

APPLICATION INSTRUCTIONS AND FORMS



To Contract As An

AGING AND DISABILITY RESOURCE CENTER

June 1, 2007

Wisconsin Department of Health and Family Services

Aging and Disability Resource Center Application Process and Timeline

- DHFS releases Aging and Disability Resource Center (ADRC) application.
- ADRC applicants may submit Notice of Intent to Submit Application when planning is far enough along for them to know they will be submitting an application and have county board support.
- Applications may be submitted whenever an applicant is ready to apply. Applications will be accepted at any time, but should be submitted no later than 3 months before anticipated start-up of the ADRC and 5 months before the start-up of a managed care organization (MCO).
- For ADRCs serving MCOs with a January 1, 2008 MCO start-up, the ADRC application must be submitted by August 1.
- Applications will be reviewed by DHFS.
 - DHFS will identify any areas where additional work is needed to fulfill ADRC application requirements and request additional information as appropriate.
 - A site visit and/or oral interview may occur.
 - Applicant amends application, as necessary.
- DHFS will issue a written notice of application approval and projected date when funding is expected to be available, if known. Approval means that an application is eligible to receive funding, when funding is available. It is not an award of funds.
- DHFS will award the ADRC contract, with funding to start operations no later than 2 months prior to MCO start-up.

**E-mail Notice of Intent, Questions and Completed
Application to:**

**Aging and Disability Resource Center Team
Department of Health and Family Services
One West Wilson Street, Room 450
P.O. Box 7851
Madison, WI 53707-7851**

E-mail: RCTeam@dhfs.state.wi.us

CONTENTS

SECTION I. GENERAL INFORMATION..... I-1

I-1	Introduction.....	I-1
I-2	Purpose.....	I-1
I-3	Procuring and Contracting Agency.....	I-1
I-4	Funding and Duration of Contract.....	I-1
I-5	Who May Submit an Application.....	I-2
I-6	Collaboration with Local Agencies and Stakeholders.....	I-2
I-7	Service Area.....	I-4

SECTION II. SCOPE OF AGING AND DISABILITY RESOURCE CENTERS II-1

II-1	Goals of the Aging and Disability Resource Center.....	II-1
II-2	Target Populations.....	II-1
II-3	Mandatory Services.....	II-2
II-4	Mandatory Administrative Requirements.....	II-8
II-5	Staffing Requirements.....	II-11

SECTION III. PREPARING AND SUBMITTING AN APPLICATION..... III-1

III-1	Notice of Intent to Submit an Application.....	III-1
III-2	Timeline.....	III-1
III-3	General Instructions.....	III-1
III-4	Incurring Costs.....	III-1
III-5	Presentations and Interviews.....	III-1
III-6	Clarification and/or Revisions to the Specifications and Requirements.....	III-1
III-7	Executed Contract to Constitute Entire Agreement.....	III-2
III-8	Reasonable Accommodations.....	III-2
III-9	Submitting the Application.....	III-2
III-10	Withdrawal of Applications.....	III-2

SECTION IV. APPLICATION FORMAT AND CONTENTS.....IV-1

IV-1 Application Format and Signatures IV-1

IV-2 Application Organization IV-1

IV-3 Application Content IV-1

 Part I - Applicant Information..... IV-1

 Part II - Executive Summary..... IV-2

 Part III - Project Proposal IV-2

 Part IV - Attachments IV-4

SECTION V. FORMS AND ATTACHMENTS V-1

V-1 Notice of Intent to Submit V-1

V-2 Applicant Form V-1

V-3 County Board/Tribal Government Resolution(s) Authorizing the ADRC Application V-1

V-4 Letters of Support..... V-1

V-5 Organizational Chart V-1

V-6 Designation of Confidential and Proprietary Information V-1

SECTION VI. APPROVAL PROCESS..... VI-1

VI-1 Review and Evaluation of Applications VI-1

VI-2 Awarding of Contract..... VI-1

VI-3 Termination of Contract..... VI-2

APPENDIX A. NOTICE OF INTENT TO SUBMIT AN APPLICATION..... A-1

MS Word fillable version

APPENDIX B. APPLICATION FORM..... B-1

MS Word fillable version

Section I. General Information

I-1 Introduction

Aging and Disability Resource Centers (ADRCs) are welcoming, attractive, accessible places where older people and people with disabilities can go for information, advice, and help in accessing services. They provide a central source of reliable and objective information about a broad range of programs and help people to understand the various long term care options available to them. By enabling people to make informed, cost-effective decisions about long term care, they help people conserve their personal resources, health and independence and reduce the demand for public funding for long term care by delaying or preventing the need for potentially expensive long term care services. ADRCs help people to apply for programs and benefits, and serve as the single access point for publicly funded long term care. ADRCs are also available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. Services are provided at the resource center, over the telephone or in visits to an individual's home.

ADRCs began in 1999 and are currently operating in 22 counties. The Governor has set the goal of implementing ADRCs statewide by mid-2010 in conjunction with managed care expansion.

Further information about ADRCs is available on the Department's internet site at: <http://dhfs.wisconsin.gov/LTCare/Generalinfo/RCs.htm>

I-2 Purpose

This document provides information needed to prepare and submit an application for the implementation of an Aging and Disability Resource Center (ADRC) in conjunction with the managed care expansion component of Wisconsin's Long-Term Care Reform Initiative.

I-3 Procuring and Contracting Agency

The application review and approval process and any contract resulting from this application will be administered by the Wisconsin Department of Health and Family Services. The Contract Administrator is Janice Smith, Bureau of Aging and Disability Resources:

Janice Smith, Director of Resource Center Development
Department of Health and Family Services
Division of Long Term Care
1 W. Wilson St, Room 450
P.O. Box 7851
Madison, WI 53707-7851

Telephone: 608.266.7872
Fax: 608.267.3203
E-mail: smithja@dhfs.state.wi.us

I-4 Funding and Duration of Contract

The Wisconsin Department of Health and Family Services will enter into a contract with each ADRC which specifies the required functions of the ADRCs and the funding level the State

will provide to support these functions. See ADRC Information Bulletin #14 for updated information regarding the funding levels available to each county and multi-county funding incentives.

The funding from the Department will be a combination of State General Purpose Revenue (GPR) and federal funding. Federal Medicaid administration matching funds are available for long-term support functional screen and information and assistance activities related to Medicaid, according to the methodology submitted by the Department to the Centers for Medicare and Medicaid Services (CMS). ADRCs are expected to implement 100% time reporting in order to be able to claim the appropriate federal matching funds.

The ADRC contract shall be effective on the date indicated on the contract and shall run for the remainder of the calendar year from that date, with an option by mutual agreement of the agency and contractor, to renew annually.

I-5 Who May Submit an Application?

- An applicant agency may be any of the following according to Wisconsin Statutes s. 46.283:
 - A Wisconsin county agency or aging unit
 - A Wisconsin tribe (eligible within the same framework as Wisconsin counties throughout this document)
 - A consortium formed by two or more counties and/or tribes or aging units
 - A Family Care District
 - A nonprofit entity in coordination with a county, tribe or consortium of counties/tribes, when the counties or tribes have declined to apply to operate an ADRC
- Applications for ADRCs serving counties or regions that have been identified as ready and eligible for managed care expansion will be given priority in the review and approval process and in awarding funds.

I-6 Collaboration with Local Agencies and Stakeholders

Applicants are expected to coordinate with managed care expansion planning, work collaboratively with local public agencies serving older people and people with disabilities and to involve consumers and other stakeholders from the community at large, including mental health and substance use representatives, in the development of the ADRC.

Stakeholders

Planning for an ADRC must involve all key stakeholder groups representative of the populations served and the key service network representatives for the elderly and adults with disabilities, including representatives of mental health and substance use services networks.

Experience indicates that a majority of the customers of the ADRC will be older persons or their families. Older persons and staff representing county aging units shall be involved in planning the ADRC to meet the needs of seniors, avoid redundancy, and meet requirements of the Older Americans Act. The expertise of the aging units should be incorporated into the operation of the ADRC whenever possible, through the integration of aging unit and ADRC functions. In addition, the ADRC should take advantage of the skills of older volunteers in the design and delivery of ADRC services.

The information, assistance and benefits advocacy needs of persons with physical disabilities require particular attention to issues of accessibility, self-determination, the

interplay of benefits and employment, and other unique issues. The applicant shall demonstrate the involvement of persons with physical disabilities in planning the ADRC, and demonstrate a commitment to training staff to provide customer service that responds to preferences for self-direction.

