Reliability and Consistency of Aging and Disability Resource Center Functional Screening and Options Counseling

A Report to the Joint Committee on Finance by the
Wisconsin Department of Health Services

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EXECUTIVE SUMMARY

The 2015 Wisconsin Act 55 requires the Department of Health Services (DHS) to evaluate functional screening and options counseling for reliability and consistency among resource centers and to submit a report on the evaluation to the Joint Committee on Finance by January 1, 2017.

The Long Term Care Functional Screen (LTCFS) is the tool that is used to determine whether an applicant has sufficient care needs to be eligible for community-based long-term care provided through one of Wisconsin's Medicaid Waiver programs (Family Care, PACE/Partnership, Community Options Waiver, and IRIS [Include Respect I Self-Direct] programs).* Options counseling, also referred to as choice counseling or enrollment counseling, helps people who have been found to be eligible for Medicaid-funded long-term care to make an informed decision about whether to enroll in one of the Waiver programs and, if so, to select a managed care organization (MCO) or IRIS Consultant Agency (ICA). DHS is required by statute to ensure that a functional eligibility determination and assistance with enrollment decisions and choice are available to people who contact an aging and disability resource center (ADRC) for services. ADRCs provide functional screening and options/enrollment counseling in the context of their role in helping older adults and people with physical, developmental, or intellectual disabilities access the resources they need to live with dignity and security and to achieve maximum independence and quality of life.

Screens conducted by an ADRC are used to determine an individual's initial eligibility for publicly funded long-term care. The functional screen is also performed by other entities and used for other purposes. Family Care MCOs, ICAs, and county Medicaid waiver agencies conduct screens when an enrollee's condition changes and to document continuing eligibility on an annual basis. Screen results are used by DHS in its rate setting process for Family Care MCOs and by some MCOs in setting acuity-based rates for assisted living and other care services. Performance of the screen by these other entities and use of screen results for these other purposes are outside the scope of this report.

This report examines data from a variety of sources, which together indicate that both the Long Term Care Functional Screen and the options/enrollment counseling provided by ADRCs are both reliable and consistent. Data examined includes results of a 2016 survey of people who experienced the screening and counseling process, results of continuing skills test given to staff who perform the screen, a comparison of the results of the initial eligibility screens performed by ADRCs to those of subsequent screens performed after the person was enrolled in a long-term care program, appeals of eligibility and level of care determinations based on the screen results, and the program choices that people made after receiving options/enrollment counseling. While no single indicator provides a comprehensive measure of reliability and consistency of the functional screening and options counseling processes, taken together they speak to the quality of these ADRC functions. Indicators of reliability and consistency include:

- 95% of the 658 ADRC customers surveyed in 2016 said the screener obtained a good understanding of their physical abilities and limitations.

- 95% of the 382 ADRC staff who took the Continuing Skills Test for functional screeners passed the test in 2016. The 19 screeners who scored below 70% on the test (5%) were decertified and are no longer permitted to perform the screen.
- 92% of the screens performed by the ADRCs in 2015 and 2016 determined the same level of care as that from the first subsequent screen performed by an MCO or ICA. A 2011 Legislative Audit Bureau report found similar results, with 96% of subsequent screens finding no change in level of care. Discrepancies do not necessarily imply that either the ADRC or the MCO/ICA screen was inaccurate. Some change in level of care can be expected as the members' health changes.
- Only 18 of the 23,114 functional screens completed by ADRCs in 2015 were appealed. Of those, only 5 appeals were successful.
- 95% of the 658 ADRC customers surveyed in 2016 felt they received enough information in enrollment counseling to make a decision, and 89% had no second thoughts about their choice.

Comparisons among individual ADRCs suggest that the functional screening and options/enrollment counseling provided by the 40 ADRCs that perform the screens are reliable and consistent as well.

- Screen results in all 40 ADRCs were largely consistent with those from subsequent screens performed by an MCO or ICA.
- In 29 ADRCs (73%), comparisons of ADRC to subsequent MCO/ICA screens showed no change in level of care for more than 90% of the people screened.
- In 30 ADRCs (75%), all staff who perform the functional screen passed the Continuing Skills Test.

Based on the data reviewed in this report, it appears that functional screening and options/enrollment counseling provided by ADRCs can, on the whole, be considered both reliable and consistent.

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* Family Care, Family Care Partnership (Partnership), and the Program of All-Inclusive Care for the Elderly (PACE) are managed long-term care programs in Wisconsin's Medicaid program. Include, Respect, I Self-Direct (also known as IRIS) is a Medicaid-funded, self-directed supports program in which participants receive a budget based on their care needs, work with a care consultant to develop a care plan, and employ and pay their caregivers.

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INTRODUCTION

Section 9118(9q)(a) of 2015 Wisconsin Act 55 requires the Department of Health Services (DHS) to evaluate and compare the reliability and consistency of the functional screening and options counseling provided by aging and disability resource centers (ADRCs) and to submit a report on the evaluation to the Joint Committee on Finance by January 1, 2017.

Functional screening and options counseling are key elements in the process of determining eligibility for and enrolling people into Wisconsin's Medicaid community-based long-term care programs. Functional screening determines whether an applicant has needs that are severe enough to be functionally eligible for Medicaid-funded, long-term care in the community. Options counseling, also referred to as choice counseling or enrollment counseling, helps people who are eligible for publicly funded long-term care make informed decisions about whether to enroll and, if so, to select a managed care organization (MCO) or IRIS consultant agency (ICA).

