

EXHIBIT I-A

**Additional Provisions
for
Aging and Disability Resource Centers
in
Counties or Service Areas
Where A Managed Care Organization Is Operating
of the
CONTRACT
between
DEPARTMENT OF HEALTH AND FAMILY SERVICES
DIVISION OF LONG TERM CARE
and the
AGING AND DISABILITY RESOURCE CENTER
of
«COUNTY»COUNTY**

January 1, 2008 – December 31, 2008

Table of Contents
Exhibit I-A
Additional Provisions for Aging and Disability Resource Centers
In Counties or Service Areas
Where a Managed Care Organization Is Operating

I. INTRODUCTION..... 1

 A. Purpose..... 1

 B. Client Populations..... 1

 C. Service to be Provided Within Limits of Funding Availability 1

 D. Phase-in of Requirements 1

II. AGING AND DISABILITY RESOURCE CENTER LOCATION AND PHYSICAL PLANT..... 2

III. SERVICES TO BE PROVIDED BY THE AGING AND DISABILITY RESOURCE CENTER..... 2

 A. Marketing, Outreach and Public Education 2

 B. Information and Assistance..... 2

 C. Long-Term Care Options Counseling..... 2

 1. Pre-admission Consultation 2

 D. Elderly Benefits Counseling 4

 E. Disability Benefits Counseling 4

 F. Access to Long-Term Care Services..... 4

 1. Performance Goal 4

 2. Determining Functional Eligibility using the Long Term Care Functional Screen..... 4

 3. Facilitating Financial Eligibility Determination 6

 4. Enrollment Counseling 7

 5. Assistance with Processing Enrollments 8

 6. Disenrollment Counseling 9

 7. Referral for Urgent Services 10

 8. Enrollment Plan 10

 9. Waiting List Management..... 10

 G. Access to Mental Health and Substance Abuse Services 11

 H. Access to Other Public Programs and Services 11

 I. Short Term Care Coordination..... 11

 J. Emergency Response 11

 K. Elder/Adults-at-Risk and Adult Protective Services..... 11

 L. Transitional Services..... 11

 M. Prevention and Early Intervention Services..... 12

 N. Client Advocacy..... 12

 O. Community Needs Assessment..... 12

IV. ORGANIZATIONAL AND PROCEDURAL STANDARDS	12
A. Aging and Disability Resource Center Name	12
B. Governing Board.....	12
C. Organization Chart and Staffing Plan	12
D. Staff Qualifications	12
E. Cultural Competence and Diversity	12
F. Accommodation and Accessibility	12
G. Complaints and Grievances	12
1. Complaint and Grievance Plan	12
2. Providing Assistance to Managed Care Organization Members	14
3. Cooperation with Investigations of Appeals and Grievances	14
H. Quality Assurance/Quality Improvement Process	14
I. Access to and Confidentiality of Records.....	14
J. Reporting and Records.....	14
K. Performance of Services	14
L. Special Requirements for Multi-County Aging and Disability Resource Centers	14
V. CONTRACT MANAGEMENT	14
A. Required Plans, Policies and Procedures	14
B. Budget	15
C. Subcontracts	15
D. Performance of Contract Terms During Dispute Resolution.....	15
VI. APPENDIX	16
A. CARES Data Access and Use Agreement	16

EXHIBIT I-A

Additional Provisions for Resource Centers in Counties or Service Areas Where a Managed Care Organization Is Operating

I. INTRODUCTION

A. Purpose

The provisions in this Exhibit apply only to those Aging and Disability Resource Centers located in counties or service areas where the Family Care or other managed long-term care benefit is available and there is a Managed Care Organization (MCO) operating. Requirements established by Exhibit I-A are in addition to the requirements established for all Aging and Disability Resource Centers by the provisions in Exhibit I. Exhibit I-A follows the same numbering system as that used in Exhibit I. While all topics covered in Exhibit I are listed in Exhibit I-A, additional language is included only for those where additional requirements apply.

B. Client Populations

No additional requirements apply.

C. Service to be Provided Within Limits of Funding Availability

No additional requirements apply.

D. Phase-in of Requirements

1. Phase-In of Client Populations Served

Aging and Disability Resource Centers developed in conjunction with managed long term care shall serve all client populations served by the long-term care managed care organization(s) in their service areas at the start of operation of the Aging and Disability Resource Center.

