC service area. Information may be provided through mailings to and/or on-site meetings with residents, families and guardians. Contacting a facility without also contacting individual residents or guardians is not sufficient to meet the above requirements.

6. *Objectivity and Independence of Marketing Activities*

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

B. Information and Assistance

1. *Information and Assistance Services*

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

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

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

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

g. *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 information and assistance on the following topics:

- a. Adult protective services, abuse, neglect, domestic violence, and financial exploitation;
- b. Long-term care, including:
 1. 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);
 2. Long-term care related services (e.g., in-home services and support, care management, respite, equipment, training, transition planning, independent living skills);
 3. 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 and other dementias;
- h. Mental health services and supports;
- i. Alcohol and other drug abuse services and supports;
- j. Employment, training and vocational rehabilitation;

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

3. *Document Customer Contacts*

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

4. *Timeline for Providing Information and Assistance*

ADRC staff shall respond to initial inquiries and requests for information and assistance within 24 hours or by the end of the next business day of receiving the request. If necessary, the initial response may be to acknowledge the request and schedule an appointment or home visit. Home visits, where appropriate, should preferably be conducted within one week following the customer's initial contact with the ADRC.

5. *Staff Qualifications*

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

C. Long-Term Care Options Counseling

1. *Options Counseling Services*

The Aging and Disability Resource Center 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. Options counseling shall cover the following:

- a. A review of the individual's personal history, preferred lifestyle and residential setting, and goals for the future; functional capacities and limitations; financial situation; and other information needed to help the individual identify and evaluate options available.
- b. The full range of long-term care options available to the individual, including but not limited to: home care, community services, residential care, nursing home care, post hospital care, and case management services.
- c. Opportunities and methods for maximizing independence and self-reliance, including the utilization of supports from family, friends and community and the self-determination approach.
- d. The sources and methods of payment for long-term care services, including:
 - i. Information about long-term care services and programs that are available in the area, including, but not limited to, information on providers' quality and costs.
 - ii. The functional and financial eligibility criteria for receiving publicly funded long-term care and for participating in the Medicaid fee-for-service system, in order to assist the individual in assessing the likelihood that he/she will be eligible.
 - iii. Sources of payment for private pay individuals who do not qualify for publicly funded long-term care.
- e. Factors that the individual might want to consider when choosing among long-term care, programs, services and benefits, including, but not limited to:
 - i. Cost
 - ii. Quality
 - iii. Service restrictions or limitations
 - iv. Outcomes of importance to the individual
 - v. Available resources

- f. The advantages and disadvantages of the various options in light of the individual's situation, values, resources and preferences.
2. *How Options Counseling Takes Place*
 - a. The Aging and Disability Resource Center shall provide long-term care options counseling at a time, date and location convenient for the individual, including but not limited to, the individual's place of residence or temporary care setting.
 - b. Options counseling shall involve one or more face-to-face meetings with the individual and any family or others the individual chooses to involve, unless the individual prefers it be done by telephone, mail, e-mail or other means.
 - c. Counseling may be provided to the individual's family and other representatives acting on the individual's behalf.
 3. *Requirement to be Objective and Address the Individual's Needs and Preferences*

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

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

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

D. Services to People with Dementia and their Families

1. *Dementia Care Guiding Principles*

The Aging and Disability Resource Center shall integrate the Department's Dementia Care Guiding Principles into all services it provides to ensure people with dementia can continue to live the highest quality of life possible with the highest degree of independence and choice. All ADRC staff must be knowledgeable of the Dementia Care Guiding Principles and how to implement these principles in their daily interaction with customers.

The ADRC shall provide information and assistance and options counseling to people with dementia and their families consistent with the Department's Dementia Care Guiding Principles. Staff providing information and assistance and/or options

counseling shall be trained on and be knowledgeable of the Dementia Care Guiding Principles and how these principles are integrated into ADRC services.

A link to the Dementia Care Guiding Principles is below:

<https://www.dhs.wisconsin.gov/publications/p01022.pdf>

2. *Memory Screens*

ADRC staff performing information and assistance and/or options counseling shall be trained to perform Memory Screens and trained on when it is appropriate to offer to perform a Memory Screen.

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

ADRC staff who provide information and assistance and/or options counseling shall offer to perform a Memory Screen for a customer when the staff person determines that it is appropriate, and, if the customer agrees, perform the Memory Screen.

E. Counseling to Caregivers

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

F. Pre-Admission Consultation and Assistance with Resident Relocations

1. *Pre-Admission Consultation*

- a. Aging and Disability Resource Centers shall provide pre-admission 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 pre-admission consultation consistent with the person's individual needs and preferences.
- b. Pre-admission consultation includes, but is not limited to: long-term care options counseling with topics discussed as follows:
 - i. The range of care settings and options available to meet the person's long-term care needs, including supports and services that could permit the person to remain at home;
 - ii. The cost and financial implications of the various options;
 - iii. Ways to evaluate facility quality and appropriateness; and
 - iv. Programs which may be available to help pay for the person's care, eligibility requirements and procedures, and limits on the use of public funding in certain settings.

- c. Preadmission consultation shall not attempt to persuade the individual to choose a particular provider, type of service, long-term care program or managed care organization.
 - d. The Aging and Disability Resource Center shall provide pre-admission consultation at a time and location that are convenient for the individual and, when possible, prior to the person's admission to the facility.
2. *Assistance with Relocations*
The ADRC shall make its services available to individuals who wish to relocate to their home or community from a nursing home, assisted living facility or other care setting.
3. *Assistance with Referrals for Relocation from Nursing Homes*
- a. The ADRC shall serve as the local contact agency for referrals from nursing homes under MDS 3.0 Section Q, consistent with requirements of the Centers for Medicare and Medicaid Services (CMS) and Department policy.
 - b. ADRC shall contact the resident, either by phone or in person, within 10 business days of receiving a referral and shall make its services available to those who indicate a desire to relocate or return to the community.
 - c. The ADRC shall provide residents interested in relocating with information about locally available long-term care options and supports for community living to help the person fulfill his or her desire to relocate to community living. Assistance shall be provided regardless of whether the individual is paying privately for care or is eligible for publicly funded programs. ADRC involvement should supplement, not replace, the role of the nursing home discharge planner.
 - d. For customers enrolling in a publicly funded long-term care program, the ADRC serving the person's county of residence is responsible for performing or arranging for the performance of the long-term care functional screen. The county of residence may or may not be the same as the county in which the facility is located.
 - e. When the resident wants to relocate outside the local ADRC's service area:
 - i. The ADRC where the nursing facility is located shall provide general information about community supports, services and resources and facilitate contact between the resident and the ADRC serving the county to which the resident wants to relocate.

- ii. The ADRC in the receiving county shall provide information and assistance, options counseling, enrollment counseling and other services as appropriate to the person who is relocating.

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

- a. An ADRC shall assist in the resident relocation process for residents in facilities that are downsizing or closing by responding to requests for information from the state relocation team, participating in informational meetings with residents and their representatives, and providing residents with the same services that it provides to other ADRC customers, including information and assistance, options counseling, and eligibility and enrollment related functions as described in the Department's *Resident Relocation Manual* at http://dhs.wisconsin.gov/rl_dsl/Providers/relocation.htm.
- b. Provision of these services may be expedited at the direction of the Department because of the timelines required for closure, but the nature of the services provided by the ADRC are the same.
- c. In the event that a resident will be moving out of the area served by the ADRC where the facility is located, the ADRC serving the area where the facility is located is responsible for initiating coordination with the ADRC serving the area to which the resident will be moving.
- d. The ADRC is not responsible for coordinating the relocation process, conducting assessments, developing relocation alternatives or plans, or making arrangements for individual residents.

G. Elder Benefits Counseling

1. *Access to Elder Benefit Specialist Services*

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

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

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

2. *Duties of the Elder Benefit Specialist*

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

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

- l. Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
 - m. Negotiate on behalf of individuals with long-term care agencies and programs, service providers, or the state regarding disputes over long-term care services;
 - n. Identify and document concerns and problems of older people and related system-level issues and present that information to appropriate entities, including county and/or tribal government, and the Department of Health Services; and
 - o. Complete required reporting and documentation per the requirements contained in Chapter 9 of *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network* .
3. *Prohibited Activities*
 In order to avoid potential conflicts of interest, the Elder Benefit Specialist may not perform the long-term care functional screen, SSI-E eligibility determination and certification, or any other eligibility determinations and may not provide guardianship or adult protective services.
4. *Training and Qualifications*
- a. Elder Benefit Specialists headquartered in the ADRC shall meet the education and experience requirements in Section IV.F of this contract, together with those contained in the standards for the Elder Benefit Specialist program in Chapter 9 of *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network*. Persons employed as Elder Benefit Specialists prior to creation of the ADRC shall be exempt from the education and experience requirements contained in this contract.
 - b. The Elder Benefit Specialist shall attend and successfully complete initial and ongoing training as required by the Department.
5. *Partnership with the Elder Benefit Specialist Program Attorneys*
 When the Elder Benefit Specialist is headquartered in the ADRC, the ADRC must partner with the Elder Benefit Specialist program attorneys under contract with the Department to monitor the effectiveness of the Elder Benefit Specialist program. The Elder Benefit Specialist program attorneys provide technical assistance, substantive case oversight, and training to the Elder Benefit Specialists. The program attorneys conduct an annual performance review of the Elder Specialist program in each county and provide a written report to the local agency director. The roles and responsibilities of the local agency director in overseeing Elderly Benefit Specialist services are further defined in *A Manual of Policies, Procedures and Technical Assistance for the Aging Network*, Chapter 9.

H. Disability Benefits Counseling

1. Access to Disability Benefit Specialist Services

The Aging and Disability Resource Center shall ensure that people have access to the services of a disability benefit specialist (DBS) and that these services meet all of the Department's requirements for the disability benefit specialist program contained in the *Disability Benefit Specialist Program Policies and Procedures* and the *Disability Benefit Specialist Scope of Services* documents.

2. Staff Status of Disability Benefit Specialists

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

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

3. Location of the Disability Benefit Specialist

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

4. Duties of the Disability Benefit Specialists

The Aging and Disability Resource Center shall meet all Department requirements for the disability benefit specialist program contained in the *Disability Benefit Specialist Program Policies and Procedures* and the *Disability Benefit Specialist Scope of Services* documents and shall perform the following activities for individuals aged eighteen (18) through fifty nine (59) with developmental/intellectual disabilities, physical disabilities, mental illness and/or substance use disorders and for youth who are transitioning into the adult long-term care system:

- a. Provide accurate and current information on a comprehensive array of private and government benefits and programs, as defined by the Department in the *Disability Benefit Specialist Scope of Services* document;

- b. Provide information and technical assistance about how to access such benefits and information regarding the responsibilities of program participants;
- c. Assist potential applicants of private and government benefits and programs as defined by the Department to locate and gather verifying data, both financial and non-financial;
- d. Provide information on rights, and complaint, grievance, and appeal processes;
- e. Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels;
- f. Make appropriate referrals for employment and other disability-related counseling and services (e.g., to Independent Living Centers, Work Incentive Benefit Specialists, Benefits Planning Assistance and Outreach, Division of Vocational Rehabilitation, and Disability Rights Wisconsin);
- g. Consult with disability benefit specialist program attorneys under contract with the Department 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 perform advocacy duties;
- i. Provide representation, as needed and appropriate, for people with physical disabilities, developmental/intellectual disabilities, mental illness and/or substance use disorders in administrative hearings and other formal or informal grievance steps;
- j. Refer to disability benefit specialist program attorneys working for or with or under contract to the disability benefit specialists program administered by 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 and volunteer training and technical assistance to develop self and family advocacy;
- m. Negotiate on behalf of individuals with county or tribal agencies, long-term care service providers, or the state regarding disputes over long-term care, mental health and substance abuse services;
- n. Identify and document concerns and problems of individuals with developmental/intellectual disabilities, physical disabilities, mental illness and/or

substance use disorders and related system-level issues and present that information to appropriate entities, including county or tribal government, the Department of Health Services, and statewide councils representing disability constituencies; and

- o. Complete required reporting and documentation as per Department requirements specified in the *Disability Benefit Specialist Program Policies and Procedures*, *Disability Benefit Specialist Program DBS Database User Manual*, and *Monetary Impact Guide for Benefit Specialists*.