ADRCs provide both functional screening and options/enrollment counseling in the context of their role in helping older adults and people with physical or developmental/intellectual disabilities access the resources needed to live with dignity and security, and to achieve maximum independence and quality of life. In addition to serving as the entry point to Wisconsin's publicly funded long-term care system, ADRCs provide information and assistance on a wide variety of issues relating to aging and disability to any adult Wisconsin resident who needs and wants it, regardless of the person's income, program eligibility, or client status. ADRCs also provide professional counseling about ways to maximize independence and self-reliance; the availability of different long-term care options including home care and other community services, case management, assisted living and nursing home care; factors to consider when choosing among the available options; the costs associated with the different options; and the public and private benefit programs that may be able to assist in paying for care. This latter service is often referred to as "options counseling." To avoid confusion, the term "options/enrollment counseling" will be used throughout this report when referring to the more specific activity of counseling prospective enrollees regarding their choice of a Medicaid long-term care program and provider.

This report focuses on ADRC administration of the long term care functional screen for initial eligibility determination purposes and provision of options/enrollment counseling to assist eligible individuals in selecting a program and provider organization. The functional screen is also administered by other entities and used for other purposes in addition to eligibility determination. Family Care MCOs, ICAs, and county Medicaid waiver agencies perform screens on an ongoing basis for people already enrolled in a long-term care program. Screen results are used by DHS in its rate setting process for Family Care MCOs and by some MCOs in setting acuity-based rates for assisted living and other care providers. This report does not attempt to address screens performed by other agencies, use of screen results in rate setting, or other issues that go beyond the evaluation required by Act 55.

The report provides an overview of the long-term care functional screening and options/enrollment counseling functions; identifies what constitutes reliable and consistent screening and counseling services; describes the procedures in place at the state and local levels to ensure the quality of the screening and options/enrollment

counseling process; and presents data from a variety of sources to evaluate the reliability and consistency of the functional screening and options/enrollment counseling provided by ADRCs in Wisconsin.

While there is no single, direct measure of the reliability and consistency of either functional screening or options counseling services, data from a number of different sources supports the conclusion that the functional screening and options/enrollment counseling provided by ADRCs can be considered to be both reliable and consistent. Data analyzed to reach this conclusion include screener competency test results, comparisons of initial to subsequent screen findings for the same individual, appeals of eligibility and level of care determinations resulting from the screens, telephone interview surveys of people who have gone through the screening and options/enrollment counseling process, together with the patterns of the enrollment decisions they made. Data sources include DHS records, surveys conducted by an independent research firm, and analyses by UW-Madison and the Legislative Audit Bureau.

RELIABILITY AND CONSISTENCY OF LONG TERM CARE FUNCTIONAL SCREENING

What is Long Term Care Functional Screening?

The Long Term Care Functional Screen (LTCFS) is a tool for collecting the information about an individual's functional, medical, and behavioral health status that is used to establish functional eligibility for Family Care, IRIS, PACE/Partnership, and other Medicaid Waiver programs. The LTCFS has been approved by the Centers for Medicare and Medicaid Services as the method by which Wisconsin determines functional eligibility for Medicaid-funded, community-based long-term care.

The LTCFS was subject to extensive testing for validity and consistency as part of the state's application for federal approval of its use in eligibility determinations for the Family Care Medicaid Waiver in 1999. Validity of the screen was tested through statistical analysis of the agreement between LTCFS level of care determinations and those made for the same individuals following nursing home level of care protocols. Inter-rater reliability testing was used to analyze the consistency of screen results, by comparing the results of screens performed for the same people by different screeners. These tests found the LTCFS to be both valid and consistent.

A determination of functional eligibility based on the result of the LTCFS is required before a person can enroll in any Medicaid long-term care program. Re-screening to certify continued eligibility for the program is required at least once every 365 days and when the person's condition changes in a way that could affect eligibility. The initial eligibility screen is performed by the ADRC, and recertification and change of condition screens are performed by the Family Care MCOs and ICAs. In counties where Family Care and IRIS are not yet available, recertification screens are conducted by the county waiver agency, typically a social or human service department.

Wisconsin Stat. § 46.283 requires DHS to ensure that a determination of functional eligibility is available to people who contact the resource center for service. DHS further requires by contract that ADRCs administer the initial LTCFS to determine an individual's functional eligibility for managed long-term care and IRIS in those counties where Family Care and IRIS are available. Initial eligibility screens are performed by ADRCs in 40 of

Wisconsin's 41 ADRCs. In Florence County, the Medicaid Waiver agency performs the functional screen. The ADRC will perform the screen once Family Care and IRIS are made available to residents of Florence County.

Having a neutral party such as the ADRC determine the initial eligibility and level of care and provide options/enrollment counseling avoids conflicts of interest, by minimizing the ability of entities with a financial interest in the outcome to affect the screen, and provides a baseline for comparison to subsequent screens performed by the MCOs, waiver agencies, and ICAs. Having MCOs, waiver agencies, and ICAs conduct the subsequent screens streamlines the process and has the organization that is most familiar with the person and has the most detailed understanding of his or her needs do the evaluation.

What Makes Functional Screening Reliable and Consistent?

In order to be considered reliable, LTCFSs must contain correct and complete information about the customer's health, physical abilities, and limitations. In order to be considered consistent, screens must collect the same types of information for everyone who is screened, be conducted following the same procedures, and produce results of comparable quality. Consistency can be measured by comparing measures of screen quality for the individual ADRCs and by comparing quality ratings for all ADRCs over time. Screen results for individual applicants will vary because each individual is different. The conversations between the screener and the individuals being screened will also vary, as the screener asks probing questions that are tailored to the individual's condition and situation. Reliability and consistency are interrelated. Screens that are reliable will also be consistent. However, the converse is not true. Screens could be consistently unreliable, which is why it is important to consider both aspects of quality when evaluating the screening process.