2. Phase-In of Services

- a. Aging and Disability Resource Centers developed in conjunction with managed care expansion shall coordinate the phase-in of services with the managed care organization(s) in its service area so as to provide the necessary support for eligibility determination and enrollment.

- b. The Aging and Disability Resource Center shall have following services in place before a managed care organization begins operation:
 - i. Long Term Care Functional Screen
 - ii. Preadmission Consultation
 - iii. Enrollment Counseling
 - iv. Disenrollment Counseling
 - v. Enrollment Consultant (required where the county operates both the Aging and Disability Resource Center and a MCO)

II. AGING AND DISABILITY RESOURCE CENTER LOCATION AND PHYSICAL PLANT

No additional requirements apply.

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

A. Marketing, Outreach and Public Education

1. The Aging and Disability Resource Center shall give all nursing homes, community based residential facilities and residential care apartment complexes in its service area informational materials describing the services of the Aging and Disability Resource Center so that these facilities can share these materials with the individuals whom they refer to the Aging and Disability Resource Center for preadmission consultation.
2. If Aging and Disability Resource Center marketing activities are developed in collaboration with the Managed Care Organization, a marketing plan and materials shall be submitted to and pre-approved by the Department consistent with the provisions of the MCO's Health and Community Supports Contract with the Department.

B. Information and Assistance

No additional requirements apply.

C. Long-Term Care Options Counseling

1. Pre-admission Consultation

a. Performance Goal

People have the information they need to make an informed decision prior to moving to a nursing home or assisted living facility.

b. *Requirement*

Aging and Disability Resource Centers shall offer to provide preadmission consultation to persons who are referred to them by a nursing home, community based residential facility, or residential care apartment complex and shall provide preadmission consultation services to those who accept the offer.

c. *Purpose*

Preadmission consultation is a service that Aging and Disability Resource Centers make available to people with long term care needs who are considering an out of home placement. The purpose of preadmission consultation is to provide information and decision support and to facilitate access to publicly funded long term care.

d. *Content*

- i. Pre-admission consultation includes: long term care options counseling as described in Exhibit I; an offer to perform the long term care functional screen; and assistance with the financial eligibility and cost share determinations and enrollment process for publicly-funded long term care, when appropriate.
- ii. Topics covered in the consultation include, but are not limited to, the range of care settings and options available to meet the person's long term care needs, the financial implications of the various options, ways to evaluate facility quality and appropriateness, and the funding programs which may be available to help pay for the person's care, including managed long term care, and the eligibility requirements and procedures.
- iii. Preadmission consultation shall not attempt to persuade the individual to choose a particular provider, type of service, managed care organization, or other long term care program.

e. *Process and Timelines*

- i. *Receive referrals.* The Aging and Disability Resource Center shall receive referrals for preadmission consultation from nursing homes, community based residential facilities, and residential care apartment complexes.
- ii. *Make initial contact to offer preadmission consultation.*
 - (a) The Aging and Disability Resource Center shall contact the person who has been referred for pre-admission consultation, or that person's guardian or other designated representative, as soon as practical but no later than 5 business days after it receives the referral. The purpose of initial contact is to offer preadmission consultation and to make an appointment(s) for this service if the person so wishes.

(b) If the Aging and Disability Resource Center's attempts to contact the individual or a person acting on the individual's behalf within 5 days are unsuccessful, the Aging and Disability Resource Center shall send a letter with the offer of preadmission consultation. If no response is received within 20 business days of sending the letter, the Aging and Disability Resource Center need make no further efforts to contact the individual.

iii. *Provide preadmission consultation.* The Aging and Disability Resource Center shall provide preadmission consultation prior to the person's admission to the facility, when possible, and in any event, within ten (10) business days of the date on which the individual accepts the offer. This timeline may be extended if the individual requests a delay or has an unstable medical condition.

D. Elderly Benefits Counseling

No additional requirements apply.

E. Disability Benefits Counseling

No additional requirements apply.

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

1. Performance Goal

People are able to make informed decisions regarding enrollment in managed long term care and experience a timely, accurate, and streamlined process for eligibility determination and enrollment.

2. Determining Functional Eligibility Using the Long Term Care Functional Screen

a. Administration of the Long Term Care Functional Screen.