5. *Prohibited Activities*

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

6. *Training and Qualifications*

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

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

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

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

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

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

- a. If Family Care and IRIS are available in the Aging and Disability Resource Center service area, the ADRC shall determine functional eligibility, facilitate the financial eligibility determination process, and assist with the enrollment process as described below.
- b. Where Family Care and IRIS are not yet available in the ADRC service area, the ADRC shall ensure that people are referred to the agency responsible for

determining the individual's eligibility to receive publicly funded long-term care benefits. The Aging and Disability Resource Centers shall have a process in place to facilitate efficient and timely access to public long term benefits, including memorandums of understanding with the county or tribal income maintenance consortia and the agency or agencies responsible for administering public long term support programs in its service area.

2. *Provision of the Long-term care Functional Screen*

a. Administration of the Long-term care Functional Screen.

- i. In counties in which Family Care and IRIS are available, the Aging and Disability Resource Center shall administer the initial long-term care functional screen to determine an individual's functional eligibility for managed long-term care and IRIS.
- ii. In counties in which Family Care and IRIS are not available, the ADRC may opt to provide the initial long-term care functional screen to determine eligibility for county Home and Community Based Waiver services. If the ADRC opts to provide functional eligibility, then all requirements included in this Scope of Services apply.
- iii. The Aging and Disability Resource Center shall offer the long-term care functional screen (LTC FS) 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 appears to ADRC staff to have a condition requiring long-term care.
- iv. The ADRC shall perform a functional screen for residents of its service area who appear to be financially eligible for publicly funded long-term care and wish to relocate from a nursing home.
- v. The ADRC shall initiate the functional screen within 14 calendar days of the time the person requests or accepts the offer of a screen. ADRC staff shall ask if an individual would like to have family or others present when a screen is performed and shall allow family or others present during a screening.
- vi. The ADRC shall administer the LTC FS 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 LTC FS. Doing so could result in a finding of Medicaid fraud.

- viii. When an individual is found to be functionally eligible for publicly funded long-term care, the Aging and Disability Resource Center shall convey the level of care established by the long-term care functional screen to the income maintenance consortium for use in its Medicaid eligibility determination.
- ix. When an individual is enrolled in a publicly funded long-term care program, the ADRC shall transfer the long-term care functional screen to the selected managed care organization no later than one business day after sending the enrollment packet or to the IRIS Consultant Agency no later than one business day after receipt of the IRIS start date letter.
- x. The Aging and Disability Resource Center 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 in Appendix D.

b. Functional Screen Staff

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

c. Ensuring Functional Screen Quality

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

- i. Designate a "Screen Liaison." Screen liaisons must be certified screeners. Individuals who fail the LTC FS continuing skills testing required by the Department shall not be screen liaisons. Screen Liaisons shall have the following duties:

1. Serve as a contact person for communications with the Department on screen quality, training and technical issues, and implement screen quality requirements;
 2. Monitor the performance of and provide guidance to ADRC screeners;
 3. Act as the contact person for other counties/agencies to contact when they need a screen transferred; and
 4. Act as the contact person for technical issues such as screen security and screener access.
- ii. Ensure that staff are trained and have access to the information needed to perform the screen.
1. Train, mentor, and monitor new screeners; have all screeners participate in Department-required training on the functional screen; and ensure that all screeners have appropriate training in confidentiality of personally identifiable records.
 2. Ensure that each screener receives communications from the Department's functional screen listserv(s) and related technical assistance and other informational bulletins from the Department.
 3. Use the most current version of the functional screen and instructions provided by the Department.
- iii. Consult with the Department, Managed Care Organization, or IRIS Consultant Agency when there are conflicting results or other questions about or difficulties with the screen, as follows:
1. Consult with the Department about unexpected results, when it is unusually difficult to complete an accurate screen, or how to interpret all or part of a completed screen.
 2. Consult with the Managed Care Organization screener, IRIS Consultant Agency, or County Waiver Agency when a person who has been found to be functionally eligible by the ADRC's initial screen is, within the next 90 days, found by the MCO or ICA to be ineligible or to be eligible at a non-nursing home level of care. Review and compare the screens and attempt to resolve differences. Contact the Department screen liaison if differences cannot be resolved.
 3. When contacted by a Medicaid Personal Care Screening Tool (PCST) screener about differences between results of the long-term care functional screen and the PCST, consider the reasons for the discrepancy. If the result of the consultation with the PCST screener is identification of an error or omission in the LTC FS, modify the functional screen to correct the error or omission. If there are questions about whether or how to resolve differences, contact a Department screen liaison for assistance in resolving differences.

- iv. Monitor screener performance and ensure that screener skills remain current.
 - 1. Utilize screener quizzes provided by the Department as education tools for agency screeners.
 - 2. At least once a year, review a random sample of completed screens for each screener to determine whether they are accurate, complete and timely and that the results are reasonable based on the person's condition.
 - 3. Have all certified screeners participate in continuing skills testing (CST) required by the Department. If test results indicate that the performance of any individual screener or group of screeners is below the standards set by the Department, then the Aging and Disability Resource Center must carry out remedial action prescribed by the Department which may include decertification.
- v. Review and respond to any quality assurance issues detected by the Department or its designee and implement any improvement projects or correction plans required by the Department to ensure the accuracy and thoroughness of the screens performed by the Aging and Disability Resource Center.
- vi. Document policies and procedures for ensuring the quality of its functional screens consistent with the above requirements. The Aging and Disability Resource Center 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 Aging and Disability Resource Center shall ascertain the Medicaid status of individuals interested in applying for publicly funded long-term care using the Forward Health interChange Partner Portal.
- b. **Assisting with Medicaid Application Process.**
The Aging and Disability Resource Center shall assist those who are not currently on Medicaid with the application process as follows:
 - i. Provide an overview of the financial eligibility requirements, including income and asset limits, cost share, spousal impoverishment, and estate recovery.

- ii. Review the person's financial and non-financial circumstances, using the web-based screening tool, *Am I Eligible*, found at www.access.wisconsin.gov when appropriate, to determine whether the person is likely to be eligible for publicly funded long-term care and, if so, whether they could be expected to have a cost share. This information shall be shared with the individual for use in deciding whether to apply for Medicaid.
 - iii. Provide information about the application process, including who to contact, how to apply, and what documentation will be needed to support the application.
 - iv. When the ADRC determines that the individual could benefit from assistance with completing the Medicaid application process provide all of the following:
 - a. Assist the person in gathering information to support the Medicaid application, including medical/remedial expenses.
 - b. Assist the person in completing, signing and submitting the Medicaid application.
 - c. Assist applicants in scheduling an appointment or otherwise completing the application process on-line, via telephone, or mail-in paper application.
- c. Providing Needed Information to Income Maintenance.
- The Aging and Disability Resource Center shall provide the income maintenance consortium with the following information to assist in eligibility determination and to assure that the Medicaid filing date is set at its earliest possible date:
- i. Functional screen results;
 - ii. Signed Medicaid application, when available, on the same day or by noon the next business day following receipt from the applicant or consistent with the approved enrollment plan; and
 - iv. 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 into Managed Long-term care Programs

a. Enrollment Plan

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

The enrollment plan shall describe the role of the Aging and Disability Resource Center and the roles of the income maintenance consortia, MCOs, and IRIS Consultant Agency(ies) in the ADRC's service area, in eligibility determination and enrollment processes. The enrollment plan shall describe each organization's responsibilities in the following processes:

- i. Functional and financial eligibility determination;
 - ii. Cost share and budget determination;
 - iii. Enrollment counseling;
 - iv. Enrollment and disenrollment processing;
 - v. Wait List Management, where applicable;
 - vi. Urgent services referrals;
 - vii. Disenrollment counseling
- b. Provide Enrollment Counseling.
- In counties with the Family Care, IRIS, and Partnership programs, and in Dane County where there is a Partnership program with more than one provider, the Aging and Disability Resource Center shall provide enrollment counseling to people who have been found to be eligible for and are considering enrolling in publicly funded long-term care. Required enrollment counseling functions are as follows:
- i. Explain the publicly funded managed care, fee-for-service Medicaid and self-directed supports options that are available to the individual.
 - ii. Review, discuss and provide the individual with objective information comparing Family Care, IRIS and, where available, Partnership and/or PACE.
 - iii. Ensure access to the information and other materials for customers with visual impairments or other communication barriers by providing the information in alternative formats and languages.
 - iv. Provide additional objective information and relevant to the individual's choice, using materials required by the Department.
 - v. If the individual selects a program in an area served by more than one managed care organization or IRIS consultant agency, review objective information comparing the MCO and/or IRIS options with the individual. Provide additional MCO- or ICA-specific details, such as information about the MCO provider network or IRIS consultant specialties, as appropriate to address the individual's interests, questions and concerns.
 - vi. Discuss the enrollment process and the timing of enrollment, including any potential waits or delays, and establish the individual's desired enrollment date.
 - vii. Residents relocating from a nursing home in an area where there is a Family Care or IRIS waiting list shall be encouraged to select an enrollment date that gives the MCO or IRIS Consultant Agency up to four (4) weeks advance notice to provide time to prepare for the relocation, consistent with the Department's policy as described in the Division of Long-term care numbered memo 2010-11:
<https://www.dhs.wisconsin.gov/dlrc/memos/nmemo201011.pdf>.
 - viii. Refer people who express an interest in IRIS to an IRIS Consultant Agency. Provide the IRIS Consultant Agency with the information it needs to complete the counseling process, including the long-term care functional

screen, Medicaid status, IRIS budget allocation, cost share, and other data as directed by the Department.

- ix. Obtain signed enrollment forms from individuals who decide to enroll in managed care, 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 pended because eligibility for Medicaid requires a cost share or premium, the Aging and Disability Resource Center 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 when necessary to begin Community Waiver Medicaid.

- d. **Department Materials Used in Enrollment Counseling.**
Only Department developed materials may be used in enrollment counseling. The Aging and Disability Resource Center may request to modify the Department's enrollment counseling materials to reflect local situations and needs but shall obtain Department approval prior to using modified materials for public information or enrollment counseling purposes.

5. *Assistance with Processing Enrollments*

- a. **For People Enrolling in Managed Care (Family Care, PACE, Partnership):**
Once a person has been determined to be eligible for and made the decision to enroll in a Family Care, Partnership or PACE program, the Aging and Disability Resource Center shall use the Forward Health interChange Partner Portal to record the enrollment.

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

- b. **For People Enrolling in IRIS:**
The ADRC shall refer people who have been determined to be eligible for and expressed a desire to enroll in IRIS to the individual's chosen IRIS Consultant Agency. The ADRC shall use the Program Participation System (PPS) to record the referral.

