

Exhibit I

Scope of Services

for the

CONTRACT

Between the

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

and the

AGING AND DISABILITY RESOURCE CENTER

of

«COUNTY OR TRIBE» COUNTY OR TRIBE

January 1, 2009 – December 31, 2009

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Exhibit I
Scope of Services
For the Contract Between
Department of Health Services
and the
Aging and Disability Resource Center of «County or Tribe» County or Tribe

I. INTRODUCTION

A. Purpose

1. Contractual Requirements

The “Scope of Services” describes the services to be provided by and the organizational and procedural expectations for all Aging and Disability Resource Centers during the start up period and once they are fully operational.

2. Performance Goals

Performance goals are identified for each topic included in the “Scope of Services.” These goals are intended to provide guidance regarding the underlying intent of the contract requirements and are not contract expectations in and of themselves.

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

1. Mission

To help older people and people with disabilities secure needed services or benefits, live with dignity and security, and achieve maximum independence and quality of life.

2. Definition and Role of the ADRC

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

ADRC services are available to older people and people with disabilities regardless of income and regardless of whether the person is eligible for publicly funded long term care. ADRC services are also available to families, friends, caregivers, physicians, hospital discharge planners, and others who work with or care about older people or people with disabilities. ADRC consultations and other services are provided at the

resource center, over the telephone, via the internet, in visits to an individual's home, and at other locations that are convenient to the people it serves.

C. Client Populations

When fully operational, Aging and Disability Resource Centers 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:

- *Elderly (aged 60 and older)*
- *Adults with developmental disabilities*
- *Adults with physical disabilities*
- *Adults with mental illness and/or substance use disorders, consistent with Article III.H of this Exhibit*

D. Services Provided Within Limits of Funding Availability

Aging and Disability Resource Centers shall provide the services described in this contract subject to the limitations of funding and personnel resources, including federal, state and local funds committed in the Aging and Disability Resource Center budget and staffing plan included in this contract.

E. Phase In of Requirements

1. Phase-In of Client Populations Served

Aging and Disability Resource Centers shall make their services available to the elderly, to adults with physical disabilities and to adults with developmental disabilities at start up. Services to people with mental illness and/or substance use disorders and to youth transitioning to the adult care system shall be available by the end of the first year of operation or by a date that is mutually agreed upon with the Department.

2. Phase-In of Services

Aging and Disability Resource Centers shall provide all services required in Article III of this Exhibit by the end of the first year of operations or by a date that is mutually agreed upon with the Department. 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. The timing of service availability shall be as follows:

- a. Services which must be available at start-up:
 - i. Marketing, outreach and public information (basic information about the availability of Aging and Disability Resource Center services)
 - ii. Information and assistance

- iii. Long-term care options counseling
 - iv. Access to publicly-funded long term care
 - v. Access to long term care programs and benefits
 - vi. Client advocacy
 - vii. Access to elder/adults-at-risk and adult protective services
 - viii. Elderly benefit specialist
 - ix. Disability benefit specialist
 - x. Emergency response
- b. Services which must be in place before a managed care organization begins operation:
- i. Long Term Care Functional Screen
 - ii. Pre-admission Consultation
 - iii. Enrollment Counseling
 - iv. Disenrollment Counseling
 - v. Access to Enrollment Consultant services (required where the county or tribe operates both the Aging and Disability Resource Center and a MCO)
- c. Services which must be provided within one year of start-up:
- i. Information and assistance and disability benefits specialist services for people with mental illness and/or substance use disorders
 - ii. Short term service coordination
 - iii. Transition assistance for youth aging out of the children's service system
 - iv. Prevention and early intervention
 - v. Community needs assessments
 - vi. Marketing, outreach, and public information (all requirements, except outreach to residents of assisted living facilities)
- d. Services which must be provided by the end of the 24 month transition to managed care
- i. Outreach to residents of assisted living facilities

II. AGING AND DISABILITY RESOURCE CENTER LOCATION AND PHYSICAL PLANT

A. Location

1. Performance Goal

People have an identifiable and accessible place where they can come for resource center services.

2. *Location of the Aging and Disability Resource Center*
The location of the Aging and Disability Resource Center, including its main location and any branch or satellite locations, shall:
 - a. Be clearly identifiable, easy to find, and readily accessible to the public.
 - b. Be accessible by public transportation, where possible.
 - c. Have off-street visitor parking, including handicapped accessible parking spaces, preferably at no cost to the public.

B. Physical Space and Facility Characteristics

1. *Performance Goal*
People have a place where they can come for resource center services in an atmosphere that is welcoming, respectful and accessible to all.
2. *Visibility and Accessibility*
The Aging and Disability Resource Center, including its main location and any branch or satellite locations, shall:
 - a. Have clearly visible signage indicating the presence of the Aging and Disability Resource Center on the interior and exterior of the building in which it is located.
 - b. Be accessible to people with physical, cognitive, hearing and/or visual impairments.
 - c. Have access to public restrooms that are clearly signed, accessible, and easily available for use by Aging and Disability Resource Center customers. Restrooms may serve the larger building in which the Aging and Disability Resource Center is located and need not be located in the Aging and Disability Resource Center itself.
 - d. Comply with the requirements of the Americans with Disabilities Act. The Aging and Disability Resource Center shall have a designated individual with responsibility for identifying and addressing barriers to accessibility and compliance with the Americans with Disabilities Act.
3. *Welcoming Atmosphere*
 - a. The Aging and Disability Resource Center shall have a clearly defined, accessible and welcoming reception area where the public is greeted by an individual ready to assist them.
 - b. The reception area shall be large enough to comfortably accommodate people of all ages and disabilities with dignity and respect for privacy.

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

4. *Privacy and Confidentiality*

- a. Information and assistance specialists, options counselors and benefit specialists shall have private office space or access to private meeting space where they can meet for confidential conversations with consumers and families. These spaces shall be equipped with telephones and computers with high speed internet access to be able to access databases, benefits assessment tools and other information that may be need to be used during the consultation.
- b. The Aging and Disability Resource Center shall have adequate space, furnishings and equipment to provide for the secure storage of confidential information.

C. Equipment and Installations

1. *Performance Goal*

Aging and Disability Resource Center customers and staff have ready access to the information they need through telephone, internet and other appropriate technologies.

2. *Capacity to Accommodate Technology*

The building in which the ADRC is located shall have the capacity to accommodate technology such as high-speed internet connection, multi-phone systems and TTY/TDD.

3. *Telephone System*

- a. The Aging and Disability Resource Center shall provide a phone number which is toll free to all callers within its service area. The phone number shall be published in both the white and yellow pages of the local telephone book(s).
- b. The phone number of the Aging and Disability Resource Center shall be answered with the name "Aging and Disability Resource Center." The location or other identifiers may be added to the name following the phrase "Aging and Disability Resource Center."
- c. During information and assistance service hours, a system shall be in place to ensure that people calling the Aging and Disability Resource Center speak directly to a person, as opposed to an answering machine or voicemail, except during unusual circumstances.
- d. The telephone system shall have the capacity to transfer calls, permitting staff to connect callers directly to emergency services and to other agencies or staff

during business hours without requiring the caller to place a separate call (i.e., to make a “warm transfer”).

- e. The Aging and Disability Resource Center phone system shall have the capacity for people to leave a message after hours and shall refer callers to an emergency number.
4. *E-Mail*
The Aging and Disability Resource Center shall have a well-publicized electronic mail (e-mail) address which can be published on the Department world wide website for the public to use. The Aging and Disability Resource Center shall respond to e-mail contacts in the same manner as any other written request.
5. *Website*
The Aging and Disability Resource Center shall have a website, which may be part of a larger agency website, which is designed to communicate its services to the client populations and general public. The website shall include a description of Information and Assistance services and contact information for the Aging and Disability Resource Center (telephone number, hours of operation, email address, etc.). When possible, the website shall contain a user friendly, searchable resource database and be accessible to persons with disabilities.

D. Hours of Operation

1. *Performance Goal*
People can access Aging and Disability Resource Center services at times that are convenient for the public.
2. *Regularly Scheduled Business Hours*
The Aging and Disability Resource Center shall provide its services during hours and in a manner that is convenient for the public.
- a. Information and assistance shall be available continuously on all days and during all hours when county or tribal agencies are normally open for business. In a regional ADRC, services shall be available in at least one branch or satellite office and by phone from throughout the service area during these standard business hours.
 - b. Aging and Disability Resource Center services shall be available through the lunch hour and at other times the Aging and Disability Resource Center determines are most convenient for the public.
3. *After-Hours Services by Appointment*
In addition to its regularly scheduled business hours, the Aging and Disability Resource Center shall have the capacity to set up occasional after-hours appointments when necessary.

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

A. Marketing, Outreach and Public Education

1. *Performance Goal*

People know about and use the services of the Aging and Disability Resource Center (ADRC).

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

a. The Aging and Disability Resource Center shall develop and implement an ongoing program of marketing, outreach and public education to make its services known to members of its client population(s), including people who are isolated or otherwise hard to reach, and to community agencies and service providers in its service area to inform them of the availability of its services. Marketing activities may include production and distribution of printed materials; newspaper, radio and other media; outreach to physicians' offices, hospitals, nursing homes, assisted living facilities, local government agencies, community service organizations, consumer advocacy and self-help groups, and other referral sources; coordination with employee assistance programs; and other activities aimed at increasing people's knowledge of the Aging and Disability Resource Center and its services.

b. The Aging and Disability Resource Center shall target its outreach and education activities based on the findings made by its governing board.

3. *Statewide "Branding"*

Marketing and other informational materials shall be developed using or consistent with guidelines from the Department's marketing toolkit, when available, to ensure consistency and "brand" identification statewide.

4. *Ability to Reach All Populations*

The Aging and Disability Resource Center shall have demonstrated ability to reach all client populations in its service area, including but not limited to, providing materials that are culturally sensitive and provisions for reaching out to those who have limited English proficiency or visual or hearing impairments.