- i. The Aging and Disability Resource Center shall offer the long term care functional screen when it receives a request or expression of interest in applying for publicly funded managed long term care from an individual or from someone acting on his or her behalf or when Aging and Disability Resource Center staff providing information and assistance, options counseling or preadmission consultation determine that the individual might benefit from the screen.
- ii. 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 the self directed supports

waiver, when available. Annual recertification screens for MCO enrollees are performed by the MCO.

- iii. The Aging and Disability Resource Center shall establish a level of care for individuals found to be functionally eligible for managed long term care and provide this information to the Economic Support Unit for use in its Medicaid eligibility determination.
- iv. The Aging and Disability Resource Center shall send notification letters to people who are found to be functionally ineligible for publicly funded long term care, and inform them of their appeal rights.

b. *Functional Screen Staff*

- i. The Aging and Disability Resource Center shall maintain an accurate, complete, and up-to-date list of all staff who administer the long term care functional screen.
- ii. Staff who administer the functional screen shall meet the requirements in Section IV.D of Exhibit I, successfully complete the on-line screener training course(s) and be certified as a functional screener by the Department before being allowed to administer the functional screen. The Aging and Disability Resource Center shall maintain documentation of screener qualifications and make this documentation available to the Department upon request.
- iii. 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 involuntary termination and within three (3) business days of the departure or reassignment of a screener.

c. *Policies and Procedures to Ensure Functional Screen Quality.* The Aging and Disability Resource Center shall develop and implement policies and procedures to ensure the consistency, accuracy and timeliness of the functional screen, shall submit these policies and procedures for Department approval prior to start up of managed care in its service area, and shall make them available to the Department upon request. These policies and procedures shall describe how the Aging and Disability Resource Center will:

- i. Designate a staff member as "Screen Liaison" to serve as a contact person for communications with the Department on screen quality, training and technical issues, and implement screen quality requirements, and provide guidance to other screeners on the Aging and Disability Resource Center staff.

- ii. Train, mentor, and monitor new screeners; have all screeners participate in Department-required training on the screen; and ensure that each screener is able to receive communications from the Department's functional screen listserv(s).
- iii. Follow the most current version of the instructions for the functional screen provided by the Department.
- iv. Consult with the Department or its designee about cases where there are unexpected results or it is unusually difficult to complete an accurate screen or to interpret all or part of the completed screen.
- v. Have all certified screeners participate in continuing-skills testing 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, the Aging and Disability Resource Center will plan and carry out remedial action and retesting, as necessary in cooperation with the Department.
- vi. At least once a year, review a random sample of completed screens to determine whether they are accurate, complete and timely and that the results are reasonable based on the person's condition.
- vii. Review and respond to any quality assurance issues detected by the Department or its designee and implement any improvement projects or correction plans the Department requires to ensure the accuracy and thoroughness of the screens performed by the Aging and Disability Resource Center.

3. *Facilitating Financial Eligibility Determination*

- a. *Verify Medicaid Status.* The Aging and Disability Resource Center shall ascertain the Medicaid status of individuals interested in applying for publicly funded long term care.
- b. *Assist with Medicaid Application Process.* The Aging and Disability Resource Center shall assist those who are not currently on Medicaid with the Medicaid 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 on www.access.wisconsin.gov where 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. Based on this information, the ADRC shall help the individual decide whether to apply for Medicaid.

- iii. Assist the person in gathering information to support the Medicaid application, including medical/remedial expenses.
- iv. Assist the person in completing, signing and submitting the application form.
- v. Assist applicants in scheduling an appointment or connecting in some other way with the economic support unit to complete the application process. People may apply on-line, via telephone, mail-in paper application, or through a face-to-face interview with an economic support worker.

c. *Provide Needed Information to Economic Support.* The Aging and Disability Resource Center shall provide the economic support unit 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
- iii. Estimated medical/remedial expenses for persons who are not categorically eligible for Medicaid (i.e., for potential Group B and C participants)
- iv. Relevant information about the applicant, including current living arrangement and household composition; guardian and/or power-of-attorney; and life insurance, trusts, annuities and other financial resources, when available.

4. *Enrollment Counseling*

a. *Provide Enrollment Counseling.* 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. The purpose of enrollment counseling is to enable people to make an informed choice about whether to enroll in a managed care organization and, if so, about which managed care organization would best meet their needs.

- i. Explain the publicly funded managed care, fee-for-service and, self directed supports options that are available to the individual.
- ii. Review, discuss and provide the individual with copies of the “Being a Full Partner” booklet and the “Options for Long-Term Care” brochure available from the Department.
- iii. Provide information on each available MCO, including member handbooks and provider networks, to individuals who indicate an interest in this option.