6. *Disenrollment Counseling*

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

- a. Within two (2) business days of receiving a member's request to disenroll from managed care or IRIS, the Aging and Disability Resource Center shall

contact the individual and his or her guardian, where applicable, to offer disenrollment counseling and schedule a meeting.

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

7. *Processing Disenrollments*

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

8. *Referral for MCO Urgent Services While an Applicant's Financial Eligibility is Pending*

- a. The Aging and Disability Resource Center shall have a memorandum of understanding (MOU) or other written agreement with each MCO in its service area that describes the circumstances in which an individual with urgent service needs, who is functionally eligible for managed long-term care but whose financial eligibility is pending, will be referred to the MCO for services. The

agreement shall describe the process for the ADRC to make, and the MCO to accept, referrals. This MOU or agreement shall be included in the ADRC's enrollment plan.

- b. Prior to making a referral for urgent services from the MCO, the Aging and Disability Resource Center shall inform the person that he or she will be liable for the cost of care management and any other services provided by the MCO in the event that he or she is found to be ineligible and shall obtain a signed, written documentation of the individual's acknowledgment of responsibility in this event. The form that consumers will sign to indicate their acceptance of financial responsibility shall be included in the ADRC's enrollment plan.

9. *Wait List Management*

During the transition from County Home and Community Based Waiver programs to Family Care and IRIS program entitlement, the ADRC shall maintain a waiting list for publicly funded long-term care as directed by the Department in its Wait List Management Policy.

J. Access to Other Public Programs and Benefits

1. *Eligibility Determination for SSI-E*

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

2. *Process for Accessing County and Tribe Operated Programs and Benefits*

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

K. Short-Term Service Coordination

1. *Provision of Short-Term Service Coordination*

- a. Aging and Disability Resource Centers shall provide short-term service coordination to the extent that financial and personnel resources permit and when its provision does not interfere with the ADRC's ability to provide all other services required under this contract.

- b. Subject to the limitations described above, short-term service coordination shall be provided to assist individuals and their families in dealing with complex and immediate needs when the individual cannot manage the situation him or herself, other ADRC services are insufficient to deal with the situation, there is no one else to take the lead, and the person cannot be enrolled in managed care.
 - c. Through short-term service coordination, the ADRC shall address the immediate concern, attempt to stabilize the individual's situation, and either enable the person to manage on his/her own or set him/her up with the needed support.
 - d. 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.
 - e. While a formal care plan is not required, basic information about the services that are needed, the actions taken and services provided, and the responsibilities of the various parties involved with the person should be documented.
2. *Ensuring that Short-Term Service Coordination is Time Limited*
 Aging and Disability Resource Centers shall have protocols to assure that short-term service coordination is focused and time limited, not exceeding 90 days duration for any one individual. The ADRC shall establish procedures for closure within the permitted time limit. The ADRC may establish policies and procedures for making exceptions to its established time limit for short-term care coordination services. These policies and procedures require Department review and approval and ADRCs shall not use the exception to provide comprehensive or long-term care management services on an ongoing basis.
3. *Referral for Care Management Services*
 When the ADRC is unable to meet an individual's needs for short-term service coordination, or the person needs ongoing care management services, the Aging and Disability Resource Center shall refer people for private pay care management services, including those that may be offered by the managed care organization(s) in its service area, if any.

L. Access to Emergency Services

- 1. *Recognizing and Responding to Emergencies*
 - a. The Aging and Disability Resource Center 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 Aging and Disability Resource Centers are expected to recognize and respond to emergencies, they shall not be emergency service providers.
2. *Connecting Individuals to Emergency Service Providers*
 - a. During business hours, Aging and Disability Resource Center staff shall follow protocols established by the 911 service, crisis intervention service, and/or other emergency resources in the community in order to assure that people are connected promptly with the appropriate providers of emergency services when a situation involving immediate risk is identified.
 - b. After hours phone calls shall be answered, at a minimum, with a message instructing callers about who to contact in case of emergency (e.g., 911).
 3. *Emergency Preparedness and Response*

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

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

1. *Identifying Individuals Who Need Services*

All Aging and Disability Resource Center staff shall know the warning signs and shall identify ADRC customers who may be at risk of abuse, neglect, or self-neglect or financial exploitation and who need elder adult/adult-at-risk or adult protective services.
2. *Access to Elder Adults/Adults-at-Risk and Adult Protective Services*
 - a. For customers who may be at risk of abuse, neglect or self-neglect, or financial exploitation, the Aging and Disability Resource Center shall make referrals to the county or tribe's designated elder adults/adults-at-risk agency and adult protective services agency as required by law.
 - b. People who are referred to an elder adults/adults-at-risk or adult protective services agency shall be put directly in touch with the appropriate agency, without being required to initiate another contact.
 - c. The Aging and Disability Resource Center shall receive and act on referrals from the elder adults/adults-at-risk agency and the adult protective services agency.
 - d. The Aging and Disability Resource Center shall establish memorandums of understanding regarding referrals, investigations and coordination of services with

the county or tribal agency or agencies responsible for elder adults/adults-at-risk and/or adult protective services. Elder adults/adults-at-risk or adult protective services staff may be co-located in the ADRC but cannot be funded using ADRC funds.

N. Transitional Services for Students and Youth

1. Coordination with Local Transition Planning

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

2. Community Outreach

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

3. Information for Individual Youth

- a. Upon request, the Aging and Disability Resource Center shall provide youth and their families or guardians with information about the resources available when they reach adulthood, help them think through the available options, and assist in accessing programs and services, as appropriate.
- b. Aging and Disability Resource Center services are available to youth who are age 17 years 6 months or older and their families or guardians. Where appropriate, the Aging and Disability Resource Center shall refer families to the Children's Long-term care Waiver Program, but is not responsible for providing specific information or counseling on services for children with disabilities under the age of 17 years and 6 months. The ADRC may, at its discretion, make an exception in special cases where the complexity of the individual's needs require additional time for options counseling and decision support.

- c. The ADRC is neither required nor expected to participate in individualized education program (IEP) sessions or to develop transition plans and services.

O. Health Promotion and Early Intervention Services

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

1. *Information and Assistance and Options Counseling*

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

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

The Aging and Disability Resource Center shall provide, to the extent that financial and personnel resources permit, evidence-based health promotion and early intervention programming. The ADRC shall identify in its business plan under Section IV.L. if ADRC funding will be used to deliver health promotion and early intervention programming.

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

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

- a. The ADRC shall develop partnerships with aging units, public health agencies, and other entities that have a health promotion, early intervention, disease management and/or a health literacy focus. Identify roles and responsibilities, referral protocols, and, if necessary, additional partners and resources necessary to meet the needs of the ADRC service area as it relates to health promotion and early intervention services and programs.
- b. The ADRC may explore alternative funding sources including, but not limited to, Older American's Act, Title IIID. These funds may be available to support evidenced-based health promotion activities for older adults in ADRCs that are integrated with, or that contract with, aging units.

P. Customer Rights, Client Advocates, and ADRC Advocacy

1. *Informing People of Their Rights and Responsibilities*

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

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

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

3. *Cooperation with Client Advocates*

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

4. *ADRC Advocacy*

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

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

5. *Lobbying*

Aging and Disability Resource Centers are subject to federal restrictions on lobbying under 31 U.S.C. § 1352. In addition, state ADRC funding may not be used for lobbying activities. Lobbying activities are distinct from advocacy activities which are required of ADRCs under DHS 10 and included in this scope of services agreement in Section 4. above.

Q. Community Needs Identification

1. Identifying Unmet Needs

- a. The Aging and Disability Resource Center shall identify the unmet needs of its client populations, including unserved or underserved subgroups within the client populations, and the types of services, facilities or funding sources that are in short supply.
- b. The ADRC shall document unmet needs in its client tracking system, at a minimum, per the Department's Client Tracking System Requirements in Section II.D.3.a. ADRCs shall analyze at least annually unmet needs data from the ADRC's client tracking system to provide information to the ADRC governing board for the board to meet its requirements under Section IV.B.4.j.
- c. The ADRC may document unmet needs that are not specific to an individual customer in the Client Tracking System or use other documentation methods.
- d. The ADRC shall identify unmet needs in a manner that is consistent with and not duplicative of the requirements for ADRC governing boards described in Section IV.B.4.j.

2. Addressing Unmet Needs

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

IV. ORGANIZATIONAL AND PROCEDURAL STANDARDS

A. Aging and Disability Resource Center Name

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

The Aging and Disability Resource Center 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

1. Composition

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

- a. The composition of the governing board shall reflect the ethnic and economic diversity of the Aging and Disability Resource Center'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. At least one-fourth of the members of the governing board shall be customers or representative(s) of ADRC customers in accordance with the following:
 - i. The governing board shall include at least one representative of each of the statutorily required client groups served by the ADRC (e.g., older adults and people with physical and developmental/intellectual disabilities). Representatives of groups receiving limited services may also be represented but shall not count toward the 25% consumer composition requirement.
 - ii. The proportion of board members who belong to and/or represent each client group shall be the same, respectively, as the proportion of individuals in the state who receive services under the Family Care benefit and belong to each client group.
 - iii. No governing board member shall represent more than one ADRC client group.
 - iv. Elected officials of the county(ies) or tribe(s) served by the ADRC may not be counted as meeting the requirements for consumer representation on the governing board under the terms of this contract.
- d. 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:
 - i. A Family Care MCO, PACE or Family Care Partnership program or SSI managed care plan.
 - ii. A service provider which is under contract to 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.
 - iii. An IRIS Consultant Agency (including IRIS consultants and orientation consultants) or IRIS Fiscal Employer Agency.
- e. County or tribal employees may not serve on the ADRC governing board, except with the approval of a waiver by the Department. Time-limited

waivers may be granted for situations covered by an Intergovernmental Cooperation Agreement pursuant to s66.0301 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.

- f. The ADRC governing board may be combined with the Commission on Aging. A combined board must meet requirements for ADRC governing boards, per this Scope of Services contract, and the composition requirements prescribed in the Wisconsin Elders Act.
- g. The ADRC shall submit annually, or upon request, information about governing board members. The Department will review board membership with respect to the client group and diversity requirements and conflict of interest prohibitions per Wisconsin Statutes s. 46.283(6) and this Scope of Services. The Department reserves the right to remove members with conflicts of interest and to require members be added or removed to ensure that client groups and the diversity of the service area are represented.

2. *Training and Accommodation*

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

3. *Duties*

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

- a. Determine the structure, policies and procedures of the Aging and Disability Resource Center, consistent with state guidelines and with input from consumers, service providers and other local constituencies.
- b. Approve the hiring of the Aging and Disability Resource Center director.
- c. Review the budget and expenditures for, and oversee the operations of, the Aging and Disability Resource Center.
- d. Ensure that there are no conflicts of interest in the operations of the ADRC.
- e. Monitor and ensure the quality of services provided by the Aging and Disability Resource Center and participate in ADRC and Department quality assurance activities.