5. *Outreach for Pre-admission Consultation*

The Aging and Disability Resource Center shall ensure that all nursing homes, community based residential facilities, residential care apartment complexes and adult family homes in its service area know about the services of the ADRC, including the procedures for pre-admission consultation.

6. *Outreach to Residents of Nursing Homes and Assisted Living*

The Aging and Disability Resource Center shall provide information about its services and about the managed care and IRIS programs to all older persons and persons with a physical disability who are residents of nursing homes, community based residential facilities, adult family homes and residential care apartment complexes in its service area and shall provide options counseling and assistance with eligibility determination and enrollment to any resident who so requests.

- a. At a minimum, this information shall be provided to people who were already residing in facilities at the time the ADRC began offering pre-admission consultation.
- b. Information may be provided through mailings to and/or on-site meetings with residents, families and guardians.
- c. Outreach for nursing home residents shall be completed as soon as practical within the first year after managed long term care becomes available in the county where the facility is located. Outreach to assisted living residents shall be completed within 24 months of the time when managed long term care first becomes available in the county where the facility is located.

7. *Department Approval of Marketing Activities in Conjunction with a Managed Care Organization*

If Aging and Disability Resource Center marketing activities are developed in collaboration with a Managed Care Organization, the 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.

8. *Monitoring Effectiveness of Marketing and Outreach: Number Of Contacts*

The Aging and Disability Resource Center shall establish goals for and monitor the effectiveness of its marketing activities. As part of this effort, the Aging and Disability Resource Center shall track the number of contacts it has with individuals in the client population(s), and with others on their behalf, for the purpose of providing or obtaining information and assistance. The number of contacts will be compared to the goals established by the Aging and Disability Resource Center and to any additional goals that may be established by the Department in consultation with the Aging and Disability Resource Centers.

B. Information and Assistance

1. Performance Goal

People receive information and assistance to get what they need.

2. Information and Assistance Services

The Aging and Disability Resource Center shall provide information and assistance to members of the client populations and their families, friends, caregivers, advocates and others who ask for assistance on their behalf. Providing information and assistance includes listening to the inquirer, assessing his or her needs, and helping the inquirer to connect with service providers or gain information to meet the identified needs. Information and assistance can be provided in person, including home visits and walk-ins, over the telephone, via e-mail, or through written correspondence. As part of its information and assistance service, the Aging and Disability Resource Center shall:

- a. Evaluate the call or request.* Identify the issue(s) leading to the inquiry, establish rapport with the inquirer, determine the nature of the situation, and evaluate the knowledge and capacities of the inquirer, in order to determine how to approach the information giving service. Identify and respond quickly to emergency situations.
- b. Provide individuals with useful information.* Provide information, which is updated at least annually, about services, resources and programs which will assist people to experience daily life with dignity and security, maximizing their opportunities for self-sufficiency, and choice.
- c. Provide information and assistance on a wide variety of topics.* Provide information and assistance on the following areas at a minimum:
 - i. Adult protective services, abuse, neglect, domestic violence, and financial exploitation;
 - ii. Living arrangements related to long-term care (e.g., information and assistance to people considering a move due to health, disability or frailty);
 - iii. 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);
 - iv. Paying for long-term care related services (e.g., public programs; long-term care insurance; other private resources);
 - v. Health (e.g., recuperative care, disease, conditions, dementia, health, health promotion, medically related care);

- vi. Mental health services and supports;
 - vii. Alcohol and other drug abuse services and supports;
 - viii. Employment, training and vocational rehabilitation;
 - ix. Financial and other basic needs (e.g., benefits, Medicaid, Medicare, health insurance, food, poverty, money, shelter, paying for medical care and medications);
 - x. Transportation;
 - xi. Nutrition (e.g., congregate meals, home delivered meals, counseling);
 - xii. Home maintenance (e.g., chores, yard work, home safety);
 - xiii. Legal issues (e.g., tax laws, power of attorney, guardianship, consumer rights, advocacy, discrimination, complaints and grievances); and
 - xiv. Education, recreation, life enhancement, volunteerism.
- d. *Provide referrals and/or assistance.* Determine the needs of the inquirer, evaluate appropriate resources, indicate organizations capable of meeting those needs, help callers for whom services are unavailable by locating alternative resources, and actively assist the inquirer in accessing needed services.
- e. *Provide Linkages to Public and Private Resources.* When an individual contacts or is referred to the Aging and Disability Resource Center and appears to be eligible to receive or interested in receiving services such as, but not limited to, Medicaid, Medicare, Social Security, SSI, SSI-E, SSDI, FoodShare, public health services and Older Americans Act services, the Resource Center shall refer the individual to a benefit specialist or to the local, state and/or federal agencies responsible for determining the individual's eligibility to receive these benefits.
- f. *Provide Follow-up.* The Aging and Disability Resource Center shall have a written policy describing when and how it will follow-up to determine whether the inquirer's needs were met and whether additional information or assistance is needed.
- g. *Advocate on the Customer's Behalf.* Advocate on behalf of individuals or groups when needed services are not being adequately provided by an organization within the service delivery system.
3. *Database to Support Information and Assistance*
 The Aging and Disability Resource Center shall maintain and use a resource database with information on programs and services available to its client populations and a

client tracking database to document client contacts and services provided using Beacon or other equivalent software consistent with standards to be established by the Department.

4. *Staffing*

- a. The Aging and Disability Resource Center shall have at least one full time position, or more depending on the volume of inquiries, specifically assigned as an information and assistance specialist. Information and assistance shall be the primary job responsibility of this position. This position may, but is not required to, be the position responsible for answering incoming phone calls to the Aging and Disability Resource Center.
- b. The information and assistance specialist(s) shall meet the requirements contained in Article IV.E of this contract. At least one information and assistance specialist shall be certified by the national Alliance of Information and Referral Systems (AIRS) as a Certified Information and Referral Specialist (CIRS or CIRS-A) within one year of the effective date of this contract or of starting work as an Information and Assistance Specialist, whichever comes later. Time-limited exceptions may be requested, subject to Department approval, for individuals who fail the certification examination and are scheduled to retake the test or for other reasons.

C. Long-Term Care Options Counseling

1. *Performance Goal*

People have the information they need to make informed choices about long-term care options.

2. *Options Counseling Services*

The Aging and Disability Resource Center shall provide counseling about the options available to meet long term care needs and factors to consider in making long term care decisions. Options counseling is an interactive decision-support process that typically involves face-to-face interaction and is more time-intensive than information provision. Options counseling shall cover the following:

- a. A review of the individual's personal history, preferred lifestyle and residential setting, and goals for the future; functional limitations and capacities; financial situation; and other information needed in order to identify and evaluate options available.
- b. The full range of long-term care options available to the individual, including but not limited to: home care, community services, residential care, nursing home care, and case management services.

- c. Opportunities and methods for maximizing independence and self-reliance, including the utilization of supports from family, friends and community.
 - d. The sources and methods of both public and private payment for long-term care services, including:
 - i. Information about the long-term care programs that are available in the area, such as Family Care, COP, CIP, the Wisconsin Partnership Program, the self directed supports waiver (IRIS), Program of All-inclusive Care for the Elderly (PACE), Community Opportunities and Recovery (COR) Waiver, and other programs for which the person may be eligible.
 - ii. The functional and financial criteria for receiving publicly funded long-term care services and for participating in the Medicaid fee-for-service system.
 - iii. An estimate of whether the individual might be functionally and/or financially eligible for Medicaid and other long-term care programs, if the individual so wishes and agrees. This may include performance of the Long-Term Care Functional Screen.
 - c. Factors that the individual might want to consider when choosing among long-term care, programs, services and benefits, including, but not limited to:
 - i. Cost
 - ii. Quality
 - iii. Compatibility with the individual's preferred lifestyle and residential setting
 - iv. Outcomes of importance to the individual
 - v. Available resources
 - vi. Estate recovery
 - d. The advantages and disadvantages of the various options in light of the individual's situation, values, resources and preferences.
3. *When to Offer Long-Term Care Options Counseling*
 The Aging and Disability Resource Center shall offer to provide long-term care options counseling in the following situations. When making the offer, the resource center shall inform the person that participation in counseling is optional.
- a. When an individual, or person acting on his or her behalf, requests or indicates an interest in receiving information or advice concerning long-term care options.
 - b. When the Aging and Disability Resource Center determines that the individual might benefit from receiving long-term care options counseling.

- c. When the individual is referred to the Aging and Disability Resource Center by a hospital, nursing home, assisted living facility, agency responsible for administering the long-term care waiver(s), or other similar source.
4. *When, Where and How Options Counseling Takes Place*

The Aging and Disability Resource Center shall provide long-term care options counseling at a time, date and location convenient for the individual, including but not limited to, the individual's home or apartment. Options counseling shall involve one or more face-to-face meetings with the individual, unless the individual prefers it be done by telephone, mail, e-mail or other means. Counseling may be provided to the individual's family and other representatives acting on the individual's behalf.
5. *Consistency with Individual Needs and Preferences*

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

Staff who provide long-term care options counseling shall meet the education and experience requirements contained in Article IV.E.2 of this Exhibit and shall be knowledgeable about the long-term care service and funding systems, be knowledgeable about the characteristics and issues relating to the Aging and Disability Resource Center's service populations, and have good listening, interviewing and communications skills.

D. Pre-Admission Consultation

1. *Performance Goal*

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

Aging and Disability Resource Centers shall offer to provide pre-admission consultation to persons who are referred to them by a nursing home, community based residential facility, residential care apartment complex or adult family home and shall provide pre-admission consultation to those who accept the offer.
3. *Purpose*

Pre-admission 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 pre-admission consultation is to provide information and decision support and to facilitate access to publicly funded long term care.

4. *Content*

- a. Pre-admission consultation includes: long term care options counseling and other ADRC services as needed; 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.
- b. 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.
- c. 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.