- iv. When an individual has specific questions that need to be answered prior to enrollment and can only be answered by the MCO, connect the individual with the appropriate person at the MCO.
 - v. Assist individuals in deciding which benefit options best meet their needs and which program or MCO to enroll in.
 - vi. Discuss the timing of enrollment, including any potential waits or delays, and determine the individual's desired enrollment date.
 - vii. Obtain signed enrollment forms from individuals who decide to enroll, using the standard form provided by the Department.
- b. *Follow-up Counseling for People with a Cost Share.* When an individual's enrollment is pended because he or she would have a cost share, the Aging and Disability Resource Center shall inform the applicant of their cost share amount, as determined by Economic Support, determine whether the person still chooses to enroll in the managed care organization, and if so, communicate the decision and enrollment date to Economic Support Unit.
- c. *Exceptions.* Aging and Disability Resource Centers are exempted from the requirement to provide enrollment consultation in the following situations.
- i. *Referral to enrollment consultant.* In counties where the county assumes risk as an MCO, the Aging and Disability Resource Center shall refer individuals to the independent enrollment consultant for enrollment counseling.
 - ii. *Transition to Managed Care.* During the period of transition from the Medicaid Waivers to managed long term care, enrollment counseling for current waiver participants may be provided either by the county's waiver program staff or by the Aging and Disability Resource Center.
- d. *Department Approval of Materials to be Used in Enrollment Counseling.* The Aging and Disability Resource Center shall obtain Department approval of any materials it develops relating to managed care benefits or organizations prior to using these materials for public information or enrollment counseling purposes.

5. *Assistance With Processing Enrollments*

- a. *Forward Enrollment Forms to Economic Support.* Once a person has been determined to be eligible for and made the decision to enroll in managed long term care, the Aging and Disability Resource Center shall submit the applicant's signed enrollment form, including applicant's choice of MCO and preferred enrollment date, to the Economic Support Unit to initiate the enrollment process.
- b. *Centralized Enrollment During the Transition to Managed Care.* During the transition to managed care, the Aging and Disability Resource Center shall

determine whether an applicant meets the criteria for centralized enrollment and, if so, submit the required forms to the Department for centralized enrollment, as directed by the Department. Enrollment forms for applicants who do not qualify for centralized enrollment shall be sent to the Economic Support Unit for local processing.

- c. *Enrollment Delays and Withdrawals.* When an applicant wants to withdraw or delay his or her enrollment, the Aging and Disability Resource Center shall notify the Economic Support Unit of the applicant's decision and submit written documentation.
6. *Disenrollment Counseling*
The Aging and Disability Resource Center shall provide information and counseling to assist people in the process of voluntarily or involuntarily disenrolling from a managed care organization.
- a. Within two (2) business days of receiving a request to disenroll from an MCO, the Aging and Disability Resource Center shall contact the MCO member and his or her guardian, where applicable, to offer disenrollment counseling and schedule a meeting. Requests for voluntary disenrollment must come from the member, his or her guardian or a family member acting on his or her behalf. Only involuntary disenrollments may be initiated by the MCO.
 - b. The Aging and Disability Resource Center shall offer disenrollment counseling to individuals before they disenroll from an MCO. 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 MCO member.
 - c. Disenrollment counseling shall include:
 - i. Review of 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, and advocacy resources that are available to assist with grievances.
 - iii. Providing information about services and programs that would be available to the person if he/she disenrolls, including information on other MCO options, if available, Self Directed Supports (when available), fee-for-service Medicaid, and private pay options.
 - iv. Where disenrollment is voluntary, assisting the person in deciding whether or not to disenroll from an MCO.
 - v. Assisting people who decide to voluntarily disenroll in selecting a disenrollment date.

- vi. Obtaining a signed and dated MCO disenrollment form, including the effective disenrollment date, from individuals who are voluntarily disenrolling.
- d. The Aging and Disability Resource Center shall send a copy of the completed disenrollment form to the MCO and the Economic Support Unit within one (1) business day of obtaining or receiving a form signed by an individual who is voluntarily disenrolling or of receiving notification that the Department has approved an involuntary disenrollment.
- e. Disenrollment shall not be used to discriminate against individuals based on their life situation, condition, or need for health or long term care services.