- f. Represent the interests of all target groups served by the Aging and Disability Resource Center.
- g. Review ADRC customer complaints and appeals to determine if there is a need to change the ADRC's policies and procedures or otherwise improve performance.
- h. Ensure that the terms of this contract are fulfilled and that fidelity to the ADRC mission is maintained.
- i. Analyze community input to the governing board and unmet needs data from the ADRC to develop recommendations on improving the long-term care system both locally and statewide and on better addressing the needs of older people and people with physical or developmental/intellectual disabilities in the local community. This includes the following activities:
 - i. Annually gather information from customers, service providers and other interested persons concerning the adequacy of private and public long-term care services offered in the area served by the resource center. Provide well-advertised opportunities for public participation in the board's information gathering activities.
 - ii. Identify gaps in services, living arrangements and community resources needed by individuals belonging to the target populations served by the ADRC.
 - iii. Review the number and type of grievances and appeals concerning the long-term care system in the area served by the resource center, to determine if there is a need for system changes.
 - iv. Identify potential new community resources and sources of funding for services needed by the ADRC's target populations.
 - v. Report needs analysis findings and recommended strategies for building local capacity to serve older persons and individuals with physical or developmental/intellectual disabilities to the ADRC and Department at a minimum and, as appropriate, to local elected officials and the regional long-term care advisory committee.
- j. Annually review the ADRC's interagency agreements with the MCO(s) in its service area and make recommendations, as appropriate, to assure coordination between the ADRC and MCO(s) and access to and timeliness in the provision of services by the ADRC and the MCO(s).
- k. When so directed by the Department, appoint members to the regional long-term care advisory committee.

1. If directed to do so by the county board, assume the duties of the county long-term support planning committee.
4. *Where the Aging and Disability Resource Center is a Long-Term Care District*
If a long-term care district is created to operate the Aging and Disability Resource Center, the governance of the long-term care district shall comply with s. 46.2895 of the Wisconsin Statutes.
5. *Where an Aging Unit is Part of the Aging and Disability Resource Center*
When an Aging Unit is part of the Aging and Disability Resource Center, ensure that the Resource Center meets the requirements of the Older Americans Act, including those for governance, and operates within the framework of the guiding principles articulated in a “Common Identity for the Aging Network”. These principles are included in Appendix B.
6. *Where the Aging and Disability Resource Center is Operated by a County that Also Operates a Managed Care Organization or Provides Care Management Services to the MCO Under Contract*
The governing board, committee or commission of the ADRC shall be separate from any county board, committee or commission that has oversight over the MCO or the organizational unit that provides care management services to the MCO.

C. Director

1. *Single Director*
An Aging and Disability Resource Center shall have a single director, whose position is dedicated to the ADRC (i.e. greater than 50% of the director’s time is spent on ADRC operation and management activities) and who has the responsibilities described below, regardless of whether the ADRC serves a single county or tribe or a multi-county or tribal region and regardless of what title the position is given.
2. *Duties of the Director*
The Aging and Disability Resource Center director shall have the following responsibilities:
 - a. Ensure that the Aging and Disability Resource Center meets all obligations under this contract.
 - b. Ensure that all charges incurred against this contract are correct and appropriate.
 - c. Ensure that the performance of the Resource Center meets expectations for quality and is consistent with the mission set out for the Aging and Disability Resource Center.
 - d. Oversee day-to-day operations of the Aging and Disability Resource Center.
 - e. Provide supervision for the staff of the Aging and Disability Resource Center, including making work assignments, arranging training, and overseeing performance.

- f. Oversee personnel decisions regarding ADRC staff and have direct or shared authority to hire and fire.
- g. Oversee the performance of any subcontractors to the Aging and Disability Resource Center.
- h. Report to and assist the Aging and Disability Resource Center's governing board in carrying out its duties.
- i. Provide orientation, training and ongoing education for governing board members so they can effectively carry out their responsibilities.

3. *Director Qualifications*

The Director shall have either a Bachelor of Arts or Science degree or the equivalent competency or practical knowledge and at least one year of experience working with one or more of the client populations of the Aging and Disability Resource Center. In addition, the Director shall have thorough knowledge and understanding of:

- a. The mission and values of the Aging and Disability Resource Center;
- b. The principles of customer service;
- c. All of the target populations served by the Aging and Disability Resource Center;
- d. The requirements for ADRCs contained in this contract;
- e. The functions and procedures of the resource center; and
- f. The budget process, personnel process, principles of supervision and other key management functions.

D. Organization of the ADRC

1. *Overall Organization*

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

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

2. *Organization Chart*

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

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

3. *Organizational Independence from Managed Care*

The Aging and Disability Resource Center shall meet state and federal requirements for organizational independence from any managed care organization.

E. Staffing

1. *Staffing Plan*

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

2. *Maintaining Expertise*

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

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

3. *Shared and Part-Time Positions*

The ADRC shall ensure that shared and/or part-time staff are free from conflicts of interest and have the time and expertise needed to carry out their ADRC

responsibilities and provide a high quality, professional level of service as part of the ADRC team.

- a. Clerical and other supportive positions, such as human resources, accounting and IT, may be subcontracted or shared with other organizations where they have similar responsibilities. However, the Director is responsible for ensuring that the activities and performance of shared or subcontracted staff supported with ADRC funds are correct and appropriate.
- b. ADRC management and staff may be shared across the larger organization or with other organizations as long as these organizations do not provide health care or long-term care services.
- c. ADRC staff who perform the Long-Term Care Functional Screen or counsel customers on options for enrollment may not also be employed by a health care or long-term care provider.
- d. A person who is employed as a Disability Benefit Specialist or Elder Benefit Specialist may not also perform the Long-Term Care Functional Screen, conduct eligibility determinations for SSI-E or other programs, or provide guardianship or adult protective services.
- e. ADRC positions which provide information and assistance, options counseling, and eligibility and enrollment related functions for publicly funded long-term care must be at least half time in the ADRC, with a minimum of .5 FTE assigned to working on these required ADRC functions. This requirement may be waived under exceptional circumstances with prior written approval from the Department. Requests for exceptions shall be made using form F-0054D <https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply> and submitted to DHSRCTeam@wisconsin.gov. 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.
- f. Shared and part-time staff must meet all of the applicable requirements for ADRC staff qualifications and training contained in Article IV.F of this contract.
- g. Only that portion of a shared position that is devoted to functions required under the provisions of this contract may be funded with ADRC funds.
- h. ADRCs using shared positions shall establish policies and procedures for assuring that the portion of the shared position's time allocated to the ADRC is devoted to work on ADRC required functions. These shall be submitted to the Department for approval.

F. Staff Qualifications and Training

1. Knowledge and Skills

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

2. Required Education and Experience

Staff of the Aging and Disability Resource Center 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 either:

- a. A Bachelor of Arts or Science degree (preferably in a health or human services related field) or a license to practice as a registered nurse in Wisconsin pursuant to s. 441.06 Stats, and the equivalent of at least one year of full-time experience in a health or human service field, working with one or more of the client populations served by the Aging and Disability Resource Center (elderly or adults with physical or developmental/intellectual disabilities). Qualifying work experience may be paid or unpaid and may include internships, field placements and volunteer work.
- b. A waiver of education and/or experience requirements from the Department in the event that the candidate lacks the degree and/or experience described above.
 - i. Requests for exception to the education and experience requirements must be submitted to and approved by the Department prior to the Aging and Disability Resource Center making the job offer. Requests shall be made using the form F-0054
<https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply> and submitted to DHSRCTeam@wisconsin.gov.
 - ii. Approval of waiver requests is discretionary. The Department is not obligated to approve a request for waiver of education and experience requirements.
 - iii. Decisions regarding approval will be based on evidence of the candidates' ability to fully perform ADRC responsibilities based on his/her post-secondary education, experience, knowledge and skills. Exceptions may also be approved to enable the Aging and Disability Resource Center to employ individuals with disabilities and/or staff who are bi-lingual.
 - iv. The request for a waiver shall identify any additional training or support needed in order for the applicant to fully perform the duties of the position and include a plan for providing formal and/or on-the-job training to develop the required expertise.

- v. The Department's waiver approval may be conditional on the person's developing the knowledge and skills needed to fully perform all required job responsibilities within a specified timeframe, together with his/her on-the-job performance.
- vi. Any waiver of education and experience requirements applies only to the individual candidate for whom the waiver is requested.

3. Additional Requirements Relating to the Function of the Position

- a. **Requirements for Staff Who Answer the Phone and Interact with the Public**
The person answering the Aging and Disability Resource Center phone and all other ADRC staff who interact with the public shall have thorough knowledge of the mission, operations, and referral policies of the Aging and Disability Resource Center; general knowledge of the 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 handle special hearing or language needs; and ability to recognize and appropriately handle emergencies.
- 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 services shall be knowledgeable about preventable causes of disability and institutionalization, shall be able to identify risk factors and refer individuals to appropriate prevention and early intervention services and programs.
 - iii. Staff providing information and assistance and/or options counseling shall be knowledgeable of the Department's Dementia Care Guiding Principles and how these principles are integrated into ADRC services.
 - iv. Staff providing information and assistance and/or options counseling shall be trained on and skilled in the use of the resource and client tracking

databases, including how to search for services, retrieve information, and document customer contacts.

- v. Staff providing information and assistance and/or options counseling shall be trained on the Department's follow-up policy and on how to document follow-up contacts and activities.
- 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 Article III.G.3.b.
- d. Requirements for Benefit Specialists
Benefit specialists shall meet all requirements, including those for education experience and training, contained in Section III 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 the Aging and Disability Resource Center Director
See requirements contained in Section IV.C.4.

4. *Training*

- a. The ADRC shall ensure that staff have the training necessary to perform their responsibilities in a competent and professional manner. Training shall include, but not be limited to, an orientation to the mission of the ADRC and its policies and procedures, the populations served by the ADRC and their needs, how to recognize and handle emergencies, cultural competency, conflicts of interest, and specific job-related duties and requirements such as EBS/DBS required trainings, screener certification trainings, and AIRS certification.
- b. The ADRC shall assure that its professional staff participate in mandatory training provided by the Department and have opportunities to attend optional online, statewide and regional trainings and conferences sponsored or made available by the Department.

5. *Staff Meetings*

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

6. *Attendance at Statewide ADRC Meetings*

ADRC 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 Directors meetings and participate in conference calls as alternative

Department communication methods for the information shared at these meetings and calls are not always available.

G. Cultural Competence and Diversity

1. Requirement to Demonstrate Cultural Competence and Cultural Diversity

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

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

H. Materials and Information in Alternative Formats

1. Providing Understandable Materials

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

2. Communicating with Non-English Speaking People

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

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

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

4. Making Material Understandable to People with Limited Reading Proficiency

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

I. Avoiding Conflicts of Interest

1. Requirement for the ADRC to be Objective and Unbiased

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

2. Provision of Objective Information and Counseling Services

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

3. Conflict of Interest Policies and Procedures

The Aging and Disability Resource Center shall develop and implement written policies and procedures to avoid conflicts of interest and assure 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.

a. All ADRCs shall have written conflict of interest policies and procedures to ensure the independence of all services provided by ADRC staff.

b. When an MCO subcontracts for care management services from a county or tribe that also operates an ADRC or when an ADRC is located in a building that also houses an MCO or care management staff subcontracted to an MCO, the ADRC's conflict of interest policies must specifically address conflicts that may potentially arise from these situations. Conflict of interest policies shall be consistent with requirements relating to co-location and to supervision and management of ADRC and MCO subcontracted staff contained in Articles II.B.5 and IV.D.3 of this contract.

c. When an ADRC employs staff who are shared with another county or tribal agency or have other outside employment, the ADRC's policies and procedures shall specifically address conflicts of interest that could potentially arise from such employment.