Adults with developmental disabilities will depend upon the ADRC to gain access to publicly funded care, as well as to acquire information about community resources and opportunities. Persons with developmental disabilities and their representatives shall be involved in planning the ADRC, and providing advice about the kinds of information and assistance they will require from the ADRC. The applicant is expected to demonstrate adequate expertise in serving persons with developmental disabilities.

The ADRC is not a provider of mental health services. However, the ADRC is expected to provide information and assistance services, including assistance in accessing a wide range of community services available to the general population, provide benefits counseling, and facilitate access to crisis intervention and emergency services to persons with mental illness and/or substance use disorders, regardless of age or co-occurring disability. Applicants shall demonstrate that persons with mental health and substance use issues have been consulted in planning for the ADRC.

Local Agencies

The applicant must provide assurances that the application is fully supported by county aging units, social services, community programs and long-term support units, whether they are in the same or separate county departments, to assure strong collaboration.

At a minimum, the following program areas should be actively engaged in the planning and operation of the ADRC.

- County aging programs
- Long-term care waiver programs, including Family Care, Community Integration Programs for people with developmental disabilities, Community Options Programs for elders and people with physical disabilities, and PACE/Partnership
- County programs for people with mental illness and substance use disorders
- County social services programs for adults
- County Economic Support Units

In addition, consultation with the local public health department is advisable. Applicants must demonstrate a commitment to participation from all partner organizations, including a willingness to reevaluate current practices for delivering access to services and to realign those services within the ADRC model.

All applications must be accompanied by county board and/or tribal government resolution(s) endorsing the application and making a commitment to complete full implementation of the ADRC for all target groups within one year of beginning operations or in accordance with a Department approved plan for services to specific target populations by the MCO, whichever comes first.

Managed Care Organizations

Planning for the ADRC should be coordinated with the planning for managed care expansion. An ADRC must be in operation at least two months prior to start up of a publicly funded managed long term care program in order to provide functional eligibility determination, choice counseling and other enrollment-related activities. Needed coordination includes: timing of the ADRC and managed care organization (MCO) start-up dates; establishing channels for communication; sharing information about benefits, services and other factors related to choice counseling and enrollment/disenrollment; developing procedures for transitioning current Waiver program participants to managed care, enrolling

persons from the long term care wait list, and enrolling new long term care applicants; and developing the Access Plan and related protocols and memorandums of understanding.

1-7 Service Area

An ADRC service area may include one or more counties, provided the service area is comprised of neighboring counties and each county is a full partner in the application process. Counties currently served by an existing Family Care ADRC may apply as part of a larger regional consortium.

The Department strongly encourages multi-county rather than single county ADRCs in order to leverage efficiencies and improve service delivery. Examples of where multi-county collaboration is beneficial include the purchase and operation of a Management Information System (MIS), maintaining a resource database such as Beacon™, staff training, marketing and outreach activities, development of public information materials, and collaboration with regional service providers. Cost savings in administrative functions may enable the ADRC to provide more direct service staff in each county and to respond more quickly to consumer requests. Combined budgets may also make it possible to hire staff that is specially trained in the functions of the resource center and in the needs of the different target populations it serves.

Section II. Scope of Aging and Disability Resource Centers

Aging and Disability Resource Centers (ADRCs) provide information and assistance on issues affecting older people, people with disabilities, mental health issues, or substance use disorders and their families. ADRCs also serve as a “single entry point” for access to public benefits, as well as counseling and advocacy to overcome barriers to using benefits. As a clearinghouse of long-term care information, ADRCs are also available to physicians, hospital discharge planners, or other professionals who work with older people or people with disabilities. ADRCs provide services by telephone, visits to an individual’s home, and in accessible community centers. ADRCs are also a catalyst for community prevention strategies to prevent or delay the use of publicly funded long-term care.

II-1 Goals of the Aging and Disability Resource Center

The goals of an ADRC are as follows:

- Present a welcoming face to the entire community that is attractive, accessible, non-bureaucratic, non-threatening and confidential
- Reach and serve a broad base of elderly people and adults with physical disabilities, developmental disabilities, substance use disorders or mental illness, and their families regardless of income or condition
- Provide reliable and objective information to help people access resources and make informed decisions about long-term care and other needs related to age or disability
- Promote wellness and prevent or delay chronic illness and disability
- Delay or prevent the need for long-term care services and/or public funding for these services
- Identify people at risk for abuse or neglect, and connect them to services or benefits
- Provide benefits counseling to elders and adults with disabilities
- Provide transitional services to families whose children with physical or developmental disabilities are preparing to enter the adult service system
- Provide a single entry point for access to publicly funded long-term care programs
- Provide enrollment and disenrollment counseling for persons entering or leaving the publicly funded long term care system.

II-2 Target Populations

At full implementation and no later than one year following the date when the ADRC begins operations, the ADRC shall serve 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:

- Adults with developmental disabilities
- Adults with physical disabilities
- People age 60 and older, including healthy elders and elders with disabilities or chronic health problems
- Adults with mental illness and/or substance use disorder needs (for information and assistance, disability benefits specialist and emergency response as described in the ADRC contract)
- Young adults with disabilities who are preparing to transition into the adult service network (for transitional services as described in the ADRC contract)

New ADRCs will be required to serve the same target populations as those served by the managed care entity in their service area by the time the managed care organization (MCO) begins operation and may phase in services to other target populations according to an approved implementation plan.

ADRCs are expected to have demonstrated competencies relating to, be responsive to the needs of, and to be accessible to all of the populations they serve.

II-3 Mandatory Services

The following is a summary description of the services that ADRCs are expected to make available to members of their target populations, as required under the terms of the ADRC contract. The more detailed language of the full contract is available at <http://dhfs.wisconsin.gov/LTCare/Generalinfo/RCs.htm>.

Your application must include a description of how the proposed ADRC will provide each of the following services.

II-3.1 Marketing, Outreach and Public Education

The ADRC shall have a marketing and outreach strategy to inform the public about ADRC services and to maintain a distinct identity for the ADRC in the community, so that it will not be confused with other entities or programs, such as the MCO, Veteran's Services, elder abuse agency, Senior Center or Independent Living Center (ILC).

II-3.2 Information and Assistance

The Aging and Disability Resource Center shall provide information and assistance (I&A) to members of the target populations and their families, friends, caregivers, advocates and others who ask for assistance on their behalf. Information and assistance can be provided in person, including home visits and walk-ins, over the telephone, via e-mail, or through written correspondence.

Information and assistance is a professional service which involves: listening to the inquirer, assessing his or her needs, helping the inquirer to connect with service providers or gain information to meet the identified needs, and following up with the inquirer or service provider to determine whether the needs were met. Because people may not know to ask for a specific service by name, it is important that the I&A specialist have the time to establish a personal rapport, understand the individual's concerns, and be able to offer potential resources and solutions.

At a minimum, the ADRC must provide I&A on the following areas:

- Living arrangements related to long-term care (e.g., information and assistance to people considering a move due to health, disability or frailty)
- Disability and long-term care related services (e.g., in home support, care management, respite, equipment, training, transition planning, independent living skills, death and dying issues)
- Paying for long-term care related services (e.g., public programs, long-term care insurance, other private resources)
- Health (e.g., health promotion, prevention, recuperative care, disease, conditions, dementia, medically related care)
- Adult protective services, abuse, neglect, domestic violence, and financial exploitation

- Behavioral health (e.g., mental health, substance use disorders)
- Employment, training and vocational rehabilitation
- Financial and other basic needs (e.g., benefits, Medicaid, Medicare, health insurance, food, money, shelter, paying for medical care and medications)
- Transportation
- Home maintenance (e.g., chores, yard work, home safety)
- Legal issues (e.g., power of attorney, guardianship, consumer rights, advocacy, discrimination, complaints and grievances)
- Education, recreation, retirement, life enhancement, volunteerism

Information and assistance service must be available continuously for at least eight hours a day, Monday through Friday. During I&A service hours, a system must be in place to ensure that callers speak directly to a person (not a machine), except during unusual circumstances. After-hours callers must be informed of what to do in the case of an emergency or urgent need.