7. *Referral for Urgent Services*

The Aging and Disability Resource Center shall refer individuals who have urgent service needs and are functionally eligible for the managed long term care benefits to the managed care organization while their financial eligibility is pending, consistent with the urgent services agreement contained in the enrollment plan. Prior to making a referral for urgent services, 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 they are found to be ineligible.

8. *Enrollment Plan*

- a. The Aging and Disability Resource Center shall develop and submit for Department approval an enrollment plan consistent with Department policies and procedures and following the format prescribed by the Department.
- b. The enrollment plan shall describe the roles of the Aging and Disability Resource Center, the economic support unit, and the MCO and the forms and procedures that will be used in determining an individual's functional eligibility, financial eligibility, cost share and entitlement to Family Care, Partnership and the Self Directed Supports Waiver, when available. The enrollment plan shall include:
 - ii. The process for functional and financial eligibility determination
 - iii. The process for enrollment counseling
 - iv. The process for enrolling people who are current Medicaid recipients and people who are not
 - v. The wait list policy
 - vi. A process and agreement regarding referral of people who have an urgent need for services
 - vii. The process for disenrollment counseling
 - viii. Processes for voluntary and involuntary disenrollment
 - ix. Forms and documents to be used in the enrollment and disenrollment process
 - x. Signatures of the parties to the enrollment plan

7. *Waiting List Management*

- a. The ADRC shall contact individuals on established Home and Community Based Waiver waiting lists to discuss the possibility of enrolling in a Family Care program or receiving services under the Self-Directed Supports (SDS) Waiver.
- b. The Aging and Disability Resource Center shall initiate enrollment from the wait list during the transition to managed long term care, consistent with the enrollment targets from the managed care transition plan and the wait list policy contained in the ADRC's enrollment plan.
- c. The ADRC shall periodically contact individuals on the waiting list regarding their status on the waiting list and the estimate of when managed long-term care funds may be available.
- d. The Aging and Disability Resource Center shall manage, as directed by the Department, any waiting lists that become necessary under HFS 10.36(2) or (3).

G. Access to Mental Health and Substance Abuse Services

No additional requirements apply.

H. Access to Other Public Programs and Services

No additional requirements apply.

I. Short-Term Care Coordination

When unable to meet needs for short-term or ongoing care management, the Aging and Disability Resource Center may refer people for private pay case management services offered by the managed care organization(s) in its service area.

J. Emergency Response

No additional requirements apply.

K. Elder/Adults-at-Risk and Adult Protective Services

No additional requirements apply.

L. Transitional Services

No additional requirements apply.

M. Prevention and Early Intervention Services

No additional requirements apply.

N. Client Advocacy

No additional requirements apply.

O. Community Needs Assessment

No additional requirements apply.

IV. ORGANIZATIONAL AND PROCEDURAL STANDARDS

A. Aging and Disability Resource Center Name

No additional requirements apply.

B. Governing Board

No additional requirements apply.

C. Organization Chart and Staffing Plan

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

D. Staff Qualifications

See requirements for staff performing the long-term care functional screen contained in Article III.F.2.b of Exhibit I-A.

E. Cultural Competence and Diversity

No additional requirements apply.

F. Accommodation and Accessibility

No additional requirements apply.

G. Complaints and Grievances

1. Complaint and Grievance Plan

The Aging and Disability Resource Center shall develop and implement a Department-approved plan indicating what due process procedures it will use to

review and resolve complaints. These plans shall be updated as appropriate and updated plans shall be submitted to the Department for approval. The complaint and grievance plan shall be consistent with applicable federal and state statutes and administrative rules and shall, at a minimum, provide mechanisms for:

- a. Informal internal complaint and grievance resolution within ten (10) business days of the time the complaint or grievance is received;
- b. Formal internal complaint and grievance resolution within fifteen (15) business days of the time the complaint or grievance is received which includes resolution by the Aging and Disability Resource Center 's top level management;
- c. Access to formal external complaint and grievance resolution through the Department for any grievance before, during or after the use of the Aging and Disability Resource Center's internal process:
 - MetaStar, Inc, the external quality review organization shall act as the designated agent for DHFS. To file a grievance or appeal with DHFS, the member may contact the grievance hotline either by writing, calling or e-mailing:

DHFS Family Care Grievances
c/o MetaStar, Inc.
2909 Landmark Place
Madison, WI 53713
Phone: (888) 203-8338 (HOTLINE)
Fax: (608) 274-8340
E-Mail: famcare@dhfs.state.wi.us

- The member or the provider may file an appeal either orally or in writing, and unless he or she requests expedited resolution, must follow an oral filing with a written, signed, appeal.
- The member may file a request for fair hearing in writing with the Division of Hearing and Appeals in the Department of Administration.