4. Staff Training on Avoiding Conflicts of Interest

The ADRC shall ensure 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. Complaints and Appeals

1. *Complaint and Appeal Policies and Procedures.*

The Aging and Disability Resource Center shall maintain and implement due process policies and procedures to review and resolve complaints and inform people of their appeal rights. These policies and procedures shall be reviewed and approved both by the ADRC governing board, committee or commission and by the Department. The complaint and appeal process shall be consistent with applicable federal and state statutes and administrative rules.

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

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

- a. The informal and formal processes for resolving complaints regarding the Aging and Disability Resource Center, MCO, ICA, FEA, or other long-term care or health care provider, and the process most appropriate for resolving the person's specific concern;
- b. Who to contact if the person has a problem with the Aging and Disability Resource Center, MCO, ICA, or other program, provider or service; and
- c. Organizations and resources available to assist with complaints and appeals, including the Board on Aging and Long-Term Care and Disability Rights Wisconsin ombudsmen.

3. *Internal Complaint Resolution Process for the ADRC*

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

a. *Informal Complaint Resolution*

The Aging and Disability Resource Center should encourage people to resolve complaints with the Aging and Disability Resource Center through the internal informal complaint resolution process. Informal internal complaint resolution

shall be completed within ten (10) business days of the time the complaint is received.

b. Formal Complaint Resolution

The formal internal complaint resolution shall include a decision by the Aging and Disability Resource Center's management and shall be completed within fifteen (15) business days of the time the complaint is received.

c. Notification of Decision

The Aging and Disability Resource Center shall give written notice of the decision made through its formal internal complaint process to the person who made the complaint and to any other affected parties. The notice shall include:

- i. The decision reached;
- ii. The name of the contact person at the Aging and Disability Resource Center for complaints;
- iii. The date the decision was reached;
- iv. A summary of the steps taken on behalf of the person to resolve the issue;
- v. An explanation that if the person disagrees with the decision, he/she has a right to a Department review, or to a State Fair Hearing process for determinations listed in Article IV.J.6 below; and
- vi. Information on how to file for review by the Department and through the State Fair Hearing process.

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

The Aging and Disability Resource Center shall provide access to formal external complaint resolution through the Department for complaints about an ADRC, an MCO or IRIS. This assistance may be provided before, during or after use of the ADRC, MCO or IRIS internal complaint resolution process.

a. Complaints Relating to Services Provided by the ADRC.

Complaints relating to services provided by the ADRC shall be made directly to the Department by writing, calling or e-mailing:

Aging and Disability Resource Center Complaints
Office for Resource Center Development
Division of Long-term care
Wisconsin Department of Health Services
P.O. Box 7851
Madison, WI 53707-7851

Phone: 608-266-2536

Fax: 608-267-3203

E-Mail: DHSRCTeam@wisconsin.gov

[Indicate "ADRC Complaint" in the subject line.]

- b. **Complaints Relating to Managed Care.**
The ADRC shall, upon request, assist members of MCOs in its service area in filing complaints with the Department.
 - c. **Complaints Relating to IRIS.**
The ADRC shall, upon request, assist IRIS participants in its service area in filing complaints with the Department.
5. *Access to the State Fair Hearing Process*
The ADRC shall, upon request, assist people with complaints against the ADRC, an MCO or IRIS in filing a request for a State Fair Hearing with the Division of Hearings and Appeals.
 6. *Reprisals Prohibited*
The Aging and Disability Resource Center shall support customers in the complaint process and shall refrain from any reprisal or threat of reprisal against the person for registering a complaint or appeal.
 7. *Cooperating with Reviews or Investigations of Complaints and Appeals*
The Aging and Disability Resource Center shall cooperate with investigations or review of complaints and appeals conducted by the Department, the external quality review organization or an external advocacy organization, including the Board on Aging and Long-Term Care Ombudsman and the Family Care and IRIS Ombudsman through Disability Rights Wisconsin.

K. Quality Assurance/Quality Improvement Process

1. *Principle of Continuous Quality Improvement*
To provide quality services, the Aging and Disability Resource Center shall incorporate the principle of continuous quality improvement in its operations.
2. *Internal Quality Assurance and Improvement Plan*
Aging and Disability Resource Centers shall develop and implement a written quality assurance and quality improvement plan designed to ensure and improve outcomes for its customer populations. The plan shall be approved by the Department and shall include at least all of the following components:
 - a. **Policies and Procedures Designed to Ensure Quality**
The ADRC shall establish policies and procedures to ensure:
 - i. knowledgeable and skilled staff,
 - ii. quality information and assistance and options counseling,
 - iii. quality enrollment counseling,
 - iv. long-term care functional screen accuracy and consistency,
 - v. quality disability benefit specialist services, and
 - vi. comprehensive collection and review of customer contact data.

- b. **Plan for Monitoring and Evaluating Performance**
The ADRC shall establish goals and indicators for measuring the quality and effectiveness of its performance and procedures for evaluating and acting on the results, including:
 - i. Identification of performance goals specific to the needs of the resource center's customers, including any goals specified by the Department.
 - ii. Identification of objective and measurable indicators of whether the identified goals are being achieved, including any indicators specified by the Department.
 - iii. Identification of timelines within which goals will be achieved.
 - iv. Description of the process that the resource center will use to gather feedback from the resource center's customers and staff and other sources on the quality and effectiveness of the resource center's performance.
 - v. Description of the process the resource center will use to monitor and act on the results and feedback received.
 - c. **Process for Continuous Quality Improvement**
The ADRC shall establish a process for initiating, implementing and documenting continuous quality improvement within its organization. Utilization of the Department-approved Aiming for Excellence model meets this requirement.
 - d. **Process for Updating the Plan**
The ADRC shall establish a process for annually updating its Quality Assurance and Improvement Plan, including a description of the process the resource center will use for annually assessing the effectiveness of the quality assurance and quality improvement plan and the impact of its implementation on outcomes.
3. *Performance Monitoring and Reporting*
The Aging and Disability Resource Center shall routinely assess the quality and adequacy of the services it provides using standard measures contained in its Quality Assurance and Improvement Plan, together with any additional measures provided by the Department, and shall report its findings on these measurements to its governing board and to the Department.
4. *Quality Improvement Activities*
Aging and Disability Resource Centers shall engage in and document continuous quality improvement activities utilizing Department approved methods and documentation. At least one focused performance improvement project is required annually to improve resource center quality and customer satisfaction.

5. *Cooperation with External Reviews and Evaluations*
Aging and Disability Resource Centers shall cooperate with any review or evaluation of resource center activities by the Department, another state agency, the federal government or their subcontractors.

L. 2016 Business Plan to Improve the ADRCs Market Base and Expand its Reach

1. By November 1, 2016, the Aging and Disability Resource Center shall submit a business plan to the Department that provides options to improve the ADRC's performance in reaching new customers and increasing the number of new ADRC contacts.
2. The Aging and Disability Resource Center shall develop its plan based on locally collected ADRC data, statewide data and other findings of the Department, and additional findings made by the ADRC's governing board.
3. The business plan shall include base data that includes the number of customers (unique individuals), the number of contacts, the number of contacts per customer for known customers, the number of contacts not associated with a customer, and costs for providing each of the following services:
 - a. Information and Assistance/Options Counseling
 - b. Enrollment & Disenrollment Counseling
 - c. Services to Youth in Transition
 - d. Dementia-related services
 - e. Nursing Home Relocations
 - f. Other
4. All operational and administrative costs shall be included in the plan. Costs that cannot be directly associated with a specific service, such as marketing, shall be allocated.
5. Costs for each service shall be broken out into the following categories:
 - a. Personnel
 - b. Staff related costs (such as travel)
 - c. Rent
 - d. Other Building costs (such as utilities, furniture, carpet, etc. . .)
 - e. Phone system
 - f. Computer and IT systems
 - g. Other
6. The ADRC shall calculate costs per contact and cost per customer.
7. The ADRC shall additionally assess how well it meets its current customers' expectations in the following areas:
 - a. Ease of contacting or locating the ADRC, i.e. the effectiveness of the ADRC's current marketing and outreach efforts,

- b. The number and location of ADRC sites,
 - c. Hours of operation,
 - d. Phone answering protocols,
 - e. Building and office space characteristics, such as its reception area, and
 - f. Services offered, i.e. Information and Assistance, Options Counseling, Enrollment Counseling, Youth Transition services, Nursing Home Relocation services, Dementia-related services, and other services.
8. The business plan shall provide a data-based approach to identifying options to improve services to current customers, shall specifically address any challenges or issues identified in the above listed areas, and shall determine the cost effectiveness of implementing each option to improve services. In identifying cost effectiveness, the ADRC shall show the changes to the base cost data for each option.
 9. The plan shall also identify potential customers who could benefit from, but who are not accessing, ADRC services. The ADRC shall identify in the Plan marketing ideas, service modifications or other enhancements to expand its customer base, and the cost effectiveness of implementing these changes.

M. Access to and Confidentiality of Records

1. Confidentiality

The Aging and Disability Resource Center shall respect the confidentiality of its customers and at a minimum implement the Department's ADRC Confidentiality Policy. The Department's ADRC Confidentiality Policy does not supersede an ADRC's more strict policy.

2. Permission to Access Records

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

3. Exchange of Client Information and Records

- a. The Aging and Disability Resource Center shall ensure the confidentiality of information in the long-term care functional screen, CARES, and any other system that contains individual client information. The ADRC shall require each user who has access to the above applications to sign a confidentiality agreement before being given access to the application(s). The information contained in these applications shall be used only as needed for its intended purposes.

- b. The Aging and Disability Resource Center may share records that contain personally identifying information concerning individuals who receive services from the ADRC without the individual's informed consent when and only when the exchange of information is necessary for the following reasons, as required by law:
 - i. For the Department to administer the Family Care, IRIS or Medicaid programs or to comply with statutorily-required advocacy services for Family Care enrollees and prospective enrollees.
 - ii. To coordinate the delivery of county or tribal human services, social services, or community programs to the client.
 - iii. For the ADRC to perform its duties.

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

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

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

N. Reporting and Records

1. *Required Documents and Reports*

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

a. *Reports to Claim Federal Medicaid Match*

Staff of the Aging and Disability Resource Center and its subcontractors shall complete daily activity logs (known as 100% time reports) using the spreadsheet format provided by the Department for the purpose of claiming Medicaid administration match for eligible Aging and Disability Resource Center services. ADRCs are required to submit monthly 100% time reports by the 20th of the month following the time report month (e.g. January's 100% time report must be submitted by February 20th) to the Office for Resource Center Development Fiscal Analyst.

b. *Monthly Activity Reports*

The Aging and Disability Resource Center shall submit encounter data to the Department's data warehouse monthly. The ADRC shall submit required data elements and fields as specified in the *ADRC Activity Report* document provided by the Department. The Aging and Disability Resource Center shall submit its encounter data to the Department electronically no later than the 14th of following the month for which the report is prepared (e.g. the January 2016 Encounter Report must be submitted by February 14th).