II-3.3 Long-Term Care Options Counseling

The Aging and Disability Resource Center shall provide options counseling to help people make informed choices about long-term care. Options counseling is a more time intensive service than information provision and includes a face-to-face meeting wherever possible. It is intended to help consumers evaluate their strengths and preferences and weigh their options, in addition to educating them regarding available long-term care services.

Options counseling is typically provided:

- As an extension of I&A, when a person is dealing with major life decisions; or
- In response to a referral for pre-admission consultation (PAC), when a person is referred to the ADRC by a hospital, nursing home, assisted living provider or home health agency in their community.

ADRCs in managed care counties must ensure that contact is made with individuals who are referred for pre-admission consultation within the 5 business days of receiving the request or referral and that the options counseling and/or long-term care functional screen is completed within 10 business days of the date on which the individual accepts the offer of counseling or screening.

Options counseling shall cover the following:

- The individual's personal history, preferred lifestyle and goals for the future; functional limitations and capacities; financial situation; and other information needed in order to identify and evaluate options available;
- The full range of long-term care options available to the individual, including home care, community services, case management services, MCO or waiver services, residential care, and nursing home care;
- The sources and methods of both public and private payment for long-term care services and the functional and financial criteria for receiving MCO or waiver services and services from the Medicaid fee-for-service system;
- How Estate Recovery and Spousal Impoverishment regulations affect various living arrangements and programs; and
- Factors that the individual might want to consider when choosing among the various long-term care programs and benefits.

Options counseling shall be made available to private pay individuals and families as well as to persons eligible for public funding. Long-term care options counseling must be

objective, thorough and responsive to the needs of the individual. Counseling shall not attempt to persuade the individual to choose one program or provider or withhold information about any suitable program or provider.

II-3.4 Elderly Benefits Counseling

Elderly benefit specialists (EBS) are currently available to elderly residents of each Wisconsin county. EBS services are expected to be coordinated with the ADRC. Regardless of who employs the EBS, elderly benefits counseling must be integrated into the ADRC service array and be made available through in-office consultations at the ADRC and through home visits.

Elderly benefit specialists perform the following activities for persons age 60 and older:

- Provide accurate and current information on a comprehensive array of private and government benefits and programs, especially Medicare and Social Security
- Provide information and technical assistance about how to obtain or recover benefits, including pension and retirement benefits, long-term care insurance and Medicare supplemental insurance
- Assist potential applicants for Medicaid, benefits administered by the Social Security Administration, Food Share, and Medicaid waivers to determine whether eligibility is likely, and to understand required documentation
- Provide consumer and volunteer training and technical assistance to develop self and family advocacy, including use of Long-Term Care Ombudsmen, Medigap Hotline, Office of the Commissioner of Insurance, and consumer protection resources
- Provide information and advocacy regarding Medicare benefits and on the processes for securing prescription drug coverage.
- Provide information on consumer rights, complaint, grievance and appeals processes related to Medicare, managed care, private health insurance and Medicaid
- Provide advice and assistance in preparing and filing complaints, grievances, and appeals at various levels
- Negotiate on behalf of individuals with Medicaid waiver eligibility staff, staff of MCOs, service providers, or the state regarding disputes over long-term care services
- Consult with and attend all training events sponsored by legal back-up resources provided under contract by the Department to determine appropriate interpretation of law and appropriate action to assist in resolution of concerns

II-3.5 Disability Benefits Counseling

ADRCs are required to develop a disability benefits counseling program to ensure that adults with developmental disabilities, physical disabilities, mental illness and/or substance use disorders receive information about and assistance in obtaining or retaining public and private benefits for which they are eligible.

Disability benefit specialists (DBSs) perform the following activities:

- Provide accurate and current information on a comprehensive array of private and government benefits and programs
- Provide information and technical assistance about how to access such benefits
- Assist potential applicants for private and government benefits and programs to locate and gather verifying data, both financial and non-financial
- Provide information on consumer rights, complaint, grievance, and appeals processes

- Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, as well as beyond
- Make appropriate referrals for employment and other disability-related counseling and services, (e.g., Pathways to Independence, Independent Living Centers, Work Incentives Planning and Assistance, Disability Rights Wisconsin)
- Provide representation, as appropriate, for individuals with developmental disabilities, physical disabilities, substance use disorder or mental illness as needed in administrative hearings as well as in other formal or informal grievance steps
- Consult with and attend all training events provided under contract by the Department to determine appropriate interpretation of law and appropriate action to assist in resolution of concerns

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

Policies and procedures for the DBS program can be found at <http://dhfs.wisconsin.gov/disabilities/benspecs/stats.htm>.

II-3.6 Access to Publicly Funded Long-Term Care Programs: Functional Screen, Financial Eligibility Determination and Enrollment-Related Functions

ADRCs are the designated entry point for publicly funded long term care, including Family Care, the COP and CIP Waivers, and the PACE and Partnership programs. The ADRC is responsible for establishing policies and procedures, in collaboration with the county's long-term care and economic support units, to ensure that people who are eligible for and/or entitled to these programs have access to them.

In counties without a managed long-term care program, the long term care functional screen may be done by either the ADRC or the long term care unit; in counties with a MCO, the ADRC does the functional screen. ADRCs are required to perform the initial functional eligibility screen for prospective managed care enrollees. They are not responsible for recertifications but may be asked to review recertification screens that result in a change of eligibility or benefits or in conjunction with DHFS required or local quality assurance plans.

The economic support unit is responsible for financial eligibility determination. ADRCs facilitate the financial eligibility process by helping consumers understand the financial eligibility criteria and procedures, gather the necessary documentation to support the financial eligibility determination process, and complete the necessary application forms, either manually or on line at www.access.wisconsin.gov. ADRCs are required to document their procedures for facilitating the financial eligibility determination process in a long term care access plan. In counties where there is a MCO starting up, the ADRC must submit its access plan to DHFS for approval 60 days before enrollment in the MCO is scheduled to begin.

Depending on the geographic areas served by the ADRC and the phase-in of managed care expansion, it is possible that an ADRC will need to provide services to facilitate access to both managed long-term care programs and traditional waiver programs at the same time.

During the period of time associated with transition from existing to new managed care programs, the ADRC must collaborate with the county's long-term care and economic support units and DHFS to assure that the eligibility and enrollment process is predictable, streamlined and barrier free for consumers. The ADRC is also responsible for managing any waiting lists for managed care enrollment that become necessary, especially during the start-up period for the MCO. Clear and effective protocols must be in place between the ADRC and any other entities involved in the transition process.

II-3.7 Managed Care Enrollment and Disenrollment Counseling

ADRCs shall provide information and counseling to assist persons with the decision about whether or not to enroll in a managed care organization and the choice about which available MCO would best meet their needs. Enrollment consultation is available to persons who are eligible for Family Care or other publicly funded long term care benefits and their families or other representatives. Enrollment counseling must be objective and shall in no case attempt to persuade the individual to choose one program or provider or withhold information about any suitable program or provider.

ADRCs shall also provide information and counseling to assist persons in the process of voluntarily or involuntarily disenrolling from Family Care managed care organizations. This includes providing information about clients' rights and grievance procedures, advocacy resources to assist in resolving complaints and grievances, services and program options available to the person if disenrollment occurs, and the availability of assistance with re-enrollment.

II-3.8 Access to Mental Health and Substance Abuse Services

The ADRC is responsible for providing information and assistance, benefit counseling and access to emergency services to persons with mental illness and/or substance use disorders. The ADRC is not expected to be a mental health or crisis service provider.

Staff providing these services shall be knowledgeable about the mental health and substance abuse services and supports offered by county and other agencies in their service area, the process for accessing these resources, statewide consumer and advocacy organizations, and information resources relating to mental health and substance abuse issues. ADRC staff shall also be trained and able to recognize when a customer is experiencing a mental health or substance abuse crisis and be able to connect people with appropriate crisis intervention or emergency services.

ADRCs may, but are not required to perform the mental health functional screen. Performance of mental health screens is not eligible for ADRC funding or for Federal Medicaid administration match.

II-3.9 Access to SSI, SSI-E, Medicaid, FoodShare and Other Public Programs and Benefits

When an individual contacts the ADRC and appears to be either eligible to receive or interested in receiving Medicaid, SSI, SSI-E, FoodShare, LIHEAP, W-2, Childcare Caretaker Supplement or other public benefits, the ADRC shall refer the individual to the county, state and/or federal agencies responsible for determining the individual's eligibility to receive these benefits.