5. *Process and Timelines*

- a. *Receive referrals.* The Aging and Disability Resource Center shall receive referrals for pre-admission consultation from nursing homes, community based residential facilities, and residential care apartment complexes in areas where managed care is available. Where managed care is not yet available, the county or tribe may designate either the Aging and Disability Resource Center or the long term support agency to receive pre-admission consultation referrals from community based residential facilities.
- b. *Make initial contact to offer pre-admission consultation.*
 - i. 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.
 - ii. 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 pre-admission 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.
- c. *Provide pre-admission consultation.* The Aging and Disability Resource Center shall provide pre-admission 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.

E. Elderly Benefits Counseling

1. Performance Goal

Older people receive information about, and assistance in, applying for public and private benefits for which they are eligible.

2. Access to Elderly Benefit Specialist Services

The Aging and Disability Resource Center shall ensure that people have access to the services of an elderly benefit specialist and that these services meet all of the Department's standards for the elderly benefit specialist program contained in Chapter 9 of *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network* dated Fall, 2004.

3. Staff Status of Elderly Benefit Specialists

Elderly benefit specialists may be staff of the Aging and Disability Resource Center or of another public or private organization. When an elderly benefit specialist is on the staff of another organization, the Aging and Disability Resource Center shall have a contract, memorandum of understanding, or similar agreement with this organization.

4. Location of the Elderly Benefit Specialist.

The elderly benefit specialist shall be headquartered in the Aging and Disability Resource Center unless the position is housed in an aging unit that has not been integrated with the ADRC. An exception may be made for benefit specialists employed by a legal services agency. Being headquartered in the ADRC means that the primary office of the benefit specialist is located in the ADRC and the benefit specialist can be reached by telephone through the ADRC.

5. Duties of the Elderly Benefit Specialist.

The elderly benefit specialist shall meet all Department requirements for the elderly benefit specialist program contained in Chapter 9 of *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network* dated Fall, 2004, including provision of the following services for persons age sixty (60) and older:

- a. Provide accurate and current information on a comprehensive array of private and government benefits and programs;
- b. Provide information and technical assistance about how to access such benefits and information regarding the responsibilities of program participants;

- c. Assist potential applicants for private and government benefits, including Medicaid, benefits administered by the Social Security Administration, FoodShare, Family Care, Partnership, etc., to locate and gather verifying data, both financial and non-financial;
- d. Provide information on consumer rights, complaint, grievance and appeals processes;
- e. Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, and beyond;
- f. Make appropriate referrals for employment-related counseling and services;
- g. Consult with legal back-up personnel working for or with or under contract to the elderly benefit specialist program to determine appropriate interpretation of law or regulation and appropriate action to assist in resolution of concerns;
- h. Initiate investigations to gather needed factual information to pursue advocacy duties;
- i. Provide representation, as needed and appropriate, for older people in administrative hearings and other formal or informal grievance steps;
- j. Refer to legal backup personnel working for or with or under contract to the elderly benefit specialist program for consideration of representation in administrative and judicial proceedings;
- k. Do not disclose information about a client without the informed consent of the client, unless required by law;
- l. Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
- m. Negotiate on behalf of individuals with long-term care agencies and programs, service providers, or the state regarding disputes over long-term care services; and
- n. Identify and document concerns and problems of older people and related system-level issues and present that information to appropriate entities, including county and/or tribal government, the Department of Health Services, and the Wisconsin Council on Long-Term Care Reform.

6. *Training and Qualifications*

- a. The elderly benefit specialist shall meet the education and experience requirements in Article IV.E.2 of this contract. Persons employed as elderly benefit specialists in the aging network prior to creation of the ADRC shall be exempt from this requirement.
- b. The elderly benefit specialist shall attend and successfully complete initial and ongoing training as required by the Department.

F. Disability Benefits Counseling

1. *Performance Goal*

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.

2. *Access to Disability Benefit Specialist Services*

The Aging and Disability Resource Center shall ensure that people have access to the services of a disability benefit specialist and that these services meet all of the Department's standards for the disability benefit specialist program contained in the "Disability Benefit Specialist Program Policies and Procedures".

3. *Staff Status of Disability Benefit Specialists*

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

4. *Location of the Disability Benefit Specialists*

Disability benefit specialists shall be physically headquartered in the Aging and Disability Resource Center, even if they are not employees of the Aging and Disability Resource Center. Being physically headquartered in the ADRC means that the primary office of the benefit specialist is located in the ADRC and that the benefit specialist can be reached by telephone through the ADRC. An exception may be made for benefit specialists employed by a legal services agency.

5. *Duties of the Disability Benefit Specialists*

The Aging and Disability Resource Center shall meet all Department requirements for the disability benefit specialist program and shall perform the following activities for individuals aged eighteen (18) through fifty nine (59) with developmental

disabilities, physical disabilities, mental illness and/or substance use disorders and for youth who are transitioning into the adult long-term care system:

- a. Provide accurate and current information on a comprehensive array of private and government benefits and programs as defined by the Department in the disability benefit specialist program's "Program Service Document";
- b. Provide information and technical assistance about how to access such benefits and information regarding the responsibilities of program participants;
- c. Assist potential applicants for private and government benefits and programs as defined by the Department to locate and gather verifying data, both financial and non-financial;
- d. Provide information on consumer rights, complaint, grievance, and appeals processes;
- e. Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, and beyond;
- f. Make appropriate referrals for employment and other disability-related counseling and services (e.g., to Independent Living Centers, Pathways to Independence, Benefits Planning Assistance and Outreach, Division of Vocational Rehabilitation, and Disability Rights Wisconsin);
- g. Consult with disability benefit specialist program attorneys working for or with or under contract to the disability benefit specialist program administered by the Department to determine appropriate interpretation of law or regulation and appropriate action to assist in resolution of concerns;
- h. Initiate investigations to gather needed factual information to perform advocacy duties;
- i. Provide representation, as needed and appropriate, for people with physical disabilities, developmental disabilities, mental illness and/or substance use disorders in administrative hearings and other formal or informal grievance steps;
- j. Refer to disability benefit specialist program attorneys working for or with or under contract to the disability benefit specialists program administered by the Department for consideration of representation in administrative and judicial proceedings;
- k. Do not disclose information about a client without the informed consent of the client, unless required by law;

- l. Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
- m. Negotiate on behalf of individuals with county or tribal agencies, managed care organizations, service providers, or the state regarding disputes over long-term care, mental health and substance abuse services; and
- n. Identify and document concerns and problems of individuals with developmental disabilities, physical disabilities, mental illness and/or substance use disorders and related system-level issues and present that information to appropriate entities, including county or tribal government, the Department of Health Services, the Wisconsin Council on Long-Term Care Reform, and other statewide councils representing disability constituencies.

6. *Training and Qualifications*

- a. The disability benefit specialist shall attend and successfully complete initial and ongoing training as required by the Department.
- b. The disability benefit specialist shall meet the education and experience requirements contained in Article IV.E.2 of this contract.

7. *Role of the Disability Benefit Specialist Program Attorneys*

Disability benefit specialist program attorneys provide technical assistance, substantive case oversight, and mandatory training to the Disability Benefit Specialists and provide input to the local supervisor on the quality of the Disability Benefit Specialist's work as part of the employee performance evaluation process.

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

1. *Performance Goal*

People have access to publicly funded long-term care programs and services, are able to make informed decisions regarding enrollment in managed long term care or the self-directed supports waiver and experience a timely, accurate, and streamlined process for eligibility determination and enrollment.

2. *Assure Access to Publicly Funded Long-Term Care Programs and Services*

The Aging and Disability Resource Centers shall assure that individuals who contact or are referred to the Aging and Disability Resource Center and appear to need or be eligible to receive publicly funded long-term care services are informed about and assisted in accessing these services.

- a. If managed care and IRIS are available in the Aging and Disability Resource Center service area, the Aging and Disability Resource Center shall determine functional eligibility, facilitate the financial eligibility determination process, and assist with the enrollment process as described below.

- b. Where managed care is not yet available in the ADRC service area, the ADRC shall ensure that people are referred to the agency responsible for determining the individual's eligibility to receive publicly funded long term care benefits. The Aging and Disability Resource Centers shall have a process and in place to assure efficient and timely access to public long-term benefits, including memorandums of understanding with the county or tribal economic support unit(s) and the agency or agencies responsible for administering public long term support programs in its service area.
3. *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 long term care from an individual or from someone acting on his or her behalf or when Aging and Disability Resource Center staff determines 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 (IRIS), where available. The ADRC shall initiate and, when possible, complete the functional screen within 14 days of the time the person requests or accepts the offer of a screen. Annual recertification screens for MCO enrollees are performed by the MCO. Annual recertification screens and change of condition screens for IRIS participants are performed by the Aging and Disability Resource Center.
 - 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 or IRIS 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 Article IV.E, 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 required by the Department to ensure the accuracy and thoroughness of the screens performed by the Aging and Disability Resource Center.

4. *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. This information shall be shared with the individual for use in deciding whether to apply for Medicaid.
 - iii. Assist the person who decides to apply 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.

5. *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 help people understand the programs and benefits available to them and to make an informed choice about whether to enroll in a managed care organization or IRIS and about which managed care organization or other option 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 enrollment counseling material provided by the Department, including the “*Being a Full Partner*” booklet, the fact sheet on “*Covered Services in Wisconsin’s Long Term Care Programs*”, and the IRIS brochure.
 - iii. Provide information on each available MCO, including member handbooks and provider networks, to individuals who indicate an interest in this option. Provide and review the information in the IRIS handbook to those who indicate an interest in self-direction.
 - iv. In the occasional situation where a person has a question specific to his or her individual circumstance that needs to be answered prior to making the enrollment decision and can only be answered by the managed care organization or the Independent Consultant Agency (ICA), connect the individual with the appropriate person at the MCO or ICA.
 - v. Assist individuals in deciding which benefit options best meet their needs and which program or MCO to enroll in.
 - vi. Refer people who select the IRIS option to the Independent Consultant Agency. Provide the ICA with the information it needs to complete the counseling process, including the long term care functional screen, Medicaid status, IRIS budget amount, cost share, and other data related to functional or financial eligibility as directed by the Department.
 - vii. Discuss the enrollment process and the timing of enrollment, including any potential waits or delays, and determine the individual’s desired enrollment date.