- c. *Governing Board Minutes and Agendas*
The Aging and Disability Resource Center shall send agendas and supporting materials, including minutes of prior meetings when available, to its assigned Regional ADRC Quality Specialist in advance of its governing board meetings.
 - d. *Disability Benefit Specialist Report*
The Aging and Disability Resource Center shall use the Department's Disability Benefit Specialist (DBS) client database for reporting DBS activities.
 - e. *MDS 3.0 Section Q Nursing Home Referral Reports.*
The Aging and Disability Resource Center shall use the Department's PPS Nursing Home Referral Management Module for reporting MDS 3.0 Section Q referrals.
 - e. *Monthly Expenditure Report on DMT Electronic Form F-00642.*
The Aging and Disability Resource Center shall report monthly expenditures electronically to the Department at: DHS600RCARS@dhs.wi.gov on the DMT Form F-00642 <https://www.dhs.wisconsin.gov/cars/index.htm> in accordance with the applicable Department instructions for the completion and submission of these forms.
 - g. *Annual Expenditure Report*
The Aging and Disability Resource Center shall submit an annual expenditure report using the standard report form provided by the Department. The Aging and Disability Resource Center shall submit the annual expenditure report to the Department no later than June 1st of the year following the year for which the report is prepared. Reports shall be submitted to the Office for Resource Center Development's Fiscal Analyst.
 - h. *ADRC Annual Report*
The Aging and Disability Resource Center shall annually submit information for the "ADRC Annual Report," using electronic forms supplied and following procedures established by the Department. This report contains information on target groups served, staffing, organization, mitigation of conflicts, optional services, contact information and service area leads, budget and other information requested by the Department.
2. *Where and When to Submit Reports*
Unless otherwise specified, reports are to be submitted electronically to the Resource Center Team mailbox at DHSRCTeam@wisconsin.gov on or before the end of the month following the month or quarter for which the report is prepared.
 3. *Participation in Data Collection Efforts*
The Aging and Disability Resource Center shall provide data requested by the Department in order to profile the ADRC's customers and services or to evaluate the quality, effectiveness, cost or other aspects of the services it provides.

4. *Privacy*

The Aging and Disability Resource Center shall share with the Department any record, as defined in s. 19.32 (2) Stats., of the Aging and Disability Resource Center, 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 state and federal regulations and guidelines. Financial records shall be kept at least three (3) years after the close of an audit.

6. *Accurate, Complete and Timely Submission*

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

O. Special Requirements for Regional Aging and Disability Resource Centers

1. *Requirements for Regional Aging and Disability Resource Centers*

- a. An Aging and Disability Resource Center serving a multi-county, multi-tribe, or county-tribal area must be recognizable to the public as a single regional service entity, providing consistent services to residents throughout its service area.
- b. Regional Aging and Disability Resource Centers shall have a single governing board for the entire regional ADRC. The governing board shall have representation from each participating county and tribe in the regional Aging and Disability Resource Center and shall report to the human service boards, commissions on aging, county boards and/or tribal councils in each of the participating counties.
- c. The service area of a regional Aging and Disability Resource Center includes all of the participating counties and tribes.
- c. Regional ADRCs shall have a single name that is used consistently throughout the entire ADRC region per Section II.4.c. The name shall be as concise as possible and need not contain the names of the counties in which the ADRC serves. The

regional ADRC name shall appear on the ADRC's logo, letterhead, business cards, e-mail signatures and signage at all of its locations.

- d. There shall be one ADRC mission statement across all participating ADRC branch offices.
- e. A regional Aging and Disability Resource Center shall have a single director with the responsibilities required under Section IV. C. of this Scope of Services for the entire multi-county ADRC. The director shall report to the regional ADRC board. The director shall have regular contact with staff at each branch office in order to provide guidance regarding ADRC operations. Regular contact shall include in person visits, phone calls, teleconferences, and staff meetings.
- f. The ADRC shall have a regional management plan that describes:
 - i. The respective roles and responsibilities of the regional director and the branch management staff ;
 - ii. How the director and branch staff will communicate with one another, with relevant oversight boards or committees in the participating counties, and with the regional ADRC governing board;
 - iii. How the performance of each branch will be evaluated to determine whether consistent quality standards are being met.The management plan shall be submitted to the Department for approval with the ADRC's annual documentation and updated as needed.
- h. Regional ADRCs shall have one set of policies and procedures that are applied throughout the entire ADRC region. The director is responsible for monitoring the implementation of these policies and procedures to ensure consistency.
- i. The regional ADRC shall provide the managers and professional staff of its branch offices with opportunities for joint training and staff meetings, either in person or via video or telephone conferencing. Meetings should include all relevant ADRC staff from all of the branch offices in the region and occur at least quarterly.
- j. A regional ADRC shall have one marketing plan for its service area.
- k. A regional ADRC shall have a single quality assurance plan, including activities to ensure quality across the region. The director is responsible for ensuring the quality of services provided at all ADRC locations and for compliance with the requirements of this contract.
- l. There shall be one telephone or telecommunications system for the entire regional ADRC.
- m. All required Aging and Disability Resource Center services shall be provided consistently throughout the regional ADRC service area. Staff within the region

shall be able to provide ADRC services to anyone within the ADRC service area, regardless of the county where the person resides.

- n. Each regional ADRC shall have a single screen liaison designated to communicate with the Department.
- o. Aging and Disability Resource Center 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 Article II.D. An ADRC's satellite or branch offices do not all need be open at the same time, provided services are available in at least one office and by phone during the required hours and people receive a comparable level of service throughout the ADRC service area.
- p. The Aging and Disability Resource Center shall use a single client tracking database and a single resource database for the entire regional ADRC service area which conform to standards established by the Department, and the regional ADRC shall submit a single monthly activity report to the Department under Subsection N. above.
- q. The Aging and Disability Resource Center shall produce a single budget and expenditure report for the regional ADRC, with supporting documentation for each of the participating counties and/or tribes.
- r. The Aging and Disability Resource Center shall have a single website for the regional ADRC. The full name of the regional ADRC and a link to the regional ADRC website shall be included in an easy-to-find location on the websites of the participating counties and tribes.

P. Special Requirements for ADRCs Serving Tribal Communities

1. Outreach to Tribal Members

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

2. Service to Tribal Members

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

3. Tribal Disability Benefit Specialist

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

4. *Tribal Aging and Disability Resource Specialist*

- a. Where an ADRC serves a tribe that has a Tribal Aging and Disability Resource Specialist (TADRS), the ADRC shall have a memorandum of understanding (MOU) or memorandum of agreement (MOA) with the tribe that describes the services to be provided by the TADRS, the services the ADRC will provide to tribal members, and how these will be coordinated.
- b. The ADRC shall provide the TADRS with access to the information in its resource database and shall include data on tribal resources in its database as appropriate. The method for sharing resource information shall be included in the MOU or MOA with the tribe.
- c. The ADRC shall coordinate with the TADRS as needed to allow for smooth transfer and/or timely provision of aging and disability services. The memorandum of understanding or agreement between the ADRC and the tribe shall describe how each entity will provide client information to the other in order to coordinate services.
- d. The ADRC shall provide an orientation for the TADRS that includes a tour of the ADRC and an opportunity to meet the ADRC staff and to become familiar with the ADRC's resources, policies and procedures.
- e. The ADRC shall notify the Department at least 90 days prior to dissolving an MOU or MOA with a tribe regarding the TADRS and shall cooperate with the Department in efforts to facilitate resolution of issues prior to any unilateral dissolution of the MOU/MOA.

V. CONTRACT MANAGEMENT

A. Required Plans, Policies and Procedures

1. Aging and Disability Resource Centers shall develop all required plans, policies and procedures following the formats and within the timeframes specified by this contract or otherwise agreed to by the Department.
2. The Aging and Disability Resource Center shall develop and maintain policies and procedures consistent with the requirements contained in this contract.
3. The Aging and Disability Resource Center shall submit the following documents prior to the start-up of a managed care organization in the area served by the Aging and Disability Resource Center. These plans and MOUs should be resubmitted only when there is a change.
 - a. Managed Care Enrollment Plan and MOUs (Article III.G.10).

- b. Policies and Procedures Concerning Long-term care Functional Screen Quality (Article III.G.3.c).
- 4. If the Aging and Disability Resource Center will be providing services in addition to those required by this ADRC contract, these shall be identified in the personnel, budget and subcontract worksheets form number [F-00052a](https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply) <https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply> . Such services cannot be funded with monies from the Aging and Disability Resource Center contract.
- 5. Unless otherwise specified, required plans, policies and procedures are to be submitted electronically to the ADRC’s assigned Regional Quality Specialist in the Office for Resource Center Development.

B. Budget

1. *Budget Requirement*

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

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

Aging and Disability Resource Center grant funds may only be used in support of those services which are required in this contract. Any other services provided by the Aging and Disability Resource Center shall be funded from other sources, and these sources shall be identified in the budget.

3. *Budget Format and Contents*

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

a. *Budget*

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

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

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

b. *Budget Narrative*

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

Direct Expenses: Identify any special projects and/or unusual expenses for each line item.
Identify the location, use, square footage and rate per square foot for any rented or leased space.

Indirect Expenses: Indirect costs charged to the ADRC grant must follow the guidelines described in the Department's *Allowable Cost Policy Manual*, which is located at www.dhs.wisconsin.gov/grants/Administration/AllowableCost/ACPM.htm.

Other Expenses: Travel - estimate total number of miles multiplied by the mileage reimbursement rate and estimate the number of overnight stays. Statewide meetings –estimate the expense of having the ADRC director and/or staff attend monthly statewide ADRC meetings in Madison and other locations.
Training – briefly describe the type of training that is anticipated and estimate the total number of trainings.

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

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

C. Subcontracts

1. *Requirements for Subcontracts*

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

2. *Responsibility of Parties to the Contract*

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

3. *Subcontracts Available for Department Review*

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

D. Performance

1. *Performance Consistent with Contract Requirements*

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

2. *Failure to Meet Contract Requirements*

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

3. *Performance of Contract Terms During Disputes*

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

VI. 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), means 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, refers to any services that, when provided to an individual with developmental/intellectual disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacity, keep the individual safe from abuse, neglect, or misappropriation of property or prevent the individual from experiencing deterioration or from inflicting harm on himself or herself or another person.

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

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

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

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

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

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

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

Department – The Wisconsin Department of Health Services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX B

GUIDING PRINCIPLES FOR AGING AND DISABILITY RESOURCE CENTERS

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**

B. Location, Physical Space and Facility Characteristics

1. Welcoming and Inviting Environment

The ADRC must encourage and promote access to the community to utilize the ADRC. The ADRC's location should be welcoming and inviting and where customers are comfortable coming for programs, information and resource center services.

~~All ADRC locations must be accessible by public transportation, if the municipality in which the ADRC is located has public transportation, and have adequate parking, including accessible parking, at no cost to the public.~~

2. Site Requirements

a. The ADRC shall be located in a place that is visible and recognizable to the public.

b. The ADRC shall have public parking available within one city block of the ADRC location. Parking for the ADRC shall be made available at no cost to the public. Parking for the ADRC shall include accessible parking spaces in compliance with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG).

c. All ADRCs which are located in municipalities served by public transportation must be accessible by public transportation.

2.3. Signage

All Aging and Disability Resource Center locations shall have clearly visible signage indicating the presence of the Aging and Disability Resource Center on both the interior and exterior of the building in which it is located. The ADRC shall also be identified on any posted building directories. All signage 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 in the Department's blue and white color scheme.

3.4. Facility Requirements

All ADRC buildings shall meet the following facility requirements:

a. The Aging and Disability Resource Center is responsible for identifying and addressing barriers to accessibility and complying with state and federal accessibility requirements, including the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG) (See http://www.ada.gov/2010ADAstandards_index.htm).

a.b. Have both the building and furnishings clean, in good condition, free of hazards, and meet state and federal requirements for physical accessibility;

including the ADA Accessibility Guidelines for Buildings and Facilities (ADAAG) (See http://www.ada.gov/2010ADAstandards_index.htm)

c. Be in compliance with the ADAAG, provide directional signs with the ADRC logo.

b.d. Provide and instructions for the use of ADRC services in print, Braille, and alternate formats to be accessible to people with impairments that limit their ability to access information in standard formats.

e.e. Provide hearing loop technology at the receptionist area and in private consultation areas.

d.f. Have public restrooms for use by Aging and Disability Resource Center customers that are clearly signed, accessible, and able to accommodate customers with an attendant of the opposite sex while maintaining privacy for all customers.