Policies and Procedures to Ensure the Reliability and Consistency of the LTCFS

The best way to ensure that LTCFSs produce consistently accurate results is to build quality in at the front end by establishing policies and procedures that create an environment conducive to quality work. Policies and procedures are in place at both the state and local ADRC level to help ensure the accuracy and consistency of the screen.

State Measures to Ensure Screen Quality

DHS administers the ADRC, Family Care, and IRIS programs and is ultimately responsible for ensuring the quality of the eligibility screens performed in those programs. DHS takes a comprehensive approach to ensuring consistently accurate screens. This approach includes the following measures to build quality into the system:

- *Standard tools and materials.* All ADRCs use the same screen instrument and follow the same instructions when conducting the LTCFS. In addition to the instructions, these materials include guidelines and decision trees for identifying physical and intellectual/developmental disabilities and verifying diagnoses common to people with long-term care needs. To minimize the opportunity for human error or manipulation, an algorithm embedded in the screen computes the individual's level of care and functional eligibility based on the input from screeners. The functional screen instrument, guidelines, and resources for screeners can be found at https://www.dhs.wisconsin.gov/functionalscreen/index.htm.
- *Contract requirements*. DHS has a contract with each ADRC that includes requirements relating to the LTC functional screen. The contract requires that screens be performed using the most recent screen instrument in compliance with DHS instructions; includes education, experience, training, and testing

requirements for staff who perform the screens; and requires the ADRC to monitor screener performance and implement any improvement projects or plans of correction that may be required by DHS to ensure the accuracy and thoroughness of the screens. Toward this end, ADRCs are required to designate a screen liaison to monitor performance and provide guidance to screeners and serve as a contact person for communicating with DHS on screen quality, training, and technical issues.

- *Screener Training and Certification*. Staff must take and pass an online training course and certification exam before being permitted to perform the LTCFS. The training course provides detailed and comprehensive instruction on how to administer and complete the screen. It includes 10 modules covering target group identification, activities of daily living (e.g., self-care activities such as bathing, dressing, grooming, using the toilet, feeding oneself, mobility, etc., and instrumental activities such as meal preparation, medication management, money management, housekeeping, shopping), diagnoses, health-related services, cognition, behavioral health, and other topics, and takes approximately 12 hours to complete.

  Beginning in 2016, statewide in-person screener training is scheduled to be provided on a quarterly basis to supplement the online material. DHS staff conducted two statewide screener trainings for ADRC staff in September 2016, which were attended by 175 people, or 46% of all ADRC staff who perform the screen. Previously, state-provided in-person training on the LTCFS was provided primarily on a request basis, with statewide in-person trainings for screeners conducted occasionally every few years.

  Certified screeners must also take and pass a continuing skills test (CST) every two years in order to maintain their screener certification. Screeners who fail the test are decertified and barred from performing the screen until they can take the test again, in two years, and pass it. Screeners who pass with a low score are required to follow a plan of correction, which may entail additional training, coaching, shadowing, or other measures to improve their screening skills.
- *Performance Monitoring.* The DHS functional screen specialist in the Office for Resource Center Development conducts regular desk reviews of screens performed by staff of each ADRC and reviews the results with the ADRC's screen liaison. Areas of strength and weakness are identified, discussed, and followed up on by the screen liaison.
- *Customer Surveys*. The Office for Resource Center Development has used federal grant funds to have an independent research firm—Analytic Insight, LLC—conduct a series of interview surveys with ADRC customers and identify factors associated with customer satisfaction. Surveys were conducted in 2008, 2010, 2011, 2015, and 2016. Several of these surveys have addressed topics related to the screen and options/enrollment counseling process. Results are used to inform policy and procedure development at the state level and are shared with each ADRC, where they are used to guide local performance improvement initiatives.

Local ADRC Measures to Ensure Screen Quality

Individual ADRCs also employ a variety of measures to ensure that their screeners are knowledgeable and the screens they perform are of good quality. These include having an appointed screen liaison to provide guidance to screeners and monitor performance, mentoring screeners and providing opportunities for new screeners to shadow experienced staff, and providing ongoing training and testing. DHS supplies quizzes, which ADRCs are required to use to test and train their screeners on a continuing basis. ADRCs are also required to review a random sample of completed screens for each screener on their staff for accuracy,

completeness, and timeliness at least once a year. Many ADRCs discuss issues that arise with the screens and how to handle them at regularly scheduled staff meetings.

Evidence of Functional Screen Reliability and Consistency

While there is no single or direct measure of screen accuracy, data from a variety of sources indicate that the LTCFSs provided by ADRCs are both reliable and consistent. These sources include customer surveys, a comparison of the initial eligibility screen performed by the ADRC to subsequent screens performed by an MCO, ICA, or waiver agency; appeals of the eligibility and level of care determinations based on the screen results; and results of continuing skills test given to staff who perform the screen.

Customer Surveys

A survey of individuals who had recently received a LTCFS and enrollment counseling from an ADRC was conducted in 2016 to provide information for this report. A total of 658 ADRC customers completed a detailed telephone interview conducted by an independent survey research firm, Analytic Insight, LLC. Results show that ADRC customers are confident in the reliability of the functional screen process.

- 95% agreed that the screener obtained a good understanding of their physical abilities and limitations, with nearly two out of three (65%) strongly agreeing.
- 95% agreed that the screener obtained a good understanding of the help they need, with 66% strongly agreeing.
- 94% said the screener did not overlook any important information.
- 94% were satisfied with the functional eligibility process, with 76% very satisfied.

Comparing Level of Care Determinations

Another indicator of the reliability and consistency of the LTCFSs can be found by comparing the results of the initial eligibility screens performed by ADRCs to those of subsequent screens performed by Family Care MCOs, county agencies that administer the Medicaid Waiver program in areas where Family Care is not yet available, and ICAs after the person enrolled in their respective long term care program. This type of comparison was made for Family Care enrollees in the 2011 Legislative Audit Bureau report on Family Care and reproduced in a 2016 analysis of all publicly funded LTC program participants conducted by DHS for this report.