- viii. Obtain signed enrollment forms from individuals who decide to enroll in managed care, using the standard forms 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 the cost share amount, as determined by Economic Support, determine whether the person still chooses to enroll in the publicly funded long term care, 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. *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 or tribe's waiver program staff or by the Aging and Disability Resource Center.
 - ii. *Referral to enrollment consultant.* In counties where the county or tribe assumes risk as an MCO, the Aging and Disability Resource Center shall refer individuals who select managed care to the independent enrollment consultant to complete the enrollment counseling process.
- 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 publicly funded long term care benefits or organizations prior to using these materials for public information or enrollment counseling purposes.

6. *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 complete 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 information 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.

7. *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 managed care or IRIS.

- a. Within two (2) business days of receiving a request to disenroll from managed care or IRIS, the Aging and Disability Resource Center shall contact the individual and his or her guardian, where applicable, to offer disenrollment counseling and schedule a meeting.
- b. The Aging and Disability Resource Center shall offer disenrollment counseling to individuals before they disenroll from an MCO or IRIS. Disenrollment counseling may be provided in a face-to-face meeting or over the telephone, whichever the recipient prefers. Disenrollment counseling shall be provided within five (5) business days of the Aging and Disability Resource Center's initial contact with the individual, unless refused or extended at the request of the individual or his or her guardian.
- c. Disenrollment counseling shall include:
 - i. 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, ICA or Financial Services Agent (FSA); and advocacy resources that are available to assist with grievances.
 - iii. Providing information and counseling about services and programs that would be available to the person if he/she disenrolls, including information on other MCO options, where available, IRIS, fee-for-service Medicaid, and private pay options.
 - iv. Helping individuals understand the implications of disenrollment.
 - v. Where disenrollment is at the initiative of the individual, assisting the person in deciding whether or not to disenroll from an MCO or IRIS.
 - vi. Providing information about any opportunities and the process for re-establishing eligibility and/or re-enrolling.
 - vii. Assisting people who decide to voluntarily disenroll in selecting a disenrollment date.

- viii. Obtaining a signed and dated disenrollment form, including the effective disenrollment date, from individuals who initiate voluntary disenrollment.
 - ix. Assisting people who disenroll in accessing alternative services, when appropriate.
- d. The Aging and Disability Resource Center shall send a copy of the completed disenrollment form to the MCO or ICA and to the Economic Support Unit within one (1) business day of obtaining or receiving a form signed by an individual who is voluntarily disenrolling.
 - 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.

8. *Referral for Urgent Services*

- a. The Aging and Disability Resource Center shall have a written memorandum of understanding (MOU) or other written agreement with each MCO in its service area that describes the circumstances in which the MCO will provide services to an individual who is functionally eligible for managed long term care but whose financial eligibility is pending, together with the process for making and accepting referrals. This MOU or agreement shall be included in the ADRC's enrollment plan.
- b. 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 MOU or agreement contained in the enrollment plan.
- c. 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 he or she is found to be ineligible and shall obtain a signed, written agreement to this effect. The form that consumers will sign to indicate their acceptance of financial responsibility shall be included in the ADRC's enrollment plan.

9. *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, the MCO, and the ICA in the eligibility determination and enrollment process. The enrollment plan shall be developed

following the formats and instructions provided by the Department, including but not limited to the following topics:

- ii. functional and financial eligibility determination
- iii. cost share and budget determination
- iv. enrollment counseling
- v. enrollment process
- vi. wait list policy
- vii. urgent services referral procedures and forms
- viii. disenrollment counseling
- ix. disenrollment process

10. 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 managed care or IRIS.
- b. The ADRC 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 ADRC shall add names to the wait list during the transition to managed care, consistent with Department policy and instructions.
- e. The ADRC shall manage, as directed by the Department, any waiting lists that become necessary under HFS 10.36(2) or (3).

H. Access to Mental Health and Substance Abuse Services

1. Performance Goal

People have access to the mental health and substance abuse services that they need and are eligible to receive.

2. *Access to Mental Health and Substance Abuse Services*

At a minimum, the Aging and Disability Resource Center shall provide the following services to ensure that people with mental illness and substance use disorders have access to appropriate services and resources:

- a. Information and assistance, as described in Article III.B of this Exhibit.
 - i. Information and assistance services to be provided include, but are not limited to, providing people with information about how the mental health and substance abuse systems work in their county or tribe, maintaining a data base with accurate and complete information about locally available mental health and substance abuse resources, making referrals and connecting people with appropriate mental health and substance abuse organizations without requiring the person to place a separate call.
 - ii. Staff providing information and assistance services shall be knowledgeable about the mental health and substance abuse services and supports offered by county, tribal and other related agencies in their service area, the process for accessing these resources, statewide consumer and advocacy organizations serving people with mental illness and substance use disorders, and information resources relating to mental health and substance abuse issues on the internet.
- b. Disability benefit specialist services, as described in Article III.F of this Exhibit.
- c. Access to emergency services, as described in Article III.K of this Exhibit.

3. *Optional Services*

The Aging and Disability Resource Center may, but is not required to, provide the following services to people with mental illness and substance use disorders:

- a. Aging and Disability Resource Center services in addition to those listed in Article III.H.2 above.
- b. Administration of the Functional Eligibility Screen for Mental Health and AODA under contract, memorandum of understanding, or similar agreement with the organization(s) responsible for determining eligibility for publicly funded mental health and AODA programs in its service area.

4. *Mental Health and Substance Abuse Services Access Procedures and Agreements*

The Aging and Disability Resource Center shall develop policies and procedures describing how it will assist people in accessing appropriate mental health and substance abuse services and, where possible, shall establish memorandums of understanding or other agreements with their county or tribal mental health and substance abuse agency(ies) to carry them out. These policies, procedures and

agreements shall be submitted to the Department along with the Aging and Disability Resource Center's other required policies and procedures.

I. Access to Other Public Programs and Benefits

1. Performance Goal

People are linked to government programs and benefits to which they are entitled and/or eligible.

2. Referrals to Other Agencies

When an individual contacts, or is referred to, the Aging and Disability Resource Center and appears to be either eligible to receive or interested in receiving public program services or benefits, including but not limited to Medicaid, SSI, SSI-E, Social Security, SSDI, Veterans Administration and/or FoodShare, the Aging and Disability Resource Center shall refer the individual to the appropriate benefit specialist and/or the local, state and/or federal agencies responsible for determining the individual's eligibility to receive these benefits.

3. Eligibility Determination for SSI-E

The Aging and Disability Resource Center may, at the county or tribe's option, perform initial SSI-E eligibility determinations and certifications for both managed care and IRIS enrollees and complete annual monitoring of SSI-E eligibility for IRIS participants as part of the annual IRIS recertification process.

4. Process for Accessing Programs and Benefits

The Aging and Disability Resource Center shall develop policies and procedures describing how it will help people access public programs and benefits and shall enter into memorandums of understanding or other agreements where needed to implement these policies and procedures.

J. Short Term Service Coordination

1. Performance Goal

People who are unable to manage for themselves get help in arranging and coordinating services to meet multiple, complex and diverse needs.

2. Provision of Short-Term Service Coordination

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

b. Short-term service coordination shall be provided to assist individuals and their families in dealing with complex and immediate needs when the individual cannot manage the situation him or herself, other ADRC services are insufficient to deal

with the situation, there is no one else to take the lead, and the person cannot be enrolled in managed care.

- c. Short term service coordination is a less formal and abbreviated form of care management. It may include some or all of the following: evaluating the individual's needs, resources and ability to handle the situation; planning, arranging and coordinating multiple services; recruiting natural supports; involving a variety of people and resources; continued contact, reinforcement and encouragement. The goal is to address the immediate concern, stabilize the individual's situation, and enable the person to manage on his/her own or set him/her up with the needed support, *not* to provide ongoing services or comprehensive case management for the individual.
 - c. While a formal care plan is not required, basic information about the services that are needed, the actions to be taken and services to be provided, and the responsibilities of the various parties involved with the person should be documented.
3. *Ensuring that Short Term Service Coordination is Time Limited*
Short term service coordination services shall be focused and time limited. Aging and Disability Resource Centers shall have protocols to assure that short-term service coordination is short-term in nature and does not exceed 90 days duration for any one client. An ADRC may establish a time limit for short term care coordination that is less than 90 days. Its protocols shall include procedures for closure and for internal review when the need for service coordination looks like it will continue beyond the established time limit and may include a process for making exceptions to the 90 day or other time limit.
 4. *Referral for Care Management Services*
When it is unable to meet needs for short-term service coordination or the person needs ongoing care management services, the Aging and Disability Resource Center may refer people for private pay case management services, including those offered by the managed care organization(s) in its service area.

K. Access to Emergency Services

1. *Performance Goal*
People receive immediate assistance in a crisis situation.
2. *Recognizing and Responding to Emergencies*
 - a. The Aging and Disability Resource Center shall be prepared to recognize and effectively manage emergency situations. All ADRC staff shall be trained on how to identify a call or contact as an emergency; apply emergency call procedures to handle the call; remain calm; de-escalate the situation, if possible; identify emergency related symptoms such as heart attack, stroke, suicidal

ideation or domestic violence; collect needed information; connect the person with local emergency services providers; and follow up as needed.