II-3.10 Short-Term Care Coordination and Case Management

To the extent financial and personnel resources permit, the ADRC shall provide short-term care coordination and case management to assist individuals and their families in arranging for services. These services shall be provided in conjunction with information and assistance, outreach and options counseling provided by the Aging and Disability Resource Center and with Adult Protective Services (APS) and other systems outside of the Aging and Disability Resource Center. ADRCs shall have protocols to assure that these services remain short-term in nature.

II-3.11 Access to Emergency Services

While ADRCs are neither expected nor required to be emergency service providers, they must develop protocols to assure that people are connected with the appropriate providers of emergency services. ADRC staff shall be knowledgeable about how to recognize emergency situations, the emergency services that are available in their service area, and the protocols for connecting people to the appropriate emergency services. During business hours, Aging and Disability Resource Center staff shall follow protocols established by the 911 service, mental health crisis intervention services, or other emergency resources in the community when they identify a situation involving immediate risk. These may involve connecting the person directly to the provider of emergency services without requiring the caller to place a separate call or asking the person to hang up and call 911. After hours phone calls shall be answered, at a minimum, with a message instructing callers about who to contact in case of emergency.

II-3.12 Access to Elder/Adults-at-Risk and Adult Protective Services

As the central point of contact for older people and people with disabilities, the ADRC may receive calls related to abuse and neglect and is responsible for assuring that the appropriate agencies receive and respond to reports.

The ADRC shall be prepared to identify persons who may be at risk of abuse or neglect and have procedures to assure that people in need are promptly connected with the responsible entities for:

- Abuse and neglect services
- Assistance in obtaining physical custodial care, housing, medical care, medications and food
- Voluntary or court ordered protective services under ch. 55, Wis. Stats., when needed to protect an individual or protect others from the individual
- Law enforcement, domestic violence, mental health services, and emergency detention under ch. 51, Wis. Stats., when needed
- Guardianship
- Watts reviews
- Representative payee
- Domestic violence services involving vulnerable adults
- Sexual assault services involving vulnerable adults

While a county may choose to designate the ADRC as the (elder) adults-at-risk or APS agency or to co-locate adults-at-risk or APS staff at the ADRC, these services cannot be funded with ADRC grant funds.

II-3.13 Transitional Services

The ADRC shall coordinate with school districts, the children's long-term support system, the Division of Vocational Rehabilitation and other support providers in the ADRC's service area to help young adults with physical disabilities, developmental disabilities, or mental illness experience seamless entry into the adult long-term care system. ADRC staff provides information and assistance and disability benefit specialist services to assist in the transition. While eligibility determinations may not be made until the young person is age 17 years and 9 months or older, the Department encourages ADRCs to provide information in advance of the date to facilitate planning.

II-3.14 Prevention and Early Intervention Services

The ADRC shall provide information on risk and safety issues and on prevention and early intervention measures as part of its public education and I&A activities and shall identify risk factors and opportunities for prevention and early intervention as a routine part of its LTC options counseling.

The ADRC are expected to develop linkages with and refer people to public health agencies and other entities that have a public prevention, early intervention, disease management and/or health literacy focus.

ADRCs may have the opportunity to apply for competitive prevention grants to enhance their prevention and early intervention activities.

II-3.15 Client Advocacy

The ADRC shall inform people of their rights and responsibilities; provide information about rights to long-term care services and benefits, self-advocacy, and independent advocacy services; assist people who need help in understanding how to resolve service system disputes or violation of rights complaints, appeals and grievances with units within the county, state or federal government, and other service providers; and assist in linking people with advocates when needed.

The ADRC is responsible for assuring that individuals receive appropriate advocacy and representation, especially in cases involving eligibility for program benefits or services provided by the county, managed care organization or other organization affiliated with the Aging and Disability Resource Center, where there is a potential for conflict of interest. The ADRC shall link individuals with appropriate advocacy resources, including the elderly and disability benefit specialists, federally designated protection and advocacy organizations, Board on Aging and Long-Term Care Ombudsman, and other state or local advocacy organizations.

II-4 Mandatory Administrative Requirements

II-4.1 Name of the Aging and Disability Resource Center

Standardization in naming of ADRCs is intended to make it possible for consumers and families to identify and readily locate aging and disability resource center services in any location in the state. The ADRC must have a name that begins with the phrase "Aging and Disability Resource Center" and shall include this name in all of its advertising and materials. The full name of the ADRC may include a subtitle to identify its location.

II-4.2 Governing Board

The ADRC shall have a governing board that reflects the ethnic and economic diversity of the geographic area served by the ADRC. A minimum of one-fourth of the members of the governing board shall be older persons or persons with physical or developmental disabilities or their family members, guardians or other advocates.

No member of the governing board may have any direct or indirect financial interest in a managed care organization.

The governing board has the following responsibilities:

- Be accountable for the mission and goals of the ADRC
- Oversee development of a mission statement for the organization that is consistent with the goals of ADRCs
- Determine the structure, policies and procedures of the ADRC within state guidelines and local governance structure
- Oversee the implementation and operation of the ADRC
- Ensure the ADRC has a viable plan for implementation and operation
- Identify unmet needs and develop strategies to address them
- Assure input from consumers, service providers, and local constituents in general in the policies, practices and goals of the ADRC
- Represent the interests of all target groups served by the ADRC
- Serve as a grievance committee after other local steps to resolve concerns about the ADRC have proved unsuccessful
- If proposed statutory language changes are adopted, designate members to participate in a regional long term care council that will have quality oversight responsibilities for managed long term care programs in its service area.

II-4.3 Location and Physical Space

Aging and Disability Resource Centers are identifiable, accessible and welcoming places where all people can come for information and assistance. The location of the ADRC should be clearly displayed on signs on the inside and outside of the building. Visitor parking should be available close by the building entrance and the site should be easily accessible via public transportation, where available.

The ADRC should have a clearly defined and welcoming reception area where members of the public are greeted by an individual ready to assist them. The reception area should include display space for fliers, pamphlets and other information materials so that visitors can easily browse. In addition to the public space, the ADRC should have private spaces where benefit specialists and other ADRC staff can meet and have confidential conversations with consumers and families.

The ADRC should have adequate storage space for both confidential and non-confidential files and resource materials. Preferably, there should be space to accommodate staff growth and equipment as the ADRC expands its services, especially if regional expansion is planned.

II-4.4 Complaints and Grievances

The ADRC shall develop due process procedures to review and resolve complaints about the services provided by the ADRC, including benefit specialist services, and how it will handle appeals and grievances related to functional eligibility and enrollment in managed

long term care. These procedures shall include both informal and formal internal complaint and grievance resolution processes, access to the Department's process, and access to the State's fair hearing process. In counties without managed care, these procedures must be approved by the ADRC governing board; in managed care counties, they must also be approved by the Department.

II-4.5 Community Needs Identification

The ADRC shall have an ongoing process for identifying the unmet needs of its target populations in order to focus its outreach, education, prevention and systems advocacy activities. This needs identification process should involve people who use aging and disability services and their representatives, local governments and agencies, community service organizations, public health agencies, and others who are in a position to know about long-term care needs. The needs identification process should identify segments of the target populations which are unserved or underserved as well as types of services or facilities that are in short supply.

II-4.6 Reporting and Records

ADRCs are responsible for submitting data reports to meet the funding program requirements, qualify for federal financial participation, evaluate service quality and adequacy, and inform state and local decision-making. Required reports include:

- Monthly expenditure reports on the DMT Form 862 or on the DMT Electronic Form 600 or 600D
- Annual expenditure reports
- Quarterly information and assistance activity reports
- Disability Benefit Specialist quarterly reports

ADRCs are required to use the 100% time reporting format developed by DHFS for the purpose of claiming federal Medicaid administration match and to make monthly time report summaries available on request.

ADRCs shall also participate, on request, in data collection that is needed to further profile ADRC customers or to evaluate the effectiveness of the ADRC.

II-4.7 Management Information System (MIS)

ADRCs are required to have management information systems that include a resource data base, have client tracking capability, support production of required management reports, and are compatible with systems used by the Department of Health and Family Services. The resource database is needed to support provision of complete, accurate and up-to-date information and referrals. Client tracking includes, but is not limited to, recording client demographics, tracking client needs, generating service referrals, and providing follow-up to determine whether outcomes have been met. Management information systems are also used to develop reports to document and evaluate performance.

