| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00052C (11/2020) | **STATE OF WISCONSIN** |
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| **ORGANIZATIONAL TRANSITION FOR DEMENTIA CARE SPECIALIST** |
| Please complete the applicable section. If completing Section A or Section B, please submit this supplemental information with the agency’s complete ADRC application. If completing Section C, please submit this information to the Dementia Care Specialist Program Manager and each agency’s assigned Regional Quality Specialist. |
| **A.** | **Regional ADRC that is Dissolving** |
|  | Regional ADRCs that have been awarded a Dementia Care Specialist and are now applying as separate ADRCs, please address the following: |
|  | 1) | Which of the ADRC applicants will include the Dementia Care Specialist? |
|  |  | Click or tap here to enter text. |
|  |  | a. | Please describe how this decision was made. |
|  |  |  | Click or tap here to enter text. |
|  | 2) | For the ADRC applicant(s) that will no longer have a Dementia Care Specialist, describe how dementia-related services and supports will be provided. Include information on what specific services you plan to provide and how those services will be funded. |
|  |  | Click or tap here to enter text. |
| **B.** | **New Regional ADRC** |
|  | For ADRCs that have been awarded a Dementia Care Specialist and are now applying with other ADRC(s) to form a new regional ADRC, please address the following: |
|  | 1) | How will the newly formed regional ADRC utilize their Dementia Care Specialist(s)? |
|  |  | Click or tap here to enter text. |
|  | 2) | How will the newly formed regional ADRC address workload issues for the Dementia Care Specialist(s) with the expanded service area? |
|  |  | Click or tap here to enter text. |
| **C.** | **Partnering ADRCs** |
|  | Partner ADRCs that were awarded a Dementia Care Specialist to share between their agencies that no longer wish to partner, address the following: |
|  | 1) | Which of the ADRCs will maintain the Dementia Care Specialist? |
|  |  | Click or tap here to enter text. |
|  |  | a. | Please describe how this decision was made. |
|  |  |  | Click or tap here to enter text. |
|  | 2) | For the ADRC that will no longer have a Dementia Care Specialist, please describe how dementia-related services and supports will be provided. Include information on what specific services you plan to provide and how those services will be funded. |
|  |  | Click or tap here to enter text. |