~~The Aging and Disability Resource Center is responsible for identifying and addressing barriers to accessibility and complying with the Americans with Disabilities Act within the ADRC.~~

4.5. Reception Area

The Aging and Disability Resource Center shall have a clearly defined, separate, distinct, accessible and welcoming reception area where the public is greeted by an individual ready to assist them.

The requirement for a defined, separate and distinct reception area does not apply to ADRCs that are integrated or co-located with an Aging unit. See Subsection 7. below.

The reception area shall be large enough to comfortably accommodate people of all ages and disabilities with dignity and respect for privacy in an atmosphere that is welcoming and respectful.

~~In accordance with the requirements in Subsections 2. c. above, t~~The reception area shall include hearing loop technology, ~~and the layout of t~~The reception area shall be arranged such that other customers are not able to overhear conversations between the receptionist and customer.

If sign-in sheets are used, they shall not be viewable by other customers.

The reception area shall include accessible display space for fliers, pamphlets and other information materials, arranged so that visitors can easily browse and reach the material during office hours.

5.6. 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 ~~These spaces shall be equipped with~~ 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 ~~needed to be used~~ be used during the consultations in their office or in the private meeting space.

The Aging and Disability Resource Center shall provide for the secure storage of confidential information on site and have a protocol for storage of confidential information as per requirements in Section IV. M. 6.

6.7. Co-Location with an MCO

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

7.8. 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.4.c..

C. Hours of Operation

1. Scheduled Business Hours

The ADRC must have business hours at times that are convenient for its customers. The ADRC must ensure that:

- a. Hours open are based on an assessment of the most convenient days and times for walk-in customers to visit and callers to contact the ADRC, rather than on staff convenience. The ADRC shall assess the most convenient days and times ~~to visit the ADRC for current customers to access the ADRC~~ and ~~submit~~ include its findings in the required business plan under Section IV. L. Results of the assessment will be used to determine potential changes to ADRC hours to better meet existing and potential customers' needs.

- b. Information and assistance is available continuously on all days and during all hours when the ADRC is open for business.
- c. ADRC hours are fixed and posted, together with a statement letting customers know that after-hours appointments are available upon request.

2. *After-Hours Services by Appointment*

In addition to its regularly scheduled business hours, the Aging and Disability Resource Center 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. The criteria will be submitted to the Department for review in the business plan required under Section IV. L.

D. Equipment and Systems

1. *General Communication Systems*

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

2. *Computer Systems*

The ADRC's computer system shall:

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

3. *Management Information System (MIS)*

- a. The Aging and Disability Resource Center shall operate SAMS IR or have a client tracking system capable of:
 - i. Assigning a unique contact number for each contact and a unique client identification number for each person for whom a contact is made;
 - ii. Storing, analyzing, integrating and reporting data;
 - iii. Meeting all Department reporting requirements in formats and timelines which satisfy the requirements listed in Article IV.N.2.;
 - iv. Collecting and tracking data on the initial and subsequent client contacts, including, but not limited to, the characteristics of the person making the

- b. The ADRC phone number(s) shall be publicized on the ADRC's web site, in the ADRC's marketing materials, and published in the 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, unless no other agency or department phone numbers are published there.
- c. The Aging and Disability Resource Center telephone shall be answered during the ADRC's business hours directly by a person who will identify to the caller that he/she has called the "Aging and Disability Resource Center."
- 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 such as Regional ADRCs. Multi-office ADRCs must be able to transfer calls among their offices without requiring the caller to place a separate call.
- e. The telephone system must have the capacity to track and report hold times and abandoned calls.
- f. If, after regular business hours, the Aging and Disability Resource Center phone is not answered by a person, then it shall be answered by a system that identifies the ADRC's regular business hours, permits callers to leave a message, and refers callers to an emergency number. The ADRC shall respond to phone messages by the end of the next business day.

5. *E-Mail*

The Aging and Disability Resource Center shall have a well-publicized electronic mail (e-mail) address which is published on the ADRC's web site, in ADRC's marketing materials and submitted to the Department for publication on the Department's website. For county-based ADRCs, the ADRC's e-mail address shall also be published on the home page of the county's web site, unless no other agency or department e-mail addresses are published there. The Aging and Disability Resource Center shall respond to e-mail contacts from customers by the end of the next business day after receipt of the email.

6. *Website*

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

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

2. *Provision of the Long-term care Functional Screen*

a. Administration of the Long-term care Functional Screen.

- i. In counties in which Family Care and IRIS are available, the Aging and Disability Resource Center shall administer the initial long-term care functional screen to determine an individual's functional eligibility for managed long-term care and IRIS.
- ii. In counties in which Family Care and IRIS are not available, the ADRC may opt to provide the initial long-term care functional screen to determine eligibility for county Home and Community Based Waiver services. If the ADRC opts to provide functional eligibility determinations, then all requirements included in this Scope of Services apply.
- iii. The Aging and Disability Resource Center shall offer the long-term care functional screen (~~LTC FSLTCFS~~) 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 to have that he/she has a condition requiring long-term care.
- iv. The ADRC shall perform a functional screen for residents of its service area who appear to be financially eligible for publicly funded long-term care and wish to relocate from a nursing home.
- v. The ADRC shall initiate the functional screen within 14 calendar days of the time the person requests or accepts the offer of a screen. ADRC staff shall ask if an individual would like to have family or others present when a screen is performed and shall allow family or others present during a screening.
- vi. The ADRC shall administer the ~~LTC FSLTCFS~~ 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 ~~LTC FSLTCFS~~. Doing so could result in a finding of Medicaid fraud.
- viii. When an individual is found to be functionally eligible for publicly funded long-term care, the Aging and Disability Resource Center shall convey the level of care established by the long-term care functional screen to the income maintenance consortium for use in its Medicaid eligibility determination.

- ix. When an individual is enrolled in a publicly funded long-term care program, the ADRC shall transfer the long-term care functional screen to the selected managed care organization no later than one business day after sending the enrollment packet or to the IRIS Consultant Agency no later than one business day after receipt of the IRIS start date letter.
- x. The Aging and Disability Resource Center 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 in Appendix C.

b. Functional Screen Staff

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

c. Ensuring Functional Screen Quality

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

- i. Designate a "Screen Liaison." Screen liaisons must be certified screeners. Individuals who fail the ~~LTC FSLTCFS~~ continuing skills testing required by the Department shall not be screen liaisons. Screen Liaisons shall have the following duties:
 - 1. Serve as a contact person for communications with the Department on screen quality, training and technical issues, and implement screen quality requirements;
 - 2. Monitor the performance of and provide guidance to ADRC screeners;

3. Act as the contact person for other counties/agencies to contact when they need a screen transferred; and
 4. Act as the contact person for technical issues such as screen security and screener access.
- ii. Ensure that staff are trained and have access to the information needed to perform the screen.
1. Train, mentor, and monitor new screeners; have all screeners participate in Department-required training on the functional screen; and ensure that all screeners have appropriate training in confidentiality of personally identifiable records.
 2. Ensure that each screener receives communications from the Department's functional screen listserv(s) and related technical assistance and other informational bulletins from the Department.
 3. Use the most current version of the functional screen and instructions provided by the Department.
- iii. Consult with the Department, Managed Care Organization, or IRIS Consultant Agency when there are conflicting results or other questions about or difficulties with the screen, as follows:
1. Consult with the Department about unexpected results, when it is unusually difficult to complete an accurate screen, or how to interpret all or part of a completed screen.
 2. Consult with the Managed Care Organization screener, IRIS Consultant Agency, or County local Waiver Agency when a person who has been found to be functionally eligible by the ADRC's initial screen is, within the next 90 days, found by the MCO, ~~or ICA,~~ or local waiver agency to be ineligible or to be eligible at a non-nursing home level of care. Review and compare the screens and attempt to resolve differences. Contact the Department ~~screen liaison~~ if differences cannot be resolved.
 3. When contacted by a Medicaid Personal Care Screening Tool (PCST) screener about differences between results of the long-term care functional screen and the PCST, consider the reasons for the discrepancy. If the result of the consultation with the PCST screener is identification of an error or omission in the ~~LTC FSLTCFS~~, modify the functional screen to correct the error or omission. If there are questions about whether or how to resolve differences, contact the Department ~~screen liaison~~ for assistance in resolving differences.
- iv. Monitor screener performance and ensure that screener skills remain current.

1. Utilize screener quizzes provided by the Department as education tools for agency screeners.
 2. At least once a year, review a random sample of completed screens for each screener to determine whether they are accurate, complete and timely, ~~and that the results are reasonable based on the person's condition.~~
 3. Have all certified screeners participate in continuing skills testing (CST) required by the Department. If test results indicate that the performance of any individual screener or group of screeners is below the standards set by the Department, then the Aging and Disability Resource Center must carry out remedial action prescribed by the Department which may include decertification.
- v. Review and respond to any quality assurance issues detected by the Department or its designee and implement any improvement projects or correction plans required by the Department to ensure the accuracy and thoroughness of the screens performed by the Aging and Disability Resource Center.
 - vi. Document policies and procedures for ensuring the quality of its functional screens consistent with the above requirements. The Aging and Disability Resource Center 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 Aging and Disability Resource Center shall ascertain the Medicaid status of individuals interested in applying for publicly funded long-term care using the Forward Health interChange Partner Portal.
- b. **Assisting with Medicaid Application Process.**
The Aging and Disability Resource Center shall assist those who are not currently on Medicaid with the application process as follows:
 - i. Provide an overview of the financial eligibility requirements, including income and asset limits, cost share, spousal impoverishment, and estate recovery.
 - ii. Review the person's financial and non-financial circumstances, using the web-based screening tool, *Am I Eligible*, found at www.access.wisconsin.gov when appropriate, to determine whether the

1. If directed to do so by the county board, assume the duties of the county long-term support planning committee.

4. *Where the Aging and Disability Resource Center is a Long-Term Care District*
If a long-term care district is created to operate the Aging and Disability Resource Center, the governance of the long-term care district shall comply with s. 46.2895 of the Wisconsin Statutes.

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

6. *Where the Aging and Disability Resource Center is Operated by a County that Also Operates a Managed Care Organization or Provides Care Management Services to the MCO Under Contract*
The governing board, committee or commission of the ADRC shall be separate from any county board, committee or commission that has oversight over the MCO or the organizational unit that provides care management services to the MCO.

C. Director

1. *Single Director*
An Aging and Disability Resource Center shall have a single director, whose position is dedicated to the ADRC, with at least (i.e. greater than 50% of the director’s time is spent on ADRC operation and management activities), and who has the responsibilities described below, regardless of whether the ADRC serves a single county or tribe or a multi-county or tribal region and regardless of what title the position is given.

2. *Duties of the Director*
The Aging and Disability Resource Center director shall have the following responsibilities:
 - a. Ensure that the Aging and Disability Resource Center meets all obligations under this contract.
 - b. Ensure that all charges incurred against this contract are correct and appropriate.
 - c. Ensure that the performance of the Resource Center meets expectations for quality and is consistent with the mission set out for the Aging and Disability Resource Center.
 - d. Oversee day-to-day operations of the Aging and Disability Resource Center.