The Department recommends and will provide technical support for use of Synergy's Beacon software for this purpose. ADRCs may use Beacon™ or may choose to meet this requirement with a different system that provides the same data in a compatible xml format.

II-4.8 Accessibility and Cultural Competence

ADRCs are expected to be able to effectively serve people who have physical or functional limitations, language differences or cultural differences that may make it difficult for them to access, communicate or use the services of the resource center. Toward this end, ADRCs are required to:

- Be physically accessible and comply with the Americans with Disabilities Act.
- Have the ability to meet face-to-face with people where they live on an as needed basis.
- For people with cognitive disabilities, provide opportunities for family members, friends and others who know the individual and can convey the person's needs and preferences to be included in the provision of ADRC services.
- Have the capacity to communicate with non-English speakers, people who are deaf or hard of hearing, and people with physical or visual impairments. This may involve using foreign language interpreters, sign language interpreters, TDD, Wisconsin Relay, Braille, large print, or other special communications techniques.
- Provide services in a manner that is respectful of and responsive to its customers racial, ethnic and cultural identities.

The ADRC is responsible for paying for interpreters or securing communication assistance at no cost to consumers.

II-5 Staffing Requirements

An ADRC shall have a single director, regardless of whether the ADRC is a single county or multi-county organization. The ADRC director shall supervise the ADRC's staff, be responsible for the performance of the ADRC and have authority over its subcontractors. The director shall keep the ADRC governing board informed about ADRC matters and receive advice and direction from the governing board.

All staff of the ADRC shall have general knowledge of all target populations served and the ability to access information about aging and disability related services in the ADRC service area. The ADRC shall also have staff with specific in-depth knowledge and experience relating to each of the target groups and demonstrated expertise in each of the services the ADRC provides.

ADRC staff performing information and assistance, options counseling, benefits counseling, and administration of the long-term care functional screen and other professional services must meet the following requirements:

- 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 and at least one year of experience working with the target populations of the ADRC or, in the event that the individual lacks such a degree and such experience, approval from the Department to waive the requirement, based either on the individual's post-secondary education and experience or on a written plan to provide the individual with additional training.
- Staff shall be certified by the Department to administer the functional screen before administering the screen.
- At least one I & A Specialist per ADRC shall be certified by the Alliance of Information and Referral Systems (AIRS) within one year of the initial date of operation of the ADRC or within one year of hire, whichever comes later.

- Disability benefit specialists shall complete the practitioner level training required by the Department at the first available opportunity.

The ADRC is responsible for ensuring that staff receives initial training to orient them to their responsibilities and provide required levels of knowledge and ongoing training to enhance the knowledge and capability of the ADRC.

Section III. Preparing and Submitting a Application

III-1 Notice of Intent to Submit an Application

Applicants are requested to submit a Notice of Intent to Submit an Application via e-mail to the Aging and Disability Resource Center Team at RCTeam@dhfs.state.wi.us. (See Appendix A) The Notice of Intent is for work planning purposes and does not commit an agency to submitting an application.

III-2 Timeline

Applications may be submitted at any time following release of this application, following the application process and timeline on page ii of these instructions.

III-3 General Instructions

The evaluation and approval of applications will be based on the information submitted in the application together with any subsequent revisions, supplements, presentations or interviews which may be requested by the Department if clarification is needed. Failure to respond to each of the requirements in the application may delay approval or be the basis for rejecting an application.

III-4 Incurring Costs

The State of Wisconsin is not liable for any cost incurred by applicants in replying to this application.

III-5 Presentations and Interviews

Applicants may be required to make a presentation to or to meet with Department staff regarding their application. The purpose of the presentation and/or interview is for applicants to demonstrate understanding of and ability to meet the ADRC contract requirements, including staffing. Presentations should be made by key project personnel and include any subcontractor personnel designated with the direct responsibility for the areas they are presenting.

III-6 Clarification and/or Revisions to the Specifications and/or Contract Requirements

Questions concerning the application forms and instructions are to be submitted via e-mail to the Aging and Disability Resource Center Team at: RCTeam@dhfs.state.wi.us.

In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of the application, these revisions or supplements will be put in writing on the ADRC web page and provided to all applicants who have submitted a Notice of Intent to Submit an Application.

III-7 Executed Contract to Constitute Entire Agreement

In the event of contract award, the contents of these application instructions and forms including addenda and revisions, the application of the successful applicant, and any additional terms agreed to, in writing, by the Department and the Contractor, shall become part of the contract. Failure of the successful applicant to accept these as a contractual agreement may result in cancellation of the award.

If an approved application does not fully meet the requirements contained in the ADRC contract template, the Department will communicate what additional steps must be taken to comply and this communication will become part of the award agreement.

The following priority will be used if there are any conflicts or disputes:

- Official grant award, including any written communication from the Department regarding steps needed to comply with contract requirements
- ADRC contract
- ADRC Application Instructions and Forms
- Application submitted to DHFS

III-8 Reasonable Accommodations

The Department will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities upon request.

III-9 Submitting the Application

Applicants must submit an original, five (5) hard copies and an electronic copy of all required application materials for their application to be accepted.

Electronic documents should follow the following naming conventions: Name the completed electronic application document, "ADRC--[name of county(ies) being served]". For example, "ADRC–Racine County." Name electronic attachments using the following naming convention: "ADRC - [name of county(ies) being served]–[name section or subsection to which the attachment is applicable]". For example, "ADRC-Racine County – Organization Chart".

Applications should be e-mailed to RCTeam@dhs.state.wi.us. The original and hard copies of the applications should be sent to:

Janice Smith, Director of Resource Center Development
Department of Health and Family Services
Division of Long Term Care
1 W. Wilson St, Room 450
P.O. Box 7851
Madison, WI 53707-7851

III-10 Withdrawal of Applications

Applicants may withdraw an application in writing at any time before a contract is signed. Any such withdrawal shall be coordinated with the managed care expansion planning and application process.

Section IV. Application Format and Contents

IV-1 Application Format and Signatures

The application should be prepared using the application form in Appendix B.

Answers to the questions on the application form should be in 12-point font with 1.5 or 2 line spacing, with the name of the applicant included in a header or footer of each page. The original and hard copies should be printed single sided on 8.5 by 11-inch paper.

An authorized signature is required on the Applicant Identification Page of the application.

The application should not exceed 45 pages, excluding worksheets and attachments. It may have fewer pages if all requirements are met. A recommended number of pages for each section is provided on the application form to provide guidance. These are recommendations, not requirements. Reviewers will appreciate clarity and conciseness in all sections.

IV-2 Application Organization

The application form and materials are arranged in the following order:

- Part I. Applicant Information
- Part II. Executive Summary (2 page maximum)
- Part III. Project Proposal (45 page maximum)
 - A. Administrative Framework
 - B. ADRC Services
 - C. Customer Service Process
 - D. Implementation Timeline
 - E. Staffing Plan
 - F. Budget and Budget Narrative
- Part IV. Attachments
 - A. County Board and/or Tribal Government Resolution(s) Authorizing the ADRC Application
 - B. Letters of Support from Cooperating Organizations
 - C. Organizational Charts for the Proposed ADRC
 - D. Designation of Confidential and Proprietary Information
 - E. Other Attachments (optional)

IV-3 Application Content

Applications should describe how the ADRC will meet the administrative requirements and provide each of the mandatory services described in Section II of these instructions, using the questions on the application form in Appendix B as a guide.

Part I - Applicant Information

The first page of the application contains identifying information regarding the applicant and any managed care organization planned for the ADRC service area.

Part II - Executive Summary (2 pages maximum)

The purpose of the Executive Summary is to condense and highlight the contents of the application in a manner that provides the readers with an understanding of the entire application. This section should include an identification of the county(ies) served by the ADRC, a description of the overall approach to the scope of work for the ADRC described in Section II of these instructions, and a statement of the relationship between the ADRC proposal and managed care expansion. It should also highlight any unique characteristics of the application.

Part III - Project Proposal (not to exceed 45 pages, excluding worksheets and attachments)

A. Administrative Framework

Describe how the organizational and administrative requirements for ADRCs contained in the ADRC contract and summarized in Section II of these instructions will be met.

B. Provision of ADRC Services

Describe how the required ADRC services described in the ADRC contract and summarized in Section II of these instructions will be provided.