These comparisons are perhaps the strongest indicator of both the reliability and consistency of the functional screens performed by ADRCs. For the large majority of long-term care participants (over 90% in both studies), level of care did not change between the initial eligibility screen and first subsequent screen by the long-term care provider organization. For a relatively small percentage of enrollees (1.1% - 5.3%), level of care increased when a change of condition or annual recertification screen was performed and for 2.0% - 2.6%, level of care decreased. For a much smaller percentage (0.4%), the person was found to be ineligible on the subsequent screen. Results of the two studies are consistent in this regard.

Change in Level of Care:
Initial Eligibility Screen Results Compared to Subsequent Screens by the LTC Program

% of Individuals Found to Have a Change in Level of Care	LAB Study (FY 2009-10)*	DHS Analysis (1/1/15 to 6/30/16)
Increased Level of Care	1.1%	5.3%
No Change in Level of Care	95.9%	92.3%
Decreased Level of Care	2.6%	2.0%
Found Ineligible	0.4%	0.4%
Total	100%	100%

With some exceptions, change in level of care data for screens performed by individual ADRCs also follows a similar pattern. (See table on page 8.)

It is important to note that a change in level of care over time does not necessarily mean that the original screen was inaccurate. Changes in need over time are expected in a population of frail elderly and people with disabilities. An increase in need over time can be expected of individuals who have chronic health conditions. On the other hand, some peoples' condition improves once the person is receiving regular care. The amount of change indicated by these data is within a reasonable range.

A more detailed and in-depth evaluation conducted by the UW-Madison Center for Health Systems Research and Analysis (CHSRA) for DHS in 2016 also sheds light on the reliability of ADRC screen results. The CHSRA study compared both level of care and acuity factors identified in pairs of screens performed first by an ADRC and subsequently by a Family Care MCO, using data from CY 2012-14. It found no statistically significant evidence that would indicate that screening results varied markedly across the different ADRCs.

Appeals of Screen Results

Appeals are another indicator of the accuracy and reliability of the LTCFS. Applicants for and enrollees in Medicaid long-term care programs have a right to appeal the functional eligibility determinations based on the results of the screen. More than half (56%) of appeals concern either level of care, where the person has been found to be eligible at the non-nursing home level of care, qualifying them for care management services only, or an IRIS budget that is less than they feel is justified, which is unrelated to eligibility. Approximately half of the appeals (44%) are made when a person has been found to be ineligible for publicly funded long-term care because their care needs do not meet the level of care required for eligibility or because they have been found not to be in one of the eligible target populations served by the program (elderly or having a developmental or physical disability).

Appeals of LTCFS Performed by ADRCs

Screen / Appeal Status	**Appeals of Initial LTCFS Results, by Year**				
	2012	**2013**	**2014**	**2015**	**Total**
Total # Screens by ADRCs	20,123	21,714	22,915	23,114	87,866
Total # of Appeals	10	11	20	18	59
% Screens Subject of Appeal		0.05%	0.09%	0.08%	0.07%
# Successful Appeals (remanded)	0	2	7	5	14
% of all Screens that were Successfully Appealed	0.00%	0.01%	0.03%	0.02%	0.02%

Change in Level of Care
From ADRC Initial Screen to Subsequent MCO, Waiver Agency or ICA Screen

ADRC	Change in Level of Care				# Screen Pairs	
	Increased	No Change	Decreased	Ineligible	Total	Total #
ADRC of Adams, Green Lake, Marquette, and Waushara	0.0%	98.5%	1.5%	0.0%	100%	137
ADRC of Barron, Rusk, and Washburn Counties	0.0%	97.3%	2.7%	0.0%	100%	73
ADRC of Brown County	0.0%	98.5%	1.5%	0.0%	100%	68
ADRC of Buffalo, Clark, and Pepin Counties	7.5%	92.5%	0.0%	0.0%	100%	107
ADRC of Calumet, Outagamie, and Waupaca Counties	3.5%	95.0%	1.5%	0.0%	100%	520
ADRC of Central Wisconsin	1.9%	96.9%	0.8%	0.4%	100%	258
ADRC of Chippewa County	0.0%	97.9%	0.0%	2.1%	100%	97
ADRC of Columbia County	3.7%	92.6%	2.5%	1.2%	100%	81
ADRC of Dane County	1.4%	95.3%	2.9%	0.4%	100%	279
ADRC of Dodge County	12.9%	86.4%	0.7%	0.0%	100%	147
ADRC of Douglas County	5.6%	87.5%	5.6%	1.4%	100%	72
ADRC of Door County	4.7%	90.4%	4.8%	0.0%	100%	21
ADRC of Dunn County	8.1%	91.9%	0.0%	0.0%	100%	37
ADRC of Eagle Country	8.4%	86.5%	3.9%	1.3%	100%	155
ADRC of Eau Claire County	5.5%	93.2%	1.4%	0.0%	100%	73
ADRC of Fond du Lac County	14.7%	85.3%	0.0%	0.0%	100%	102
ADRC of Jefferson County	3.8%	96.2%	0.0%	0.0%	100%	182
ADRC of Kenosha County	0.3%	95.4%	3.4%	0.9%	100%	328
ADRC of Marinette County	14.3%	85.7%	0.0%	0.0%	100%	42
ARC of Milwaukee County (aging only)	4.1%	94.3%	1.5%	0.1%	100%	1838
DRC of Milwaukee County (disability only)	13.8%	82.8%	1.9%	1.5%	100%	807
ADRC of Northwest Wisconsin	8.1%	91.9%	0.0%	0.0%	100%	37
ADRC of Ozaukee County	1.1%	97.2%	1.7%	0.0%	100%	179
ADRC of Pierce County	0.0%	76.0%	20.0%	4.0%	100%	25
ADRC of Portage County	1.9%	98.1%	0.0%	0.0%	100%	52
ADRC of Racine County	2.1%	95.4%	2.1%	0.5%	100%	390
ADRC of Rock County	5.1%	91.5%	3.4%	0.0%	100%	118
ADRC of Sheboygan	3.4%	94.3%	2.4%	0.0%	100%	297
ADRC of Southwest Wisconsin	11.5%	71.7%	15.9%	0.9%	100%	113
ADRC of St Croix County	3.6%	92.7%	3.6%	0.0%	100%	55
ADRC of the Lakeshore	14.3%	82.5%	1.6%	1.6%	100%	63
ADRC of the North	0.0%	100.0%	0.0%	0.0%	100%	84
ADRC of the Northwoods	3.3%	85.0%	10.0%	1.7%	100%	60
ADRC of Trempealeau County	0.0%	98.2%	1.8%	0.0%	100%	57
ADRC of Walworth County	3.6%	95.8%	0.6%	0.0%	100%	165
ADRC of Washington County	6.5%	91.5%	1.7%	0.3%	100%	353
ADRC of Waukesha County	5.5%	92.6%	2.0%	0.0%	100%	512
ADRC of Western Wisconsin	3.8%	94.1%	2.0%	0.0%	100%	392
ADRC of Winnebago County	10.4%	88.3%	1.3%	0.0%	100%	309
ADRC of the Wolf River Region	7.6%	91.4%	0.0%	1.0%	100%	104
State Total	**5.3%**	**92.3%**	**2.0%**	**0.4%**	**100.0%**	**8789**