- b. While Aging and Disability Resource Centers are expected to recognize and respond to emergencies, they are neither expected nor required to be emergency service providers.
3. *Connecting Individuals to Emergency Service Providers*
 - a. During business hours, Aging and Disability Resource Center staff shall follow protocols established by the 911 service, crisis intervention service, and/or other emergency resources in the community in order to assure that people are connected promptly with the appropriate providers of emergency services when a situation involving immediate risk is identified. These protocols may involve connecting the person directly to the provider of emergency services without requiring the caller to place a separate call.
 - b. After hours phone calls shall be answered, at a minimum, with a message instructing callers about who to contact in case of emergency (e.g., 911).
 4. *Emergency Preparedness and Response*

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

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

1. *Performance Goal*

People are free from abuse and neglect.
2. *Identifying Individuals Who Need Services*

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

the county or tribal agency or agencies responsible for elder/adults-at-risk and/or adult protective services. The Aging and Disability Resource Center may be the designated elder/adults-at-risk or adult protective services agency.

- d. Aging and Disability Resource Center staff shall be knowledgeable about domestic violence and how to access emergency services designed to address these victims. Staff shall identify situations for potential domestic violence and sexual assault, and facilitate referrals to the appropriate resources.

M. Transitional Services for Students and Youth

1. Performance Goal

Young adults with disabilities experience seamless transition and entry into the adult long-term care system.

2. Coordination with Local Transition Planning

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

3. Community Outreach

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

4. Information for Individual Youth

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

- b. Aging and Disability Resource Center services are available to individual youth who are age 17 years 9 months or older and their families or guardians. Where appropriate, the Aging and Disability Resource Center shall refer families to the Children's Long Term Care Waiver Program but is not responsible for providing specific information or counseling on services for children with disabilities under the age of 17 years and 9 months. The ADRC may, at its discretion, make an exception in special cases where the complexity of the individual's needs require additional time for options counseling and decision support.
- c. The ADRC is neither required nor expected to participate in individualized education program (IEP) sessions or to develop transition plans and services.

N. Prevention and Early Intervention Services

1. Performance Goal

People are helped, where possible, to retain or improve functioning and to delay or prevent the need for comprehensive long-term care services.

2. Community Education

The Aging and Disability Resource Center shall provide information on risk and safety issues, prevention of disabling conditions, and early intervention measures as part of its public education, information and assistance, and options counseling activities.

3. Information and Advice for Individuals

As a routine part of information and assistance and long-term care options counseling, the Aging and Disability Resource Center shall be alert to potential risk factors in the person's situation, identify opportunities for prevention and early intervention and, where appropriate, provide specific prevention advice and education to individuals in its target populations. Aging and Disability Resource Centers are not required to perform a formal risk assessment as part of information and assistance or options counseling.

4. Referrals to Public Health and Other Agencies

The Aging and Disability Resource Center shall 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.

5. Use of Funds Received for Prevention and Intervention Services

If the Aging and Disability Resource Center receives Department funds for prevention purposes, it shall provide prevention and early intervention services consistent with its application and award notification.

6. Prevention Services Consistent with Governing Board Findings

Prevention services provided by the Aging and Disability Resource Center shall be based on the community needs identified by its governing board.

7. *Staff Qualifications*

Staff providing information and assistance, options counseling, or prevention and early intervention services shall be knowledgeable about preventable causes of disability and institutionalization and shall be able to identify risk factors and appropriate prevention and early intervention strategies. A background in public health, nursing, community health education, exercise physiology, or occupational therapy would be particularly appropriate for staff providing prevention and intervention programs or services, but is not required.

8. *Prevention and Early Intervention Plan*

The Aging and Disability Resource Center shall document its approach to prevention and early intervention in a prevention and early intervention plan. The plan shall include a description of the ADRC's community education activities and of how prevention and early intervention information are incorporated into the information and assistance and options counseling services that the ADRC provides to individual members of its target populations, regardless of whether they are eligible for the managed care benefit.

O. Client Advocacy

1. *Performance Goal*

People know their rights and responsibilities and receive assistance, if needed, in exercising those rights and responsibilities.

2. *Advocacy*

Aging and Disability Resource Centers shall advocate for individuals who need assistance in accessing benefits and/or services to meet their needs and on behalf of the people who comprise their target populations. Advocacy is speaking, writing, or acting on behalf of the interests of a person or group in order to promote, protect and defend the welfare of or justice for those individuals or groups.

3. *Informing People of Their Rights and Responsibilities*

The Aging and Disability Resource Center shall inform people of their rights and responsibilities in ways that they can understand and use and shall make available any information that the Department provides regarding the rights that an individual has for long-term care services and benefits, self-advocacy, and independent advocacy services.

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

The Aging and Disability Resource Center shall provide assistance to people when they need help in understanding how to resolve service system disputes or violation of rights complaints. The Aging and Disability Resource Center shall link individuals with appropriate advocacy resources, including, but not limited to, elderly and disability benefit specialists, Board on Aging and Long-Term Care ombudsman, federally designated protection and advocacy organizations, mental health and AODA

advocates, the Title VII Client Assistance Program, volunteer and peer support, organizations providing advocacy services for actual and potential recipients of the Family Care benefit, and other state or local organizations that provide advocacy for long-term care services, where available.

5. *Systems Advocacy*

Aging and Disability Resource Centers may, where appropriate, advocate for systems changes to address unmet needs and issues of general concern to their target populations.

6. *Avoiding Conflict of Interest*

The Aging and Disability Resource Center shall develop and implement written policies and procedures to avoid conflicts of interest and assure that individuals receive appropriate advocacy, representation and information, especially in regard to a consumer's choice of or eligibility for program benefits or services provided by the county, tribe, managed care organization or other organization affiliated with the Aging and Disability Resource Center, where there is a potential for conflict of interest.

P. Community Needs Assessment

1. *Performance Goal*

Unmet needs of the client populations in the community are identified.

2. *Identifying Unmet Needs*

- a. The Aging and Disability Resource Center shall assist its governing board in identifying the unmet needs of its client populations, including unserved or underserved subgroups within the client populations, and the types of services, facilities or funding sources that are in short supply.
- b. The process for identifying unmet needs shall take into account the ADRC's experience in responding to requests for assistance and shall include information gathering, analysis and reporting consistent with the requirements for the ADRC governing board described in Article IV.B.4.g below.

3. *Sharing Information about Unmet Needs*

The Aging and Disability Resource Center shall, in coordination with its governing board, provide information and recommendations regarding the unmet needs of its client populations to the governing board, local elected officials, regional long term care advisory committee and the Department.

4. *Helping Address Unmet Needs*

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

Disability Resource Center shall assist in the development of local services and resources to address the unmet needs of its client populations. Any service development efforts that the ADRC conducts shall be based on the findings made by its governing board.

IV. ORGANIZATIONAL AND PROCEDURAL STANDARDS

A. Aging and Disability Resource Center Name

1. *Performance Goal*

Consumers and families are able to identify and readily locate Aging and Disability Resource Center services anywhere in the state.

2. *Inclusion of Phrase “Aging and Disability Resource Center” in the Name*

The Aging and Disability Resource Center shall have a name that begins with the phrase “Aging and Disability Resource Center” and shall include this name in all of its advertising and materials, including any telephone book listings.

B. Governing Board, Committee or Commission

1. *Performance Goal*

Consumers have a voice in governance of the Aging and Disability Resource Centers.

2. *Composition*

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

- a. The composition of the governing board, committee or commission shall generally reflect the ethnic and economic diversity of the Aging and Disability Resource Center’s service area.
- b. The interests of all client groups shall be represented by the governing board, committee or commission.
- c. At least one-fourth of the membership of the governing board shall consist of individuals who belong to a client group served by the ADRC (older people, people with physical or developmental disabilities, people with mental illness or substance use disorders) or their family members, guardians or other advocates.
 - i. The governing board shall include at least one representative of each of the client groups which receives a full range of ADRC services.
 - ii. The proportion of board members who belong to and/or represent each client group shall be the same, respectively, as the proportion of individuals in the state who receive services under the Family Care benefit and belong to each client group.

- iii. No governing board member shall represent more than one ADRC client group.
- iv. Elected officials of the county(ies) or tribe(s) served by the ADRC may not serve as consumer representatives on the governing board.
- e. Individuals who are employed by, have a financial interest in or serve on the governing board of a MCO, PACE or Wisconsin Partnership Program or SSI managed care plan or who have a family member with any of these same potential conflicts may not serve on the ADRC governing board.
- f. County or tribal employees may not serve on the ADRC governing board, except with the prior approval of the Department. Exceptions may be granted for situations covered by an Intergovernmental Cooperation Agreement pursuant to Sec. 66.0301 of the Wisconsin Statutes, when the appointee's employment is not in an area that may affect or be affected by policies of the ADRC, or in other similar circumstances. Requests for exceptions shall be made to the Department in writing and submitted to DHSRCTeam@wisconsin.gov.

3. *Training and Accommodation*

Members of the governing board, committee or commission shall receive education and accommodation to enable the members to have a strong and effective voice in the governing board.

4. *Duties*

The governing board, committee or commission shall be accountable for oversight of the Aging and Disability Resource Center and shall have the following duties at a minimum:

- a. Develop a mission statement for the Aging and Disability Resource Center that is consistent with the goals of the statewide redesigned long-term care system.
- b. Determine the structure, policies and procedures of the Aging and Disability Resource Center, within state guidelines and local governance structure and with input from consumers, service providers and other local constituencies.
- d. Recommend hiring of or, if so authorized, hire the Aging and Disability Resource Center director.
- e. Develop a budget, monitor expenditures for and oversee the operations of the Aging and Disability Resource Center. When the ADRC is operated by a county or tribe, its operations shall be subject to the county's or tribe's ordinances and budget.
- f. Annually gather information from consumers and providers of long-term care services and other interested persons concerning the adequacy of long term care services offered in the area served by the resource center. Provide well-advertised

opportunities for public participation in the board's information gathering activities.