C. Customer Service Process

Describe or attach a flow chart that diagrams the process by which a customer will obtain services from the ADRC. Include the following, at a minimum: 1) how a customer will receive I&A, options counseling and/or benefits counseling as their primary service; and 2) how a customer will access long term care services via the resource center. To the extent possible, indicate how many different people the customer will have to talk to, how often he or she will be required to repeat the same information, and how long the process will typically be expected to take.

D. Implementation Timeline

Using the format in Appendix B, describe the timetable for making required ADRC services available to the public. Identify any requirements relating to target populations, mandatory services, staff qualifications or administrative requirements described in Section II Scope of Aging and Disability Resource Centers which your ADRC will be unable to meet immediately upon the effective date of the contract and show when these requirements will be met.

E. Staffing Plan

Using the ADRC Staffing Plan worksheet in Appendix B, outline your plan for staffing ADRC activities. For each ADRC service or activity, identify the staff position(s) that will have responsibility for the service, how much of the position's time will be devoted to the service, and the source of funding for the activity. Include the total FTE devoted to each activity. Your response should demonstrate sufficient FTEs to perform each activity you propose.

F. Budget and Budget Narrative

Budget Worksheets

Line-Item Budget. Provide an estimated 12 month budget for the ADRC using the worksheet provided in Part III-F of the application form. Some line items may not be applicable to all applicants. Additional line items may be added as needed. Fringe benefits should be calculated utilizing the applicant's current rate. There will be an opportunity to amend the budget when the contract is issued.

Personnel Worksheet. List the position title, functions, FTE, and salary for each ADRC position, using the personnel worksheet in Part III-F of the application form.

Subcontract Worksheet. If the applicant plans to subcontract, complete the subcontract worksheet in Part III-F of the application form with as much information about the subcontractor services, identity and cost as is available.

Budget Narrative

Provide a separate justification for those line items in the budget that are not self-explanatory, even if the information has been described elsewhere in the application. For those item(s), describe what the item is and why it is needed to fulfill the objectives of the application.

Other Costs

- a. Office Operations: Specify the projected expense for office items and materials such as telephone, printing, office furniture, etc. Indicate funding source if not charged to ADRC grant.
- b. Leased Space: Indicate whether space is for public use or office use and where it is located.
- c. Staff Travel: The following information should be provided:
 - Who is traveling
 - Purpose of travel
 - Destination(s)
 - Basis for calculation (i.e., estimated number of miles traveled x mileage reimbursement rate)
- d. Other Costs: The following information should be provided:
 - The nature of the expenditure and the purpose of the cost
 - If indirect costs (administrative and operational expenses not related to the aforementioned categories) are included, the amount should not exceed 10% of the sum of personnel and other direct costs.

Subcontracts

For each proposed subcontract, the following information should be provided:

- The scope of services to be provided
- Why the subcontract is necessary to fulfill the project objectives
- The basis for calculating the requested amount

Note: The prime contractor (i.e., the ADRC grant recipient) is responsible for contract performance when subcontractors are used. Subcontractors must also abide by all terms and conditions of the contract. The Department should not be named as a party to a subcontract. The prime contractor maintains fiscal responsibility for its contracts, which includes reporting expenses associated with the subcontract to the Department.

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

Part IV - Attachments

The application should include the following attachments:

- A. County Board and/or Tribal Government Resolution(s) Authorizing the ADRC Application
- B. Letters of Support
- C. Organization Chart
- D. Designation of Confidential and Proprietary Information
- E. Other Attachments (optional)

See Section V. Forms and Attachments for format and content guidelines for these attachments.

Section V. Forms and Attachments

V-1 Notice of Intent to Submit

E-mail the Notice of Intent to Submit to the Aging and Disability Resource Center Team at RCTeam@dhfs.state.wi.us. Please use the form in Appendix A.

V-2 Application Form

Use the application form in Appendix B to complete the application.

V-3 County Board / Tribal Government Resolution(s) Authorizing the ADRC Application

Attach a resolution from each participating county or tribal government authorizing submission of the ADRC application. The resolution should identify the applicant organization(s) and authorize the organization(s) to apply on behalf of the county or tribe. If the application is for a multi-county ADRC, this should be indicated in the resolution.

V-4 Letters of Support

Attach letters of support from the commission on aging and local long term support committee or local long term care council.

V-5 Organization Charts

Attach two organization charts, one describing the internal organization of the ADRC and the other describing how the ADRC relates to its governing board and other agencies and organizations in the long term care system. The internal organization chart should identify the functions, staffing and reporting relationships within the ADRC. It should also indicate names and lines of authority between all key project personnel. The external organization chart should show the relationship of the ADRC to its governing board, county board(s), other key units of county government, long term care districts, and managed care organizations that have committed to collaborate under this application.

V-6 Designation of Confidential and Proprietary Information

This is the opportunity for applicants to designate particular pages or paragraphs that they consider confidential, do not want shared with other applicants, nor want to be considered public information. The applicant should also state if no pages or paragraphs are to be so designated.

Section VI. Approval Process

VI-1 Review and Evaluation of Applications

VI-1.1 Review Process

Department staff will review each application to make certain all parts of the application were submitted. Completed applications will be reviewed and compared to application requirements. Applicants may be requested to submit additional information, to meet with or make a presentation to Department staff to support and clarify their application, or to amend their application to better meet requirements. Applicants may also submit revisions or clarifications at their own initiative. The Department may request interviews, and/or request presentations and use the results in evaluating the application.

VI-1.2 Evaluation Criteria

To be approved, an application must provide all information, assurances and attachments requested on the application form in Appendix B of this document and must document how all the requirements described in Section II will be met. Applications should demonstrate knowledge and understanding of the mission of the ADRC, the needs of the target groups, the resources available to meet these needs, the scope of required ADRC services, and a realistic plan to reach these goals.

VI-1.3 Right to Reject Applications and Negotiate Contract Terms

The Department reserves the right to reject any and all applications. The Department may negotiate the terms of the contract, including the award amount, with the selected applicants prior to entering into a contract.

VI-2 Awarding of Contract

VI-2.1 Award and Final Offers

The Department will award contracts only to those applicants who satisfy the evaluation criteria.

VI-2.2 Notification of Approval

All applicants who respond to this application process will be notified in writing of the approval status of their application. Approval means that an application is eligible to receive funding, when funding is available. It is not an award of funds.

VI-2.3 Appeals Process

Applicants may appeal a decision not to approve an application. Notices of Intent to Protest and protests are to be made in writing to the Administrator of the Division of Long Term Care. Protestors should make their protests as specific as possible and must identify statutes and Wisconsin Administrative Code provisions that are alleged to have been violated.

Any written Notices of Intent to Protest the denial of approval must be filed with:

Sinikka Santala, Administrator
Division of Long Term Care
Department of Health and Family Services
One West Wilson Street, Suite 850
Madison, Wisconsin 53707

Notices of Intent to Protest must be received in the Administrator's office no later than ten (10) working days after the Notice of Denial is issued.

Written protests must be received within fifteen (15) working days after the Notice of Denial is issued.

The decision of the Administrator may be appealed to the Secretary of the Department of Health and Family Services within five (5) working days of issuance. The appeal must allege a violation of a Wisconsin statute or a section of the Wisconsin Administrative Code.

VI-3 Termination of Contract

A contract issued subsequent to application approval may be terminated by the Department at any time at its sole discretion by delivering 30 (thirty) days written notice to the contractor. Upon termination, the Department's liability will be limited to the pro rata cost of the services performed as of the date of termination plus expenses incurred with the prior written approval of the Department. In the event that the contractor terminates the contract, for any reason whatsoever, it will refund to the Department within 30 (thirty) days of said termination, all payments made hereunder by the Department to the contractor for work not completed or not accepted by the Department. Such termination will require written notice to that effect to be delivered by the contractor to the Department not less than 30 (thirty) days prior to said termination.

APPENDIX A

NOTICE OF INTENT TO SUBMIT AN APPLICATION

Date	
ADRC name	
Applicant name	
Contact person <ul style="list-style-type: none"> • Name • Title • Organization • Address • Phone • E-mail 	
Counties to be included in ADRC service area: <ul style="list-style-type: none"> • At ADRC start up • At full implementation 	
Anticipated ADRC start date	
Is one or more MCO(s) being planned for start up in the ADRC service area? If yes: <ul style="list-style-type: none"> • What is the anticipated MCO application submittal date? • What is the anticipated start date for the MCO? • What counties are expected to be in the MCO at start up? • What counties are expected to be in the MCO at full implementation? 	
Is there a county board resolution supporting: <ul style="list-style-type: none"> • Development of the ADRC? • Development of the MCO? 	