The number of ADRC functional screen determinations that are appealed is quite small. Only 18 cases, fewer than 1%, of the 23,114 functional screen determinations by ADRCs, were appealed in 2015. Of the 18, only five were overturned.

Continuing Skills Testing (CST)

All staff who perform the LTCFS are required to take and pass a CST once every two years in order to maintain their screener certification. Results of the CST are an indicator of the screener's proficiency and a proxy measure of screen quality. However, the CST is not an inter-rater reliability test and does not measure either the accuracy or completeness of the screens actually performed by the test taker. The CST is a less direct indicator than the others described in this report and is included primarily because it is one of the few that permits comparisons at the individual ADRC level. CST results are not, by themselves, sufficient to draw conclusions about the quality of screens performed by different entities and should be interpreted in conjunction with other measures of reliability and consistency.

In 2016, 382 ADRC screeners took the CST. Of these, 95% passed. Seventy-six percent passed with a score of 80% or greater, 19% passed with a score of 70-79%, and 5% failed. Screeners who received a score between 70% and 79% are required to have an individualized plan of correction that includes additional training or mentoring. Those who received a failing score were decertified and are no longer allowed to perform the screen. If they take and pass the test the next time it is offered—in two years—they may once again be allowed to perform the screen.

Screeners from ADRCs, MCOs, ICAs, and local waiver agencies all take the same CST in the same test environment. CST results for ADRC screeners compare favorably to those for other screening entities. ADRC screeners had somewhat higher average test scores and pass rates on the CST than did screeners in Family Care MCOs and local legacy waiver agencies, and somewhat lower scores than those for ICAs. These relationships are consistent with results of the 2014 CST.

2016 Continuing Skills Test Results, by Screening Agency Type

Screening Entity Type	Number of Screeners Tested	Average Score	% of Screeners, by CST Test Result		
			Passed w/ Score of 80% or Greater	Passed w/ Score 70-79%, Plan of Correction Required	Failed and Decertified
ADRCs	382	85%	76%	19%	5%
Family Care MCOs	976	82%	64%	27%	9%
IRIS ICAs	79	87%	90%	5%	5%
Legacy Waiver Agencies	245	79%	49%	38%	13%
Total	1,682	83%	66%	26%	8%

A review of the 2016 CST scores for staff of individual ADRCs suggests that, in most cases, results are similar to those for ADRCs statewide, with a substantial majority of screeners passing the test without conditions, some requiring additional training, and a small number failing. In eight ADRCs (20%), all screeners passed the test at the 80% level or above, with no supplemental training required. In 10 ADRCs (25%), at least one screener failed. Failure rates ranged from 9% to 33% of the screeners tested in the 10 ADRCs where at least one screener failed. The two ADRCs with 33% failure rates were small ADRCs where one of the ADRC's three screeners failed the test.

A disproportionate number of screeners who failed the test were adult protective services staff or supervisors who rarely, if ever, performed the screen.

While the large majority of screeners passed the CST in all 40 ADRCs, scores indicate that there is room for improvement. ADRC directors discussed the reliability and consistency of functional screens performed by their ADRCs on a statewide conference call with DHS staff on October 5, 2016. Directors felt that the functional screens are reliable for the majority of staff, with a few outliers.

DHS will continue to work with ADRCs to improve overall test scores and reduce the number of screeners needing plans of correction. DHS will also work with those ADRCs with higher failure rates to ensure they have the training and other resources for their staff to meet the required standard. Individual quality issues have been addressed through targeted training and the disciplinary process, and screeners who failed the test have been decertified. At the systems level, CST results were analyzed to see if there were any test questions that appeared to create a problem for test takers. One such topic was identified—determining whether a person meets the disability target group definitions. This issue has been addressed through automation of the target group determination in the screen, based on the age, abilities, and limitations indicated by the screener on the screen tool. This change is expected to be implemented early in 2017.