- g. Identify gaps in services, living arrangements and community resources needed by individuals belonging to the client populations served by the ADRC.
 - h. Identify potential new community resources and sources of funding for services needed by the ADRC's client populations.
 - i. Report findings of the needs analysis and resource identification and recommend strategies for building local capacity to serve older persons and individuals with physical or developmental disabilities to local elected officials, the regional long term care advisory committee, and the Department.
 - j. Review and resolve client grievances and appeals. This responsibility may be delegated, in writing, to a committee of the Aging and Disability Resource Center's senior management, provided the board is made aware of grievances and requests for department review and fair hearings.
 - k. Review the number and type of grievances and appeals concerning the long term care system in the area served by the resource center, to determine if a need exists for system changes, and recommend changes as appropriate.
 - l. Ensure that the terms of this contract are fulfilled.
 - m. If directed to do so by the county board, assume the duties of the county long term Community support planning committee.
 - n. Appoint members to the regional long term care advisory committee, as directed by the Department.
5. *Where the Aging and Disability Resource Center is a Long Term Care District*
If a long term care district is created to operate the Aging and Disability Resource Center, the governance of the Family Care district shall comply with s. 46.2895 Stats.
6. *Where an Aging Unit is Part of the Aging and Disability Resource Center*
When an aging unit is part of the Aging and Disability Resource Center, the Resource Center shall meet the requirements of the Older Americans Act, including those for governance, and operate within the framework of the guiding principles articulated in "Common Identity for the Aging Network." These principles are included in Appendix C.
7. *Where the Aging and Disability Resource Center Assumes the Duties of the County Long-Term Support Planning Committee*
If the governing board of a resource center assumes the duties of the county long-term support planning committee, the governing board shall recommend a community

options plan for participation in the community options program and monitor its implementation.

C. Director

1. *Performance Goal*

Resource Center operations are managed efficiently and effectively.

2. *Single Director*

An Aging and Disability Resource Center shall have a single director, whose position is dedicated to the ADRC and who has the responsibilities described below, regardless of whether the ADRC serves a single county or tribe or a multi-county or tribal region and regardless of what title the position is given.

3. *Duties of the Director*

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

- a. Ensuring that the Aging and Disability Resource Center meets all obligations under this contract
- b. Ensuring that the performance of the Resource Center meets expectations for quality and is consistent with the mission set out for the Aging and Disability Resource Center.
- c. Overseeing day-to-day operations of the Aging and Disability Resource Center
- d. Providing functional supervision for the staff of the Aging and Disability Resource Center, including making work assignments, arranging training, and overseeing performance.
- e. Participating in personnel decisions regarding ADRC staff, whether or not the Director has authority to hire and fire.
- f. Overseeing the performance of any subcontractors to the Aging and Disability Resource Center
- g. Reporting to and assisting the Aging and Disability Resource Center's governing board, committee or commission in carrying out its duties.

4. *Director Qualifications*

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

- a. The mission and values of the Aging and Disability Resource Center
- b. The principles of customer service
- c. All of the target populations served by the Aging and Disability Resource Center
- d. The key functions and procedures of the resource center, including information and assistance and the Long Term Care Functional Screen.

- e. The budget process, personnel process, principles of supervision and other key management functions.

D. Organization and Staffing Plan

1. *Performance Goal*

Staffing levels, responsibilities and lines of authority within the Aging and Disability Resource Center are clearly understood.

2. *Organizational Independence from Managed Care*

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

3. *Organization Chart*

The Aging and Disability Resource Center shall maintain an organization chart that describes its organizational structure, areas of responsibility, and reporting relationships. The Aging and Disability Resource Center shall meet state and federal requirements for organizational independence from any managed care organization.

4. *Staffing Plan*

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

E. Staff Qualifications

1. *Performance Goal*

Aging and Disability Resource Center staff are qualified to perform their assigned responsibilities.

2. *Required Education and Experience*

Staff of the Aging and Disability Resource Center and any of its subcontractors who provide information and assistance, benefit counseling, or options counseling or who perform long term care functional screening or other professional responsibilities shall possess the skills and knowledge necessary to perform all of their required responsibilities and have either:

- a. A Bachelor of Arts or Science degree (preferably in a health or human services related field) or a license to practice as a registered nurse in Wisconsin pursuant to s. 441.06 Stats, and at least one year of experience working with the type of individuals, such as the elderly or individuals with developmental or physical

disabilities or mental illness, who constitute one of the client populations of the Aging and Disability Resource Center; or

- b. Approval from the Department in the event that the staff member lacks the degree and experience described above. Such approval is discretionary on the part of the Department.
 - i. Requests for exception to the education and experience requirements must be submitted to and approved by the Department prior to the Aging and Disability Resource Center making the job offer.
 - ii. Requests shall be made using the form in Appendix E and submitted to DHSRCTeam@wisconsin.gov.
 - iii. Decisions regarding approval will be based either on the staff member's post-secondary education and experience. This provision may also be applied to assure the Aging and Disability Resource Center is able to employ individuals with disabilities and/or staff who are bi-lingual.
3. *Requirements for Staff Who Answer the Phone and Interact with the Public*
The person answering the Aging and Disability Resource Center phone and all other ADRC staff who interact with the public shall have thorough knowledge of the mission, operations, and referral policies of the Aging and Disability Resource Center; general knowledge of the client populations; expertise in phone etiquette; excellent communication skills, including listening and interviewing skills; knowledge and ability to connect callers to appropriate staff; ability to recognize and handle special hearing or language needs; ability to recognize and appropriately handle emergencies.
4. *Requirements for Staff Who Perform the Long-Term Care Functional Screen*
See requirements for staff performing the long-term care functional screen contained in Article III.G.3.b.
5. *Requirements for the Aging and Disability Resource Center Director*
See requirements contained in Article IV.C.4.

F. Cultural Competence and Diversity

1. *Performance Goal*
People feel comfortable using the Aging and Disability Resource Center and its services.
2. *Requirement to Demonstrate Cultural Competence and Cultural Diversity*
The Aging and Disability Resource Center and its subcontractors shall demonstrate cultural competence and cultural diversity in its performance under this contract.

3. *Cultural Competence*

Cultural competence is demonstrated by behaviors, attitudes, practices and policies that result in Aging and Disability Resource Center activities being carried out in a respectful, effective and responsible manner in culturally diverse situations.

4. *Cultural Diversity*

Cultural diversity in the workplace refers to the degree to which an organization is comprised of people from a variety of differing racial, ethnic and cultural identities. The Aging and Disability Resource Center shall endeavor to have its staff reflect the backgrounds of the people in its service population.

G. Accommodation and Accessibility

1. *Performance Goal*

People with physical or functional limitations or language differences are able to use the services of the Aging and Disability Resource Center.

2. *Providing Materials Understandable to Non-English Speaking People*

The Aging and Disability Resource Center shall have the capacity to provide, in a timely fashion, materials in alternate formats to accommodate persons who are non-English speaking and persons with physical disabilities (e.g., Braille, large print).

3. *Communicating with Non-English Speaking People*

The Aging and Disability Resource Center shall have the capacity to communicate in a timely fashion with people with limited English speaking ability, people who are non-English speaking, people who are deaf or hard of hearing and persons with physical disabilities. This may involve using foreign language interpreters, sign language interpreters, Wisconsin Relay, and other special communications techniques.

4. *Meeting Face-To-Face with People*

Aging and Disability Resource Center staff shall have the ability to meet in person with people in the client populations in their place of residence on an as-needed basis.

5. *Working with Family Members and Friends of People with Cognitive Disabilities*

For people with cognitive disabilities, special attention shall be given to assuring that family members, friends and others who know the individual and can convey the person's needs and preferences are included in the provision of Aging and Disability Resource Center services.

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

The materials developed by the Aging and Disability Resource Center which are distributed to the client populations and/or the general public shall be written in a manner which considers people with limited reading proficiency.

H. Complaints, Grievances and Appeals

1. *Performance Goal*

People are able to register complaints and grievances and exercise their due process rights.

2. *Complaint and Grievance Policies and Procedures.*

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

3. *Provision of Information*

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

- a. The informal and formal processes for resolving complaints and grievances regarding the Aging and Disability Resource Center and/or managed care programs and services, including eligibility and cost share determinations, and which process might be most appropriate for resolving the person's specific concern;
- b. Who to contact if the person has a problem with the Aging and Disability Resource Center, Managed Care Organization, IRIS or other program, provider or service; and
- c. Organizations and resources available to assist with complaints and grievances.

4. *Internal Complaint Resolution Process for the ADRC*

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

- a. *Informal Complaint Resolution.* The Aging and Disability Resource Center should encourage people to resolve complaints and grievances with the Aging and Disability Resource Center through the internal informal complaint and grievance resolution process. Informal internal complaint and grievance resolution shall be completed within ten (10) business days of the time the complaint or grievance is received;
- b. *Formal Complaint Resolution.* The formal internal complaint and grievance resolution shall include a decision by the Aging and Disability Resource Center's top level management and shall be completed within fifteen (15) business days of the time the complaint or grievance is received.

- c. *Notification of Decision.* The Aging and Disability Resource Center shall give written notice of the decision made through its internal complaint and grievance process to the person who made the complaint and to any other affected parties. The notice shall include:
- i. The decision reached;
 - ii. The name of the contact person at the Aging and Disability Resource Center for complaints and grievances;
 - iii. The date the decision was reached;
 - iv. A summary of the steps taken on behalf of the person to resolve the issue;
 - v. An explanation that if the person disagrees with the decision, he/she has a right to a Department review, or to a State Fair Hearing process for determinations listed in Article IV.H.6 below; and
 - vi. How to file for review by the Department and through the State Fair Hearing process.

5. *External Review Process through the Department*

The Aging and Disability Resource Center shall provide 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 complaint resolution process.