Family Care Request for Fair Hearing
c/o DOA Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875
Phone: (608) 266-3096
(608) 264-9853 (TTY)
Fax: (608) 264-9885

2. *Providing Assistance to Managed Care Organization Members*
The Aging and Disability Resource Center shall, upon request, assist members of any Managed Care Organization (MCO) serving people in their service area in filing complaints and grievances with the Department of Health and Family Services or filing for a State Fair Hearing after the member has contacted the MCO Member Rights Specialist or internal advocate. The Aging and Disability Resource Center shall also inform the member about organizations that provide advocacy services to potential or actual recipients of the Family Care benefit.
3. *Cooperation with Investigations of Appeals and Grievances*
The Aging and Disability Resource Center shall cooperate with the external quality review organization or the Department during investigations of appeals and grievances.

H. Quality Assurance/Quality Improvement Process

No additional requirements apply.

I. Access to and Confidentiality of Records

No additional requirements apply.

J. Reporting and Records

No additional requirements apply.

K. Performance of Services

No additional requirements apply.

L. Special Requirements for Multi-County Aging and Disability Resource Centers

No additional requirements apply.

V. CONTRACT MANAGEMENT

A. Required Plans, Policies and Procedures

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.

1. Managed Care Enrollment Plan and MOUs (Exhibit I-A, Article III.F.8).

2. Policies and Procedures Concerning Long Term Care Functional Screen Quality (Exhibit I-A, Article III.F.2.c).

B. Budget

No additional requirements apply.

C. Subcontracts

No additional requirements apply.

D. Performance of Contract Terms During Dispute Resolution

No additional requirements apply.

Appendix A

CARES Data Access and Use Agreement

The purpose of this agreement is to authorize the Aging and Disability Resource Center (ADRC) to have access to and make use of data found in the Client Assistance for Re-employment and Economic Support system (CARES) operated for the Department of Health and Family Services (DHFS), so that the ADRC will be able to carry out its responsibilities for facilitating enrollment in Family Care and other publicly funded long term care programs.

DHFS Responsibility

- a. DHFS shall give the ADRC query access to certain data in the CARES mainframe computer system and the CARES Worker Web system. The types of data to which the ADRC shall have access in CARES are data used to determine an enrollee's eligibility to receive Medicaid and the long-term care benefit and data used to help an enrollee understand and/or meet any financial or other type of obligation that he or she is required to meet in order to remain eligible to receive Medicaid and the long-term care benefit. These types of data include:
 - i. Data used to establish the individual's eligibility for and participation in the Medicaid program.
 - ii. Data used to calculate an enrollee's medical and remedial expenses, room and board expense, cost share, or any similar financial expense or obligation or data used to calculate any changes in these expenses or obligations.
 - iii. Data used to help an enrollee complete his or her annual Medicaid eligibility review.
- b. DHFS shall designate a data steward for providing the ADRC with access to CARES data who shall be responsible for:
 - i. Approving or denying requests from the ADRC asking that staff be given access to CARES.
 - ii. Working with staff in the DHFS systems security unit to develop, implement, and/or monitor the procedures for providing ADRC staff with access to data found in CARES.
 - iii. Coordinating any other CARES data exchange requests between DHFS and the ADRC for data that it is unable to obtain using the limited access to CARES under this contract. DHFS has sole discretion as to whether to grant such requests. The ADRC may be required to reimburse DHFS for the costs incurred by DHFS in obtaining this data for the ADRC.

II. ADRC Responsibility

- a. The ADRC shall identify the name of a ADRC CARES security and data exchange coordinator who shall be responsible for:
 - i. Forwarding to the DHFS data steward all requests from the ADRC to give or delete CARES access for individual staff members.
 - ii. Working with the DHFS data steward and, as necessary and appropriate, staff in the DHFS systems security unit to develop, implement, and/or monitor the procedures for designating those ADRC staff who will have access to data found in CARES.
 - iii. Coordinating any other data exchange requests between DHFS and the ADRC in accordance with this agreement.