2016 Continuing Skills Test Results for ADRC Staff

ADRC Name	# Staff Tested	Screeners Who Passed, by CST Score				Screeners Who Failed w/ Score <70%	
		80% ±		70-79%			
		#	%	#	%	#	%
ADRC of Adams, Green Lake, Marquette, and Waushara	5	5	100%	0	0%	0	0%
ADRC of Barron, Rusk, and Washburn Counties	6	5	83%	1	17%	0	0%
ADRC of Brown County	17	13	76%	4	24%	0	0%
ADRC of Buffalo, Clark, and Pepin Counties	4	3	75%	1	25%	0	0%
ADRC of Calumet, Outagamie, and Waupaca Counties	15	12	80%	3	20%	0	0%
ADRC of Central Wisconsin	15	12	80%	3	20%	0	0%
ADRC of Chippewa County	3	2	67%	1	33%	0	0%
ADRC of Columbia County	4	3	75%	1	25%	0	0%
ADRC of Dane County	34	29	85%	5	15%	0	0%
ADRC of Dodge County	5	3	60%	2	40%	0	0%
ADRC of Door County	2	1	50%	1	50%	0	0%
ADRC of Douglas County	3	2	67%	0	0%	1	33%
ADRC of Dunn County	3	0	0%	2	67%	1	33%
ADRC of Eagle Country	11	9	82%	2	18%	0	0%
ADRC of Eau Claire County	7	7	100%	0	0%	0	0%
ADRC of Fond Du Lac County	7	5	72%	1	14%	1	14%
ADRC of Jefferson County	3	3	100%	0	0%	0	0%
ADRC of Kenosha County	14	14	100%	0	0%	0	0%
ADRC of the Lakeshore	10	7	70%	3	30%	0	0%
ADRC of Marinette County	4	3	75%	1	25%	0	0%
Aging Resource Center of Milwaukee County.	33	17	52%	11	33%	5	15%
Disability Resource Center of Milwaukee County.	21	13	62%	4	19%	4	19%
ADRC of the North	11	7	64%	3	27%	1	9%
ADRC of Northwest Wisconsin	4	4	100%	0	0%	0	0%
ADRC of the Northwoods	10	8	80%	1	10%	1	10%
ADRC of Ozaukee County	4	4	100%	0	0%	0	0%
ADRC of Pierce County	3	3	100%	0	0%	0	0%
ADRC of Portage County	3	3	100%	0	0%	0	0%
ADRC of Racine County	14	8	57%	4	29%	2	14%
ADRC of Rock County	11	9	82%	1	9%	1	9%
ADRC of Sheboygan County	5	4	80%	1	20%	0	0%
ADRC of Southwest Wisconsin	12	10	83%	2	17%	0	0%
ADRC of St Croix County	2	1	50%	1	50%	0	0%
ADRC of Trempealeau County	4	2	50%	2	50%	0	0%
ADRC of Walworth County	9	8	89%	1	11%	0	0%
ADRC of Washington County	7	6	86%	1	14%	0	0%
ADRC of Waukesha County	23	15	65%	6	26%	2	9%
ADRC of Western Wisconsin	18	17	94%	1	6%	0	0%
ADRC of Winnebago County	9	7	78%	2	22%	0	0%
ADRC of The Wolf River Region	7	5	71%	2	29%	0	0%
Total	**382**	**289**	**76%**	**74**	**19%**	**19**	**5%**

RELIABILITY AND CONSISTENCY OF OPTIONS/ENROLLMENT COUNSELING

What is Options/Enrollment Counseling?

Options/enrollment counseling provides information and decision support for individuals who have been found eligible for and are considering enrolling in a publicly funded long-term care program. Counselors explain the managed care, self-directed supports, and fee-for service options that are available to the individual through the state's Medicaid program: Family Care, IRIS, PACE/Partnership (where available), and Medicaid card services. Options/enrollment counselors provide objective information about these options and about the MCOs and ICAs available to provide program services in their area, using standard materials provided by DHS. They review the options, answer questions, and provide additional MCO- or ICA-specific information as appropriate to address the individual's interests, questions, and concerns. If a cost share is required, the counselor informs the applicant of the amount they will be expected to contribute to the cost of their care. For those who select a managed care option, the counselor discusses the enrollment process and timeline, helps the person select a desired enrollment date, and obtains a signed enrollment form from the individual. People who select the IRIS program are referred to the ICA to complete the counseling process, including information about the person's IRIS budget allocation.

Options/enrollment counseling provided by an objective entity is required by the Centers for Medicare and Medicaid Services for all Medicaid managed care programs. Wisconsin Stat. § 46.283(3)(f) requires that DHS assure that this function is available to individuals who contact an ADRC for access to the Family Care program.

What Is Reliable and Consistent Options/Enrollment Counseling?

Options counseling services are intended to ensure that applicants for publicly funded long term care are fully informed to make decisions. To be reliable and consistent, options/enrollment counseling must provide complete and accurate information about the program benefits and options (e.g., Family Care, PACE/Partnership, and IRIS) and about the specific managed care and IRIS provider entities that are available to the individual (MCOs, ICAs). The prospective enrollee must be provided with factual information and with counseling that is impartial and makes no attempt to otherwise influence the customer's decision.

Policies and Procedures to Ensure Reliability and Consistency

As with the functional screen process, the best way to ensure quality options/enrollment counseling is to develop and implement policies and procedures designed to build quality in at the front end at both the state and local ADRC levels.

State Measures to Ensure Quality Options/Enrollment Counseling

All ADRCs are required by contract to use DHS-created materials to share with applicants during options/enrollment counseling. These materials provide comparable information about each program and each MCO and ICA in the area, so the consumer can compare and make an informed decision. ADRCs use these materials exclusively, and are prohibited from using marketing materials provided by Family Care MCOs or ICAs.