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

ADRC Quality Assurance Specialist
Office for Resource Center Development
Division of Long Term Care
Wisconsin Department of Health Services
P.O. Box 7851
Madison, WI 53707-7851

Phone: 608-266-2536

Fax: 608-267-3203

E-Mail: DHSRCTeam@wisconsin.gov

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

b. *Complaints Relating to Managed Care*

- i. The Aging and Disability Resource Center shall, upon request, assist members of any Managed Care Organization (MCO) serving people in its service area in filing complaints and grievances with the Department of Health 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.

- ii. Complaints relating to a managed care organization shall be filed with MetaStar, Inc., the Family Care external quality review organization and designated agent for the Department. To file a grievance or appeal with MetaStar, the member may contact the Family Care Grievance hotline either by writing, calling or e-mailing:

DHS 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@wisconsin.gov

c. *Complaints Relating to IRIS.*

- i. Complaints and grievances relating to a service provider, an Independent Consultant, or the Financial Services Agency shall be made to the Independent Consultant Agency by calling 1-888-515-4747 or e-mailing info@wisconsin-iris.com.
- ii. Complaints or grievances relating to the Independent Consultant Agency shall be made by writing, calling, or e-mailing:

John O'Keefe, IRIS Manager
Bureau of Long Term Support
Department of Health Services
P.O. Box 7851
1 West Wilson Street, Room 418
Madison, WI 53707-7851
608-261-6749
John.OKeefe@wisconsin.gov

or Beth Wroblewski, Director
Bureau of Long Term Support
Department of Health Services
P.O. Box 7851
1 West Wilson Street, Room 418
Madison, WI 53707-7851
608-267-5139
Beth.wroblewski@wisconsin.gov

6. *Access to the State Fair Hearing Process*

- a. A person may directly appeal to the State Fair Hearing process within forty five (45) calendar days after receipt of notice of a decision or failure to act regarding the following types of grievances. For all other matters, the Department's review process must be utilized prior to using the State Fair Hearing process.
 - a) Determination of ineligibility for long-term care benefits;
 - b) Determination of cost sharing for long-term care benefits;

- c) Determination in regard to divestment, treatment of trust amounts, and protection of income and resources of a couple for maintenance of a community spouse; and,
 - d) Failure of a managed care organization to provide timely services and support.
- b. Requests for fair hearing shall be filed 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
P.O. Box 7875
Madison, WI 53707-7875
Phone: (608) 266-3096
(608) 264-9853 (TTY)
Fax: (608) 264-9885

7. *Reprisals Prohibited*

The Aging and Disability Resource Center shall refrain from any reprisal or threat of reprisal against the person for registering a complaint or grievance.

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

The Aging and Disability Resource Center shall cooperate with investigations or review of appeals and grievances conducted by the Department, the external quality review organization or an external advocacy organization.

I. Quality Assurance/Quality Improvement Process

1. *Performance Goal*

The Aging and Disability Resource Center provides quality services and incorporates the principle of continuous quality improvement in its operations.

2. *Internal Quality Assurance and Improvement Plan*

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

- a. Identification of performance goals, specific to the needs of the resource center's customers, including any goals specified by the Department.
- b. Identification of objective and measurable indicators of whether the identified goals are being achieved, including any indicators specified by the Department.
- c. Identification of timelines within which goals will be achieved.

- d. Description of the process that the resource center will use to gather feedback from the resource center's customers and staff and other sources on the quality and effectiveness of the resource center's performance.
 - e. Description of the process the resource center will use to monitor and act on the results and feedback received.
 - f. A process for regularly updating the plan, including a description of the process the resource center will use for annually assessing the effectiveness of the quality assurance and quality improvement plan and the impact of its implementation on outcomes.
3. *Performance Monitoring and Reporting*

The Aging and Disability Resource Center shall routinely measure the quality and adequacy of the services it provides using standard measures provided by the Department, when available, and shall report its findings on these measurements to its governing board, committee or commission and, upon request, to the Department.
 4. *Quality Improvement Projects*

During the contract period, the Aging and Disability Resource Center shall undertake or continue at least one focused performance improvement project that examines aspects of services related to improving resource center outcomes and quality.
 5. *Cooperation with External Reviews*

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

J. Access to and Confidentiality of Records

1. *Performance Goal*

Client confidentiality is respected.
2. *Permission to Access Records*

The Aging and Disability Resource Center shall ask an individual or, when applicable, the individual's guardian or activated power of attorney for health care to sign a release of information form for any confidential record that the Aging and Disability Resource Center needs to examine.
3. *Confidentiality*

The Aging and Disability Resource Center shall comply with all applicable federal and state laws and administrative rules concerning confidentiality and Health Insurance Portability and Accountability Act of 1996 (HIPAA) and shall keep the records and related signed release of information forms in the file that the Aging and Disability Resource Center has on the individual.

K. Reporting and Records

1. Performance Goal

Data is available to meet the reporting requirements of funding sources, qualify for federal financial participation, evaluate service quality and adequacy, and inform decision-making at the state and local levels.

2. Required Documents and Reports

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

- a. 100% Time Reports.* Staff of the Aging and Disability Resource Center and its subcontractors shall complete daily activity logs using the spreadsheet format provided by the Department for the purpose of claiming Medicaid administration match for eligible Aging and Disability Resource Center services. Samples of the daily activity logs shall be submitted to the Department on request.
- b. Quarterly Activity Reports.* The Aging and Disability Resource Center shall submit quarterly activity reports following instructions provided by the Department. The Aging and Disability Resource Center shall submit these reports to the Department electronically no later than the last day of the month immediately following the end of the quarter for which the report is prepared.
- c. Governing Board Minutes.* The Aging and Disability Resource Center shall make the minutes of any governing board or committee meeting available to the Department upon request.
- d. Disability Benefit Specialist Semiannual Report.* The Aging and Disability Resource Center shall electronically transmit its Disability Benefit Specialist client database to the Department twice a year, consistent with Department procedures.
- e. Monthly Expenditure Report on DMT Form 862 or DMT Electronic Form 600.* The Aging and Disability Resource Centers shall report monthly expenditures to the Department on the DMT Form 862 or on the DMT Electronic Form 600 in accordance with the applicable Department instructions for the completion and submission of these forms.
- f. Annual Expenditure Report.* The Aging and Disability Resource Center shall submit an annual expenditure report using the standard report form provided by the Department. The Aging and Disability Resource Center shall submit the annual expenditure report to the Department no later than April 1st of the year following the year for which the report is prepared.
- g. ADRC Annual Update.* The Aging and Disability Resource Center shall annually submit information for the “ADRC Annual Update”, using electronic forms

supplied and following procedures established by the Department. This update contains contact information, organization charts, personnel, budget and other information requested by the Department.

3. *Where and When to Submit Reports.*

Unless otherwise specified, reports are to be submitted electronically to the Resource Center Team mailbox at DHSRCTeam@wisconsin.gov on or before the end of the month following the month or quarter for which the report is prepared.

4. *Short Term Data Collection Efforts*

The Aging and Disability Resource Center shall participate in short-term data collection efforts agreed upon by the Aging and Disability Resource Center and the Department which are needed to further profile Aging and Disability Resource Center customers or to evaluate the effectiveness of the Aging and Disability Resource Center.

5. *Privacy*

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

6. *Management Information System*

The Aging and Disability Resource Center shall maintain a Management Information System (MIS) that analyzes, integrates and reports data. The Aging and Disability Resource Center shall comply with all reporting requirements established by the Department and assure the accuracy and completeness of the data and its timely submission. The data submitted shall be supported by records available for inspection or audit by the Department. The Aging and Disability Resource Center shall have a contact person responsible for the MIS/data reporting who is available to answer questions from the Department and resolve any issues regarding reporting requirements.

- a. The Aging and Disability Resource Center shall have a resource data base sufficient to support the provision of the required information and assistance services.
- b. The Aging and Disability Resource Center shall have a MIS/data collection, processing, and reporting system capable of:
 - i. Counting and describing contacts, as required by the Department, including reason for and disposition of contacts;

- ii. For contacts requiring follow up or formal Aging and Disability Resource Center involvement in linking the person to Family Care or other managed long term care programs or other long-term care services, the system shall be able to monitor and track contacts, collect data on the initial contact, characteristics of the person making the contact, subject of the contact, identification of issues, outcomes, and any follow-up activities;
- iii. Maintaining individual client tracking for each person who receives the functional screen and applies for Family Care or other Waiver benefits using a unique identification number for each person. All Medicaid recipients shall carry the Medicaid identification number;
- iv. Supporting quality assurance/quality improvement requirements;
- v. Supporting Department required performance criteria and indicators; and
- vi. Meeting Department reporting requirements in formats and timelines prescribed by the Department which satisfy the requirements listed in Article IV.K.2.

7. Changes in Data Collection and Reporting Requirements

The only changes made to the reporting requirements during the course of this contract will be those mutually agreed upon by the Aging and Disability Resource Center and the Department, unless the change is necessary to continue to receive Federal funds or due to action of a court of law. The Department will involve Aging and Disability Resource Centers in the planning and development of any changes in the data reporting requirements. The Aging and Disability Resource Centers shall actively participate in the development process by providing information, addressing necessary changes to local databases, and cooperating with the Department on data submission protocol and testing.

L. Performance of Services

The Aging and Disability Resource Center shall perform all the services required under this contract in a professional manner. The Aging and Disability Resource Center shall perform all services consistent with this contract and as further specified by the Department in written policies and procedures. The Aging and Disability Resource Center shall maintain a file documenting required policies, procedures, plans and agreements required under this contract and shall make this file available for Department inspection upon request.

M. Special Requirements for Regional Aging and Disability Resource Centers

1. Performance Goal

An Aging and Disability Resource Centers serving a multi-county, multi-tribe, or county-tribal area is recognizable to the public as a regional service entity, provides consistent services to residents throughout its service area, and realizes the quality and cost efficiencies available through economies of scale.