Appendix B

Aging and Disability Resource Center Application Form

Part I: Applicant Information

Date	
ADRC name	
Applicant name	
Contact person	
Contact person's address	
Contact person's phone	
Contact person's e-mail	
Counties to be included in ADRC service area: <ul style="list-style-type: none"> • At ADRC start up • At full implementation 	
Anticipated ADRC start date	
Is one or more MCO(s) being planned for start up in the ADRC service area? If yes: <ul style="list-style-type: none"> • What is the anticipated MCO application submittal date? • What is the anticipated start date for the MCO? • What counties are expected to be in the MCO at start up? • What counties are expected to be in the MCO at full implementation? • Is there a county board resolution supporting development of the MCO? 	
Submitted by: <ul style="list-style-type: none"> • Authorized Representative Name • Organization • Title • Phone • Date • Signature 	

Part II: Executive Summary

In two pages or less, provide a summary description of the proposed ADRC, including the service area, client populations, organizational structure, office location(s), approach to providing ADRC services, and relationship to managed care expansion. Highlight any distinctive characteristics of or significant challenges faced by the proposed ADRC.

Part III: Project Proposal

III-A. Administrative Framework proposed for the Aging and Disability Resource Center (recommend 7 pages)

III-A.1 Service Area. Identify the county(ies) to be served by the proposed ADRC. If the ADRC service area is expected to expand over time, indicate which counties will be added and when.

III-A.2 Governing Board. Describe the proposed structure and membership of the ADRC governing board. Identify other responsibilities the board will have, if any, in addition to those related to the ADRC.

III-A.3 Organizational Structure. Describe how the ADRC will be organized, including areas of responsibility and reporting relationships. What is the reporting relationship between the ADRC director and the governing body of the ADRC and of the ADRC to other agencies of county government? If a multi-county ADRC is proposed, describe how authority and responsibility are shared. Attach a copy of the organization chart.

Describe any administrative support that will be provided by the county(ies) or other entities to the ADRC for management information system support, financial reporting, human resources and other administrative support. Identify what, if any, of this administrative support will be charged to the ADRC grant.

III-A.4 Director. Identify the qualifications of the person to be hired to serve as the Director of the ADRC. Describe the job duties of the Director and the Director's authority and responsibility relative to the development of the internal operating budget, staff selection and supervision and responsibility for the various functions of the ADRC. Attach a copy of the Director's position description, if available.

III-A.5 Staff Training and Qualifications. Describe the types of initial and ongoing training that ADRC managers and staff will be provided with respect to each of the ADRC functions, target populations, quality improvement processes, data systems and customer service.

III-A.6 Location/Physical Plant. Identify the location of the ADRC, including branch offices, if known, and describe its characteristics, including physical space, parking, accessibility, external appearance, signage, etc., that will be present when the ADRC is open to the public and operational. If no location has been determined, describe the characteristics of the location you will be seeking. Describe how the ADRC will make itself welcoming to the public.

III-A.7 Accessibility and Cultural Competence. Describe how the ADRC will be made accessible to and user friendly for people with physical or sensory disabilities, who speak little or no English, or whose culture may affect their ability to use the ADRC.

III-A.8 Management Information Systems and Reporting. Describe how the requirements for a resource database and client tracking system will be met. Is the ADRC planning to use Synergy's Beacon software for this purpose?

III-A.9 Complaints and Grievances. Describe the process the ADRC will follow for handling ADRC customer complaints and grievances.

III-A.10 Collaboration with Local Agencies and Stakeholders.

Stakeholders. Describe how consumers, advocates, service network representatives and other stakeholders have been involved in planning for the ADRC and the roles they will play in the ongoing operations of the ADRC.

Local Agencies. Describe local agency involvement in planning for development of the ADRC. How will the ADRC partner with county agencies and community organizations serving the target populations during its ongoing operation? What, if any, current county agency(ies) or staff will be incorporated into the ADRC?

Managed Care Organizations. Describe how the planning for and proposed implementation of the ADRC have been/will be coordinated with the planning and implementation of publicly funded managed long term care in the ADRC service area.

III-B. Provision of ADRC Services

III-B.1 Marketing, Outreach and Public Education (recommend 1 page). Describe the marketing, outreach and public education strategies the ADRC will employ to make ADRC services known to members of its target populations, including people who are isolated or otherwise hard to reach, and to community agencies and service providers in your area. Describe how you will measure the success of your marketing efforts.

III-B.2 Information and Assistance (recommend 5 pages) Describe how the ADRC will provide I&A services. Include how you will meet the needs of members of each target group, and how the ADRC will coordinate with, rather than duplicate, I&A services already available in the county, and other organizations you will coordinate with to implement I&A services. Include all components of I&A from Section II-3.2 of these application materials in your response.

How will I&A activities be staffed? Will the initial calls be answered by a receptionist or by an I&A professional? Will I&A staff be generalists, or will they specialize in specific target populations or services?

How will you assure that staff has the technical qualifications to provide I&A services and expertise in serving all target groups? What are your plans for training to enhance staff qualifications?

III-B.3 Long-Term Care Options Counseling (recommend 5 pages) Describe how the ADRC will provide long-term care options counseling, including services provided in response to requests from the public and to persons referred for pre-admission consultation. Identify how the ADRC will work with hospitals, nursing homes, and assisted living providers and home health agencies in their community to encourage appropriate and timely referrals for options counseling and to meet requirements for pre-admission consultation. Describe how long-term care options counseling will be coordinated with other ADRC services.

III-B.4 Elderly Benefits Counseling (recommend 1 page) Describe how the Elderly Benefit Specialist program will be staffed and supervised, where EBS services will be provided, and how EBS services will be integrated with I&A, DBS and other ADRC activities.

III-B.5 Disability Benefits Counseling (recommend 2 pages) Describe your plan to implement a Disability Benefit Specialist (DBS) program, including where the DBS will be located, how the DBS will be supervised, and how the DBS will be coordinated with other ADRC activities. How will you assure public awareness of and access to DBS services?

III-B.6 Access to Publicly Funded Long-term Care Programs: Functional Screen, Financial Eligibility Determination and Enrollment-Related Functions (recommend 3 pages) Describe how individuals will be screened for functional eligibility for long-term care services in your county(ies). What is the timeline and process for transition to performing the LTC functional screen in the ADRC? How many ADRC staff will be trained and certified to use the LTC functional screen? How will functional screens be integrated with LTC options counseling and other services of the ADRC?

Describe how the ADRC will facilitate the financial eligibility determination process, including what it will do to assist consumers and how it will coordinate with the economic support unit.

If there will be one or more MCO(s) in the ADRC service area, how will the ADRC work with the county's long-term care and economic support units and DHFS to assure that the eligibility and enrollment process is predictable, streamlined and barrier free for consumers transitioning from Waivers to managed care? Explain how the ADRC will manage wait lists during the start up period for managed care. What will be the wait list policies and priorities?

III-B.7 Enrollment and Disenrollment Counseling (recommend 1 page) Describe how the ADRC will provide choice counseling for people who want to enroll in a MCO and options counseling for those who disenroll.

III-B.8 Access to Mental Health and Substance Abuse Services (recommend 1 page) Describe how the ADRC will make its I&A and DBS services available to people with mental health and substance use issues and how it will assist people in accessing appropriate mental health and substance abuse services. Describe how ADRC staff will be trained to identify and appropriately respond to persons experiencing a mental health or substance use crisis. What agreements will the ADRC establish with county mental health and substance abuse agencies? Describe mental health services that the ADRC will be providing, if any, in addition to those that are required of ADRCs.

III-B.9 Access to SSI, SSI-E, Medicaid and FoodShare and Other Public Programs and Benefits (recommend 2 pages) Identify the key programs and agencies to which the ADRC will be making referrals, including, at a minimum, access to Medicaid, Medicare, SSI, SSI-E, Social Security, SSDI, FoodShare, veteran's services, housing assistance, Older Americans Act programs, and Independent Living Center services. Describe how the ADRC will establish referral protocols with these agencies, resolve issues of access and follow up to ensure consumers get what they need in a timely way.

III-B.10 Short-Term Care Coordination and Case Management (recommend 1 page) Describe the type(s) of short-term care coordination and case management the ADRC plans to provide to assist individuals and their families in arranging for services. How will the ADRC ensure that these services do not become long-term?