Prospective enrollees are provided with an enrollment packet that includes a video, written informational materials and an options chart customized with locally specific information. The video provides basic information about the different program options (Family Care, IRIS and, where available, Partnership and

PACE), with program participants describing in their own words what the program does for them. Written materials include publications that describe the programs, covered services, information about the different MCOs and ICAs, and answers to frequently asked questions. Key materials are available in English, Spanish, Russian, and Hmong. The options/enrollment counselor reviews and discusses these materials with the prospective enrollee. Having access to a variety of materials gives the options/enrollment counselor the ability to tailor the information provided to the needs of the individual customer and to the provider organizations that are available in the area where the person lives. Options/enrollment counseling materials can be viewed at https://www.dhs.wisconsin.gov/adrc/pros/enroll-counseling.htm.

In addition, DHS provides training on enrollment counseling for both ADRC staff and supervisors. A general introduction to enrollment and disenrollment counseling are included in the DHS web-based orientation for new ADRC staff. More detailed training modules are also included in the series of core training courses for ADRC information and assistance and options counseling staff and made available through the DHS web-based training platform. More intense, in-person training is provided to ADRC staff in areas where Family Care and IRIS are becoming available for the first time. The informational material describing and comparing the available options is updated whenever there is a change in the Family Care MCOs or ICAs serving a particular geographic region and the revised material is reviewed in a conference call with ADRC staff in the affected area. Training for supervisors overseeing the enrollment counseling includes an instructional guide and feedback tool to use in monitoring and coaching enrollment counseling staff.

Local Measures to Ensure Quality

Local efforts to ensure reliability and consistency of the options/enrollment counseling process include employing staff who are thoroughly knowledgeable about the long term-care options available in their area and have interview skills to help individuals identify what they need and want from the program and provider they choose, using the materials and following the protocols established by the state, and having experienced supervisors oversee the quality of the counseling process.

Evidence of Reliability and Consistency of Options/Enrollment Counseling

As with the LTCFS, there is not a single, direct measure of either the reliability or consistency of options/enrollment counseling services, so proxy measures for the desired outcomes are used. These include customer perceptions obtained from personal interview surveys of people who received options/enrollment counseling services from an ADRC and comparisons of the proportion of individuals who chose to enroll in the different types of programs over time.

Customer Survey Results

In preparation for this report, DHS contracted with an independent research firm to survey people who received options/enrollment counseling from an ADRC. As mentioned previously, the survey research firm, Analytic Insight, LLC, interviewed 658 ADRC customers during the summer of 2016. Survey results showed that a large majority of ADRC customers believe the ADRC staff options/enrollment counselors were knowledgeable about the available choices, provided information that was accurate and objective, and provided enough information for them to choose between programs. By a wide margin, ADRC customers were satisfied with their choice and had no second thoughts. Key findings from the survey included:

- 97% either agreed or strongly agreed that the staff person was knowledgeable about the choices available, including 67% who strongly agreed.

- 95% indicated that all their questions were answered and 97% said the ADRC helped them understand the choices available to them.
- 77% had a great deal of confidence in the information provided by the ADRC and an additional 18% had a fair amount of confidence; 3% had a little and 2% had no confidence in the information.
- 95% of those who received enrollment counseling from the ADRC felt they had enough information to make a choice between programs.
- 89% of those who enrolled in Family Care or IRIS had no second thoughts about their choice, and 82% indicated they were very comfortable with their decision.
- When asked what the ADRC could improve upon, nearly two out of three people who received enrollment counseling (65%) said there was nothing the ADRC could improve.

A survey of ADRC customers conducted in 2011 by the same research firm also found a high percentage of customers who felt the enrollment counseling they received provided enough information to make a decision and few second thoughts. Comparison of the survey results shows improvement in the enrollment counseling service provided by ADRCs in the five years between the two surveys.

Customer Satisfaction with Options/Enrollment Counseling

Responses to Options/ Enrollment Counseling Questions	Survey Results	
	2011	2016
% who felt they had enough information to make a decision	83%	96%
% who said they had no second thoughts about their decision	86%	89%
% who were aware they could change their mind and reconsider their decision	85%	92%
Number of enrollment counseling customers surveyed	655	658

While the two surveys provide evidence of consistency in enrollment counseling performance over time, the sample sizes do not allow comparison between individual ADRCs.

Customers' Enrollment Choices

The percentage of enrollments in the different program options—Family Care, IRIS, Partnership, and PACE—are another indicator of consistency over time. The following tables compare the enrollment choices of long-term care applicants surveyed in 2011 and 2016 and the proportions of people enrolled in the different long-term care programs.

Program selection by people who received options/enrollment counseling from an ADRC has remained fairly constant in that the majority of people selected the Family Care managed care program and roughly one in three selected the IRIS self-directed support program. These responses are based on the enrollees' recollections. A not insubstantial proportion of those interviewed were unsure of the name of the program they in which they enrolled.

Program Choices
By People Who Received Options/Enrollment Counseling from an ADRC

Program Selected	% Selecting Program by Survey Year	
	2011	2016
Family Care	57.9%	65.4%
IRIS	34.2%	30.4%
Partnership	6.1%	2.8%*
PACE	1.8%	0.7%
COP-Waiver	NA	0.7%
Total	100%	100%

*A major Partnership provider discontinued service in 2013, making Partnership less available for people selecting a program in 2016 compared to 2011.

The general pattern of program choice reported by new enrollees in the customer survey parallels that of actual program enrollment, with Family Care having the largest share, something less than half that proportion selecting IRIS, and small percentages selecting Partnership and PACE. Choices reported in the customer survey vary somewhat from the distribution of actual total enrollment among the program options, with enrollment in the Family Care program representing a somewhat higher proportion of the total actual enrollments. The actual enrollment distribution has changed over time and recent figures more closely align with the choices that the customers surveyed reported.