2. Requirements for Regional Aging and Disability Resource Centers

- a. Regional Aging and Disability Resource Centers shall have a single governing board, committee or commission for the regional Aging and Disability Resource Center. The governing board shall have representation from each participating county and tribe in the regional Aging and Disability Resource Center and shall report to the human service boards, commissions on aging, county boards and/or tribal councils in each of the participating counties.
- b. A regional Aging and Disability Resource Center shall have a single director with responsibility for the performance of the entire ADRC.
- c. The service area of a regional Aging and Disability Resource Center includes all of the participating counties and tribes and all required Aging and Disability Resource Center services are provided consistently throughout the service area.
- d. While the required Aging and Disability Resource Center services and procedures will be the same throughout the ADRC service area, other services to which customers are referred may differ depending on what is available in the individual's county of residence or tribal community. For example, different service providers may be available in different communities.
- e. Aging and Disability Resource Center services shall be available to all residents of the regional service area through at least one of its offices during the hours of operation required under Article II.D. An ADRC's satellite or branch offices do not all need be open at the same time, provided services are available in at least one office and by phone during the required hours and people receive a comparable level of service throughout the ADRC service area.
- f. Where an ADRC serves a tribe that has a tribal aging and disability resource specialist, the ADRC shall have a memorandum of understanding with the tribe that describes the services to be provided by the tribal aging and disability resource specialist, the services the ADRC will provide to tribal members, and how these will be coordinated.
- g. The Aging and Disability Resource Center shall use a single client tracking and resource database for the entire regional ADRC service area. The participating

counties and tribes shall decide what county- and tribe-specific data is to be collected.

- h. The Aging and Disability Resource Center shall produce a single budget and expenditure report for the regional Aging and Disability Resource Center, with supporting documentation for each of the participating counties and/or tribes.
- i. The Aging and Disability Resource Center shall have a single web site for the regional Aging and Disability Resource Center.

V. CONTRACT MANAGEMENT

A. Required Plans, Policies and Procedures

1. Aging and Disability Resource Centers shall develop all required plans, policies and procedures following the formats and within the timeframes specified by this contract or otherwise agreed to by the Department.
2. The Aging and Disability Resource Center shall submit the following documents in conjunction with its initial start-up and resubmit updated versions with the ADRC Annual Update when there has been a change or as otherwise directed by the Department.
 - a. Organization chart (Article IV.D.3)
 - b. Staffing plan / Personnel list (Article IV.D.4)
 - c. Goals for effectiveness of marketing activities (Article III.A.8)
 - d. Written information and assistance follow-up policy (Article III.B.2.f)
 - e. Memorandums of understanding regarding access to publicly funded long term care (Articles III.G.2.b)
 - f. Procedures and agreements regarding access to mental health and substance abuse services (Article III.H.4)
 - g. Policies and procedures for helping clients access other programs and benefits (Article III.I.4)
 - h. Protocols to ensure short term care coordination remains short term (Article III.J.3)
 - i. Memorandums of understanding regarding referrals, investigations, and coordination of services with county or tribal agencies responsible for elder/adults-at-risk and/or adult protective services (Article III.L.3.c)
 - j. Prevention and early intervention plan (Article III.N.8)
 - k. Conflict of interest policies and procedures (Article III.O.6)
 - l. Process for identifying unmet needs in the community (Article III.P.2)
 - m. Complaint and grievance process (Article IV.H.4)
 - n. Internal quality assurance and improvement plan (Article IV.I.2)
 - o. Memorandum of understanding between the ADRC and Tribe(s) with a tribal aging and disability resource specialist, where applicable (Article IV.M.2.f)

3. The Aging and Disability Resource Center shall submit the following documents prior to the start-up of a managed care organization in the area served by the Aging and Disability Resource Center. These plans and MOUs should be resubmitted only when there is a change.
 - a. Managed Care Enrollment Plan and MOUs (Article III.G.9).
 - b. Policies and Procedures Concerning Long Term Care Functional Screen Quality (Article III.G.3.c).
4. If the Aging and Disability Resource Center will be providing services in addition to those required by this ADRC contract, these should be identified in the personnel, budget and subcontract worksheets in Appendix B. Such services cannot be funded with monies from the Aging and Disability Resource Center contract.
5. Unless otherwise specified, required plans, policies and procedures are to be submitted electronically to the Resource Center Team mailbox at DHSRCTeam@wisconsin.gov.

B. Budget

1. Budget Requirement

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

2. Use of Aging and Disability Resource Center Grant Funds

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

3. Budget Format and Contents

The budget shall be prepared following the worksheet format located in Appendix B and shall contain the following elements at a minimum:

a. Budget

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

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

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

b. *Budget Narrative*

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

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

Indirect Expenses: Indirect costs should not exceed 10% of total cost.

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

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

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

C. Subcontracts

1. *Requirements for Subcontracts*

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

2. *Responsibility of Parties to the Contract*

The prime contractor (i.e., the Aging and Disability Resource Center) is responsible for contract performance when subcontractors are used. Subcontractors must agree to abide by all applicable provisions of this contract. The prime contractor maintains

fiscal responsibility for its subcontracts, which includes reporting expenses associated with the subcontract to the Department. The Department should not be named as a party to a subcontract.

3. *Subcontracts Available for Department Review*

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

D. Performance of Contract Terms During Disputes

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

APPENDIX A: Definitions

ADRC – Aging and Disability Resource Center

AMSO – Agency Management Support Overhead.

Adult – A person aged 18 or older. Some programs to which Aging and Disability Resource Center clients may be referred define adult differently (e.g., over age 21) for purposes of eligibility determination.

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

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

Client population – means any of the following groups that an Aging and Disability Resource Center has contracted with the Department to serve:

- (a) Elderly
- (b) Adults with a physical disability
- (c) Adults with a developmental disability
- (d) Adults with mental illness and/or substance use disorders, for those services described in Article III.H of this Exhibit.

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

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

Department – The Wisconsin Department of Health Services

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

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

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

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

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

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

Financial Services Agent (FSA) – the organization responsible for paying workers based on the IRIS participant’s approved budget, handling other employer paperwork responsibilities for the participant, and helping the participant keep track of his/her funds.

Functional screen – The latest version of the Wisconsin adult Long-Term Care Functional Screen created and/or prescribed by the Department for use in determining an individual’s functional eligibility for the Family Care or other managed long term care benefit or the Medicaid home and community based services waivers.

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

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

Independent Consultant Agency (ICA) – the organization which employs, trains and certifies the independent consultants who assist individual IRIS participants in developing and implementing their supports and services plan.

Managed Care / Managed Long Term Care – the Family Care and Family Care Partnership programs.

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

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

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

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

Performance goal – The outcome to be worked toward as a result of performing the functions described in the scope of services. These goals are included to explain the purpose of the

contract requirements and to provide guidance for contract implementation. They are not specific contract expectations.

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

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

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

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

APPENDIX B: BUDGET WORKSHEETS

ADRC Budget **Contract Period** -- _____ to _____.

Line Item Budget: Include the following information

ADRC Program Personnel:	ADRC Grant Funding	MA Match Funding	Other Funding Identify Below	Other Funding Identify Below	Grand Total
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					
Equipment					
Equipment Maintenance					
Certifications/Professional Dues					
Translation Services					
Outreach/Marketing					
Other Direct Services					
					0
Subtotal	0	0	0	0	0
Indirect Expenses					
Administration/AMSO					0
Subtotal	0	0	0	0	0
Subcontracts:					
					0
					0
					0
Subtotal	0	0	0	0	0
TOTAL EXPENSES:	0	0	0	0	0

Other Funding:

Other Funding:

APPENDIX C

GUIDING PRINCIPLES FOR AGING AND DISABILITY RESOURCE CENTERS

Adapted from the Final Report of the Aging Network Modernization Committee

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

Appendix D

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 Services (DHS), 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.

I. DHS Responsibility

- a. DHS 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. DHS 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 DHS 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 DHS and the ADRC for data that it is unable to obtain using the limited access to CARES under this contract. DHS has sole discretion as to whether to grant such requests. The ADRC may be required to reimburse DHS for the costs incurred by DHS 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 DHS data steward all requests from the ADRC to give or delete CARES access for individual staff members.
 - ii. Working with the DHS data steward and, as necessary and appropriate, staff in the DHS 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 DHS 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 DHS security rules and DHS 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 DHS 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 DHS unless federal or state law requires or authorizes such a disclosure. The ADRC may, without prior written approval from DHS, 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 DHS 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. DHS 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 DHS 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 DHS 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 D of the Contract between the Wisconsin Department of Health Services (DHS) 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 DHS: This form should be mailed, faxed or electronically submitted to the DHS Data Steward:

Annette Duffey
Bureau of Enrollment Management
Division of Health Care Access and Accountability
1 West Wilson, Room 265
Madison, WI 53703
Fax: 608-261-7792
Email Address: Annette.Duffey@wisconsin.gov

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 DHS Data Steward.

APPENDIX E

**Request for Waiver of Education and Experience Requirements
for
Aging and Disability Resource Center Staff**

Please complete this form to request a waiver of the education and experience requirements for the information and assistance specialist, benefit specialist, and other professional staff contained in the Aging and Disability Resource Center contract. Waiver requests should be submitted to the Office for Resource Center Development at DHSRCTeam@wisconsin.gov for review and approval prior to making a final job offer.

Date:

ADRC Name:

Submitted by:

Name:

Title:

Phone:

E-mail:

Position for which the waiver is requested:

Name of individual for whom you are requesting a waiver:

Identify the highest level of education this person has attained (e.g., high school diploma, GED).

List any post-secondary coursework that would help qualify the person for the position (e.g., technical school or college courses, work-related training, CIRS certification, etc).

Describe work experience that would help qualify the person for the position. Be specific about the job titles, employers, job responsibilities, programs and client populations the person has worked with, and dates of employment.

Identify the knowledge, skills and abilities this individual would bring to the position and describe why you believe this individual is qualified for the position.

For DHS use only.

Approved by:

Date:

Wisconsin Department of Health Services
Office for Resource Center Development