- b. The ADRC shall protect the confidentiality of data it obtains by exercising its right to access CARES. Protecting the confidentiality of this data includes, but is not limited to, protecting it from access by, or disclosure to, individuals who are not authorized to see it. The ADRC shall:
 - i. Give access to CARES data only to authorized staff members.
 - ii. Use the data that it obtains under this agreement only for the purpose listed in this section.
 - iii. Store the data that it obtains under this agreement in a place that has been physically secured from access by unauthorized individuals in accordance with DHFS security rules and DHFS security system rules.
 - iv. Make sure that data that it obtains under this agreement that is in an electronic format, including but not limited to, magnetic tapes or discs, is stored and processed in such a way that unauthorized individuals cannot retrieve this information by using a computer or a remote terminal or by any other means.
 - v. Comply with federal and state laws, regulations, and policies that apply to and protect the confidentiality of CARES data that the ADRC obtains.
 - vi. Provide information and/or training to all staff members who have access to CARES data to ensure they understand ADRC policies and procedures to protect the confidentiality of this data, and the federal and state laws, regulations, and policies related to confidentiality.
 - vii. The ADRC attests that all of its staff members with access to any CARES data the ADRC obtains shall be required to follow all of the policies and procedures of DHFS and of the ADRC that apply to and protect the confidentiality of this data.

- c. The ADRC shall not disclose any data that it obtains under this agreement to any third party other than an individual enrollee without prior written approval from DHFS unless federal or state law requires or authorizes such a disclosure. The

ADRC may, without prior written approval from DHFS, disclose CARES data that it obtains about an individual enrollee:

- i. To the individual enrollee.
 - ii. To the individual enrollee's guardian.
 - iii. To any person who has an activated power of attorney for health care for the individual enrollee.
 - iv. To any person who has been designated as the individual enrollee's authorized representative for the purpose of determining the individual's eligibility for Medicaid.
- d. Provisions related to confidentiality and disclosure of CARES data shall survive the term of this contract.
- e. The ADRC shall permit authorized representatives of DHFS or its agents as well as authorized representatives of federal oversight agencies and their agents to make on-site inspections of the ADRC to make sure that the ADRC is meeting the requirements of the federal and state laws, regulations, and policies applicable to access to CARES or to the use of CARES data.

III. Suspension of Access to CARES for Default

- a. DHFS shall suspend access to CARES in the event of any of the following:
 - i. The ADRC uses any data that it obtains under this agreement for a purpose not specified in this agreement.
 - ii. The ADRC fails to protect the confidentiality of CARES data that it obtains or to protect it against unauthorized access or disclosure.
 - iii. The ADRC fails to allow on-site inspections as required in this agreement.
- b. Any suspension shall last until DHFS is satisfied that the ADRC is capable of complying with the responsibilities specified in this agreement.

IV. Designation of CARES Security and Data Exchange Coordinator

The ADRC shall complete and submit the form titled "Designation of CARES Security and Data Exchange Coordinator" and submit this form to the DHFS Data Steward to activate the CARES Data Access and Use Agreement. A new form must be submitted any time there is a change in the person designated to be the Security and Data Exchange Coordinator.

Designation of CARES Security and Data Exchange Coordinator

The ADRC, by the signature of its authorized representative below, hereby acknowledges and agrees to the conditions and provisions contained in Appendix A to Exhibit I-A of the Contract between the Wisconsin Department of Health and Family Services (DHFS) and the [*Name of the ADRC*], and designates the following individual to be its CARES security and data exchange coordinator.

Name:	
Title:	
Phone Number:	
Email Address:	

Please place an **X** in front of the correct statement below:

- This is the first time the ADRC has designated a CARES security and data exchange coordinator.
- This staff member is replacing the ADRC's current CARES security and data exchange coordinator.

Signature of ADRC Authorized Representative

Date

Submission of this form to DHFS: This form should be mailed, faxed or electronically submitted to the DHFS Data Steward:

Melissa Henderson, Systems Section Chief
Bureau of Enrollment Management
Division of Health Care Access and Accountability
1 West Wilson, Room 365
Madison, WI 53703
Fax: 608-261-6861
Email Address: HendeMJ@dhfs.state.wi.us

Note: If the ADRC wants to designate a new CARES security and data exchange coordinator, it must complete and submit a new signed and dated form to the DHFS Data Steward.