Enrollment in Publicly Funded Long-Term Care Programs

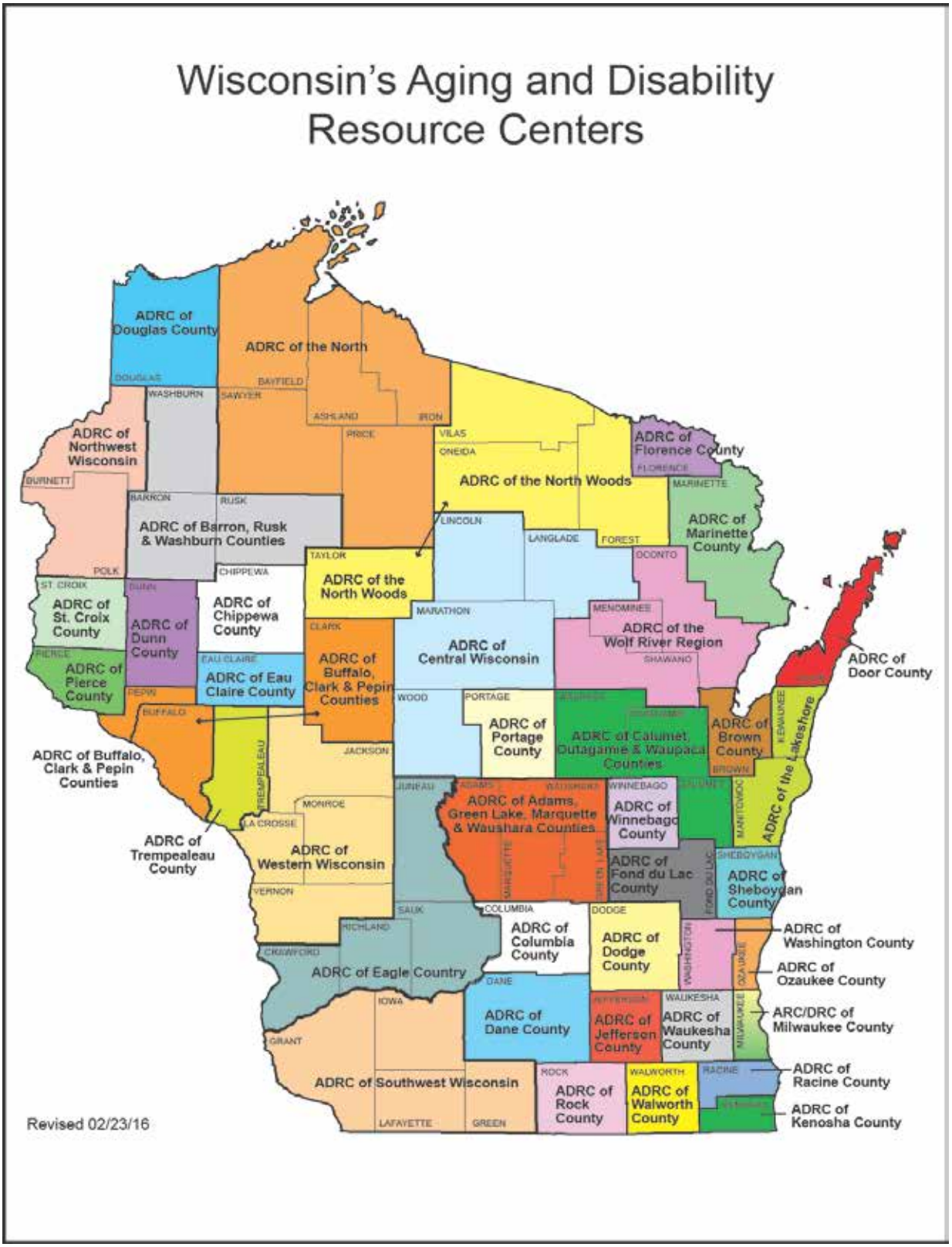
Program Name	Total Enrollment, by Program*					
	2011		2014		2016	
	#	%	#	%	#	%
Family Care	33,331	77.3%	38,008	71.6%	44,032	71.6%
IRIS	5,081	11.8%	11,543	21.7%	13,857	22.5%
Partnership	3,868	9.0%	2,912	5.5%	2,997	4.9%
PACE	836	1.9%	659	1.2%	614	1.0%
Total	43,116	100%	53,080	100%	61,500	100%

* Enrollment figures for 2011 and 2014 are as of December 31. Enrollment for 2016 is as of September 1. Both the Family Care and IRIS programs became available in more counties during this time period, while a major Partnership provider discontinued service in 2013, making Partnership less available for people selecting a program in 2016 compared to 2011.

CONCLUSION

While there is no single, direct measure of the reliability and consistency of functional screening and options/enrollment counseling provided by ADRCs in Wisconsin, all indicators point to a process that is both reliable and consistent. A variety of measures are in place to help ensure the integrity of these processes, including staff training, use of standard tools and materials, ongoing monitoring and evaluation, and testing of staff skills. By large margins, people who have been through the screening and counseling process believe that the ADRC screener obtained a good understanding of their physical abilities and limitations and that they had enough information to make an informed decision when selecting a long-term care program and provider entity. Few had second thoughts about their decisions. More objective measures also support this conclusion. Comparisons of initial eligibility screens performed by ADRCs to subsequent screens performed by Family Care MCOs and ICAs show no change in level of care for over 90% of the individuals screened. Consistent results were found in similar studies performed at different points in time. There do not appear to be significant issues with either the reliability or the consistency of the functional screening and option/enrollment counseling processes in Wisconsin ADRCs.

APPENDIX



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