- e. Provide supervision for the staff of the Aging and Disability Resource Center, including making work assignments, arranging training, and overseeing performance.
- f. Oversee personnel decisions regarding ADRC staff and have direct or shared authority to hire and fire.
- g. Oversee the performance of any subcontractors to the Aging and Disability Resource Center.
- g.h. Oversee the budget and financial management of the Aging and Disability Resource Center.
- h.i. Report to and assist the Aging and Disability Resource Center's governing board in carrying out its duties.
- i.j. Provide orientation, training and ongoing education for governing board members so they can effectively carry out their responsibilities.

3. *Director Qualifications*

- a. The Director shall have ~~either a Bachelor of Arts or Science degree or the equivalent competency or practical knowledge~~ and at least one year of experience working with one or more of the client populations of the Aging and Disability Resource Center. In addition, the Director shall have thorough knowledge and understanding of:
 - i. ~~a.~~—The mission and values of the Aging and Disability Resource Center;
 - ii. ~~b.~~—The principles of customer service;
 - iii. ~~c.~~—All of the target populations served by the Aging and Disability Resource Center;
 - iv. ~~d.~~—The requirements for ADRCs contained in this contract;
 - v. ~~e.~~—The functions and procedures of the resource center; and
 - vi. ~~f.~~—The budget process, personnel process, principles of supervision and other key management functions.

b. A waiver of education and/or experience requirements can be requested from the Department in the event that the candidate lacks the degree and/or experience described above.

- i. Requests for exception to the education and experience requirements must be submitted to and approved by the Department prior to the Aging and Disability Resource Center making the job offer. Requests shall be made using the form F-0054 <https://www.dhs.wisconsin.gov/forms/index.htm?search=ADRC&division=All&=Apply> and submitted to DHSRCTeam@wisconsin.gov.
- ii. Approval of waiver requests is discretionary. The Department is not obligated to approve a request for waiver of education and experience requirements.

- iii. Decisions regarding approval will be based on evidence of the candidates' ability to fully perform ADRC responsibilities based on his/her post-secondary education, experience, knowledge and skills.
- iv. Any waiver of education and experience requirements applies only to the individual candidate for whom the waiver is requested.

D. Organization of the ADRC

1. Overall Organization

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

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

2. Organization Chart

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

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

3. Organizational Independence from Managed Care

The Aging and Disability Resource Center shall meet state and federal requirements for organizational independence from any managed care organization.

E. Staffing

1. Staffing Plan

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

eligibility determinations for SSI-E or other programs, or provide guardianship or adult protective services.

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

F. Staff Qualifications and Training

1. Knowledge and Skills

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

2. Required Education and Experience

Staff of the Aging and Disability Resource Center 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 either:

- a. A Bachelor of Arts or Science degree (preferably in a health or human services related field) or a license to practice as a registered nurse in Wisconsin pursuant to s. 441.06 Stats, and the equivalent of at least one year of full-time experience in a health or human service field, working with one or more of the client populations served by the Aging and Disability Resource Center (elderly or adults with physical or developmental/intellectual disabilities). Qualifying work experience

may be paid or unpaid and may include internships, field placements and volunteer work.

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

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

- a. Requirements for Staff Who Answer the Phone and Interact with the Public
The person answering the Aging and Disability Resource Center phone and all other ADRC staff who interact with the public shall have thorough knowledge of the mission, operations, and referral policies of the Aging and Disability Resource

Scott Walker
Governor

Kitty Rhoades
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF LONG TERM CARE

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

Telephone: 608-266-0036
FAX: 608-266-2713
TTY: 888-241-9432
dhs.wisconsin.gov

May 26, 2016

Ms. Rachele Gramann, Director
Aging and Disability Resource Center of Door County
832 N. 14th Ave
Sturgeon Bay, WI 54166

Dear Ms. Gramann:

Thank you for submitting your annual report and related materials. The report provides staff in the Office for Resource Center Development an opportunity to understand the structure of your ADRC and the scope of your work. We recognized the last year has been difficult with the loss of your Director shortly after transitioning to Family Care but through it all your ADRC has maintained overall good customer experiences. We also use information in the annual report to reinforce consistencies in agency operation to assure that customers throughout the state have the opportunity to experience a high quality Aging and Disability Resource Center regardless of location.

In reviewing your annual report we found that the following sections were complete and met the contract expectations: Governing Board, and Annual Budget. We understand the tremendous change your ADRC went through during the last year moving to Family Care and the heavy workload it caused on your staff did not go unnoticed. Your agency did a fabulous job meeting the needs of all of the customers during the transition and you are working hard to meet all areas of the contract. We appreciate the effort your ADRC is putting forth.

In the following sections: Personnel. We have questions/concerns that require additional information. As stated in the contract at least one person needs to be AIRS certified in each ADRC.

- 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.

Please indicate how you will accomplish this.

Your quality improvement project documentation has not been received. Therefore, this ADRC contract requirement has not been met. The ADRC will be expected to complete a separate quality improvement project to meet 2016 contract requirements.

Therefore you will need to complete two projects this year.

If you have any questions or I can be of further assistance in regards to the additional information requested above please feel free to contact me.

Sincerely,

Sherry Schuelke

Sherry Schuelke

Regional Quality Assurance Specialist

Office for Resource Center Development

Cc: Anne Olson, ORCD Director

Fostering Futures

Door County DHS's Trauma Informed Care
Organizational Change Initiative

What you should know:

- ▶ Trauma Informed Care is NOT more work.
- ▶ It IS about doing things differently.

- ▶ Trauma Informed Care is NOT a new program or specific treatment interventions.
- ▶ It IS a philosophical shift in our culture of care.

- ▶ TIC will impact our physical environment, training, business decisions, policies & procedures.
- ▶ TIC is an evolution. This will not happen overnight!

Our Trauma Informed Care Vision:

**Providing help for today and hope for tomorrow
by fostering a safe community that values
your voice, your choice, your future.**

Trauma:

- ▶ Results from an event, series of events or set of circumstances that has a profound effect on one's psychological development or well-being.
- ▶ Often involves a physiological, social and/or spiritual impact.
- ▶ We each have a **UNIQUE** and **INDIVIDUAL** response to and experience of the same traumatic event.

Adverse Childhood Experiences (ACEs):

- ▶ Potentially traumatic events that occur before age 18 that can have negative, lasting effects on health and well-being.
- ▶ Can range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian.
- ▶ Numerous studies have shown a direct connection between ACEs and negative behavioral and health outcomes, such as obesity, alcoholism, diabetes, smoking, depression and suicide risk later in life.

Universal Precautions:

- ▶ Medical providers: Approach everyone as though they carry germs; i.e, wear gloves and masks, change equipment between patients, scrubbing protocol.
- ▶ Human service agencies: Treat everyone we encounter as though they have had adverse experiences...
 - ❖ With Kindness, Respect, Compassion
 - ❖ In an environment that fosters Safety and Trust
 - ❖ This includes our clients and our co-workers!

- ▶ What's *wrong* with you? ->
 - ▶ What *happened* to you?

Resilience

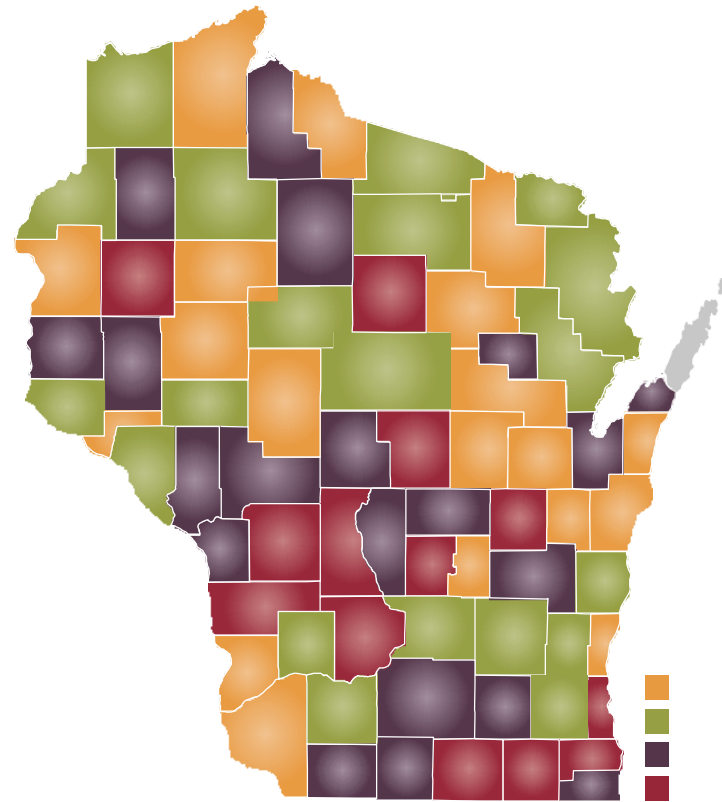
- ▶ What's **STRONG** with you?

Why now?

- ▶ Pivotal time in our agency's development as a new Dept. of Human Services.
- ▶ Fits with our mission & vision.
- ▶ An alarming 15-20% of Door County's adult residents have four or more ACE's!

Yellow <10%; Green 10-15%

Purple 15-20%; Red >20%



Human and Social Impacts

- ▶ Untreated trauma can have severe negative impacts on a person's physical and emotional well-being.
- ▶ Trauma has been linked to hallucinations and delusions, depression, suicidal tendencies, chronic anxiety, hostility, poor social skills, eating disorders, and dissociation.
- ▶ Trauma victims are at a much higher risk for co-occurring mental health and substance abuse disorders, violence victimization and perpetration, self-injury, and a host of other coping mechanisms which themselves have devastating human, social, and economic costs.
- ▶ Between 51 percent and 98 percent of public mental health clients diagnosed with severe mental illness have trauma histories, and prevalence rates within substance abuse treatment programs and other social services are similar.
- ▶ In children, trauma may be incorrectly diagnosed as depression, attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, generalized anxiety disorder, separation anxiety disorder, and reactive attachment disorder.

Financial Costs

- ▶ Untreated trauma strains the financial resources of health care and behavioral health services, decreases productivity in the workplace, increases reliance on public welfare, and increases incarceration rates.
- ▶ The economic costs of untreated trauma-related alcohol and drug abuse alone were estimated at \$160.7 billion in 2000.
- ▶ The estimated cost to society of child abuse and neglect is \$94 billion per year, or \$258 million per day.
- ▶ For child abuse survivors, long-term psychiatric and medical health care costs are estimated at \$100 billion per year.

Let's put this in perspective...

(Note the following is a little out of date, but powerful nonetheless.)

The "ACE" Study The Tragic Consequences of Unaddressed Childhood Trauma. Presented by Ann Jennings Ph.D Federal Roundtable on Women and Trauma April 29, 2010

<http://www.slideserve.com/step/the-ace-study-the-tragic-consequences-of-unaddressed-childhood-trauma/>

The background is a vibrant, hand-drawn collage. It features a bright yellow sun with rays in the upper left, a crescent moon in the lower left, and a small globe in the middle right. Scattered throughout are various stars in different colors (red, green, blue, orange), hearts, and small floral motifs. The overall style is whimsical and artistic, with a mix of blue, purple, and white tones.

**NEVER DOUBT
THAT A SMALL GROUP
OF THOUGHTFUL COMMITTED CITIZENS
CAN CHANGE THE WORLD:
INDEED IT'S THE ONLY THING
THAT EVER HAS.**

MARGARET MEAD