III-B.11 Access to Emergency Services (recommend 1 page) Describe how ADRC staff will be trained to recognize and appropriately deal with crisis situations, identify emergency service providers in your community with which the ADRC will coordinate, and describe how calls will be handled during and after business hours to ensure that people are connected promptly with appropriate providers of emergency services.

III-B.12 (Elder) Adults-at-Risk and Protective Services (recommend 1 page) Describe how the ADRC will identify people who may need (elder) adults-at-risk, and/or adult protective services. Identify the agency or agencies responsible for (elder) adults-at-risk and adult protective services in the ADRC service area and describe how the ADRC will connect people in need with these services. In your description, include how the ADRC will respond to domestic violence, crises involving consumers of current long-term support programs, and contacts from law enforcement and hospital emergency rooms.

III-B.13 Transitional Services (recommend 1 page) Describe how the ADRC will reach out to and the types of assistance it will make available to young people with disabilities who are leaving the school system and need access to adult services. How will responsibility for this activity be assigned within the ADRC? How will school systems be informed about the ADRC and engaged in the process of providing transitional services? What other organizations will be involved?

III-B.14 Prevention and Early Intervention (recommend 2 pages)

Prevention as a Component of Other ADRC Activities. Describe how the ADRC will develop resources and expertise regarding preventable causes of long-term illness and disability; identify risk factors and appropriate

prevention and early intervention strategies for individuals using the services of the ADRC. How will prevention be integrated into the other activities of the ADRC? How will the ADRC coordinate with public health agencies and community service providers to secure resources, referrals and cooperation for effective prevention programs?

Special Prevention Programs. Describe what plans, if any, there may be for the ADRC to implement an evidence-based prevention program to prevent or delay chronic disease and disability and reduce the need for hospital and long term care facility admissions.

III-B.15 Client Advocacy (recommend 1 page) Describe how the ADRC will provide individual and systems advocacy, including provision of information about rights, assistance in exercising those rights, and linkages with appropriate advocacy resources. In areas where managed care exists or has been proposed, describe how conflict of interest between the ADRC and MCO(s) will be avoided in advocating for individuals who receive services from the MCO(s).

III-B.16 Community Needs Identification (recommend 1 page) Describe how the ADRC will secure consumer input and other information to identify the unmet needs of consumers in its service area. Explain how this information will be used to target ADRC outreach, education, prevention and systems advocacy efforts.

III-C. Customer Service Strategy (recommend 2 pages) Describe or attach a flow chart that diagrams the process by which a customer will obtain services from the ADRC. Include the following, at a minimum: 1) how a customer will receive I&A, options counseling and/or benefits counseling as their primary service; and 2) how a customer will access long term care services via the resource center. To the extent possible, indicate how many different people the customer will have to talk to, how often he or she will be required to repeat the same information, and how long the process will typically be expected to take.

III-D. Implementation Timeline

Key Tasks / Milestones In ADRC Implementation	Target Date
Appoint ADRC governing board	
Create ADRC organization	
Hire ADRC director	
Obtain physical space for the ADRC	
<ul style="list-style-type: none"> • Main office 	
<ul style="list-style-type: none"> • Additional or branch offices, if any 	
ADRC telephone system in place	
I&A resource database and client tracking systems in place	
Hire I&A / options counseling staff	
Train I&A / options counseling staff	
Obtain AIRS certification for I&A specialist	
Provide EBS services at the ADRC [transfer position(s) to ADRC or establish MOU]	
Hire DBS	
Train DBS	
Develop required policies and procedures	
<ul style="list-style-type: none"> • LTC Access Plan and related MOUs 	
<ul style="list-style-type: none"> • Functional screen quality procedures (where there is an MCO) 	
<ul style="list-style-type: none"> • Goals for marketing and volume of customer contacts 	
<ul style="list-style-type: none"> • I&A follow up policy 	
<ul style="list-style-type: none"> • Mental health and substance abuse services access plan 	
<ul style="list-style-type: none"> • Policies, procedures and MOUs for accessing Medicaid, Social Security, SSI, SSDI, Veteran's benefits, FoodShare and other programs/services 	
<ul style="list-style-type: none"> • Conflict of interest policy 	
<ul style="list-style-type: none"> • Short term care coordination protocols 	
<ul style="list-style-type: none"> • Complaint and grievance procedure 	
<ul style="list-style-type: none"> • Process for identifying unmet needs 	
Publicize opening of the ADRC	
Other pre-opening activities (list)	
<ul style="list-style-type: none"> • 	
<ul style="list-style-type: none"> • 	
Begin serving target populations	

Key Tasks / Milestones In ADRC Implementation	Target Date
<ul style="list-style-type: none"> Elderly 	
<ul style="list-style-type: none"> Physical disabilities 	
<ul style="list-style-type: none"> Developmental disabilities 	
<ul style="list-style-type: none"> Mental illness/substance use disorders 	
<ul style="list-style-type: none"> Youth transitioning to adult system 	
Begin offering I&A/options counseling and related services	
Begin offering disability benefits counseling	
Provide information about ADRC transition services to young adults with disabilities, school districts, and human service agencies.	
Transfer or hire, train and certify functional screeners	
Begin offering the LTC functional screen	
Begin functional eligibility determination, enrollment/disenrollment counseling and other functions related to enrollment in managed care	
<ul style="list-style-type: none"> For Waiver participants converting to managed care 	
<ul style="list-style-type: none"> For people on the wait list 	
<ul style="list-style-type: none"> For new LTC applicants 	
MCO(s) start date(s)	
Achieve full implementation of all ADRC requirements	
Other (list below)	

III-E. ADRC Staffing Plan

ADRC Service	Position Title [List each position performing this function]	# of FTE *
--------------	---	---------------

Required Services - Funded with ADRC Grant Funds

Information & Assistance		
Long-Term Care Options Counseling		
Elderly Benefits Counseling		
Disability Benefits Counseling		
Marketing, Outreach and Public Information		
Community needs assessment		
Prevention and early intervention		
Functional Screen		
Support financial eligibility process		
Enrollment & Disenrollment Consultation		
Office/Agency Support		
ADRC Director		

Subtotal –FTE Funded from ADRC Grant

--	--

Optional Services - NOT Funded from the ADRC Grant

Provision of (Elder) Adults-at-Risk / APS Services		
Aging Services (e.g., transportation, meal programs, volunteer coordination)		
Other		

Subtotal –FTE Funded from Other (non-ADRC) Sources

--	--

Total FTE

--	--

* If a position performs more than one function, list the position under each relevant activity and indicate the amount of time in FTE devoted to each activity.

Note: Some functions of the ADRC are not included on the above chart because they are typically integrated or provided in conjunction with the listed activities. For example, access to Medicaid and other public benefits would be associated with EBS and DBS services; access to mental health and substance use services would be associated with information and assistance.

III-F. ADRC Annual Budget

Line Item Budget: Include the following information

	ADRC Grant Funding	MA Match Funding	Other Funding	Other Funding	Grand Total
ADRC Program Personnel:					
Salary					0
Fringe					0
Subtotal	0	0	0	0	0
Direct Expenses:					
Travel					0
Training					0
Printing					0
Postage					0
Office Supplies					0
Telephone					0
Computer-related					0
Rent/Lease					0
Equipment					0
Equipment Maintenance					0
Certifications/Professional Dues					0
Translation Services					0
Outreach/Marketing					0
					0
					0
					0
					0
					0
Subtotal	0	0	0	0	0
Indirect Expenses:					
Administration/AMSO					0
Subtotal	0	0	0	0	0
Subcontracts:					
					0
					0
					0
					0
Subtotal	0	0	0	0	0
TOTAL EXPENSES:	0	0	0	0	0

ADRC Budget: Personnel Worksheet

Position Title	Primary Functions*	FTE**	Annual Salary	Funding Source
TOTALS				

* Such as I&A, options counseling, outreach, LTC access, etc.
 ** For employee the ADRC shares, please include only the time spent performing ADRC activities.

Budget Narrative

Part IV: Attachments

Attach the following to the completed application form:

- A. County Board and/or Tribal Government Resolution(s) Authorizing the ADRC Application
- B. Letters of Support from the commission(s) on aging and local long term care committee(s) or long term care council(s)
- C. Organization Chart
- D. Designation of Confidential and Proprietary Information
- E. Other Attachments (optional)