

# Enrollment Counseling

## I. Introduction

Enrollment counseling, also known nationally as choice counseling, is provided to customers who have been found to be eligible for and have decided that they would like to proceed with enrollment into publicly funded long-term care. ADRC specialists providing enrollment counseling must do so in a manner that follows all policies and procedures required by the Department of Health Services, as described in detail below. ADRC specialists should not proceed with enrollment counseling until options counseling has occurred and the customer has been found both functionally eligible and financially eligible.

## II. Requirements for Performing Enrollment Counseling

### A. Participation during Enrollment Counseling

Enrollment counseling is a one-on-one consultation between the ADRC specialist and the customer and must be provided in a setting that ensures the customer's privacy. The customer may choose to invite the participation of a family member, friend, or other person acting responsibly on their behalf to participate in enrollment counseling with them. If the customer has been legally determined to be incompetent, the person authorized to sign the enrollment form must attend the enrollment counseling session. If the customer has a legal guardian, the guardian must participate in the enrollment counseling, with or without the customer present.

In order to limit the possibility of providers influencing a customer's enrollment decisions, the following individuals are prohibited from participating in enrollment counseling sessions. This includes being prohibited from participating in the session even if their sole purpose for being there is to act as a witness to the customer's signature on the enrollment form.

- Employees, spouses of employees, or representatives of a managed care organization (MCO), IRIS consultant agency (ICA), fiscal employer agency (FEA),



- Facility, agency, or other paid care provider(s).

However, if any of the above individuals are also the customer's guardian, spouse, relative, or a supporter identified in a [Supported Decision-Making Agreement \(F-02377\)](#), they may then attend enrollment counseling sessions with the customer. A Supported Decision-Making Agreement makes it possible for a person to designate trusted people to help them gather and understand information, compare options, and communicate their decisions to others. These agreements do not restrict the person's rights to make decisions.

## **B. Required Components of Enrollment Counseling**

ADRC specialists must complete all of the following components as part of the enrollment counseling process. ADRC specialists should also reference the [Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs \(P-02915\)](#) and the [Long-Term Care Programs: Enrollment and Disenrollment Resource Guide \(P-02997\)](#).

1. Explain the eligibility requirements, cost sharing requirements, and basic features of the publicly funded managed care, fee-for-service Medicaid, and self-directed support programs that are available to the individual. These options vary by county, so it is critical that the ADRC specialist be knowledgeable about the options available in their service area.
2. Ensure that information and other materials are accessible to customers with visual impairments and other communication barriers by providing the information in alternative formats and languages.
3. Review, discuss, and provide the customer with unbiased and objective information comparing covered benefits, provider networks, responsibility for coordination of care, opportunities for self-direction and choice, and other features of Family Care, IRIS, and, where available, Family Care Partnership and PACE, using only DHS-approved materials (See Section D).
4. Provide additional unbiased and objective information that is relevant to the customer's choice, using only materials developed by DHS. Provide information about the MCO provider networks and directories, quality and performance indicators, and other MCO-, ICA-, or FEA-specific details, such as location and service areas, to address the customer's interests, questions, and concerns. Provide information about program-covered medication and drug formularies for Family Care Partnership and PACE MCOs in areas where these programs are available.



5. Once the customer selects a program, review the appropriate DHS-approved MCO, ICA, or FEA [scorecard](#) with the customer and provide other objective DHS-approved information comparing the available MCO, ICA, and FEA options. Provide this information even if there is only one MCO, ICA, or FEA option available to the customer.
6. After confirming that a customer is functionally and financially eligible for publicly funded long-term care, you must provide information to the customer within five business days so the customer can use the information to make a selection among Family Care, IRIS, and, where available, Family Care Partnership and PACE; and available MCOs, ICAs, and FEAs;
7. Discuss the enrollment process and the timing of enrollment, including any potential delays, monthly cost share amounts, if applicable, and establish the customer's desired Family Care, Family Care Partnership, or PACE enrollment date.
8. Refer customers who want to pursue enrollment into IRIS to the ICA of their choice. Provide the ICA with the information necessary to complete the enrollment process, as indicated in the [Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs \(P-02915\)](#) and the [Long-Term Care Programs: Enrollment and Disenrollment Resource Guide \(P-02997\)](#).
9. Obtain a signed enrollment form from customers who decided to enroll in managed care, in accordance with DHS's [Long-Term Care Authorization, Enrollment, and Disenrollment Form Signatures Policy \(P-02923-05\)](#). Use the standard enrollment forms provided by DHS.
10. Inform the customer about their right to voluntarily disenroll from any program at any time by contacting the ADRC. Provide information about the customer's right to disenroll, the disenrollment process (see [disenrollment counseling \(P-03062-03b\)](#)), the right to appeal, the ombudsman, and other resources to assist with dispute resolution, and the opportunity to enroll in other programs for which the customer is eligible. Utilize the appropriate Next Steps publication and the Addressing My Concerns publication during this step of the process. These can be found in Section D—DHS-Approved Materials.

### C. Processing Enrollments for Managed Care and IRIS

ADRC specialists must follow the process outlined in the [Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs \(P-02915\)](#).



ADRC specialists are encouraged to utilize DHS's [Long-Term Care Programs: Enrollment and Disenrollment Resource Guide \(P-02997\)](#), which describes the roles of the different agencies responsible for providing accurate, efficient, and timely eligibility determination and enrollments into publicly funded long-term care.

## D. DHS-Approved Materials

<b>Long-Term Care Program General Information</b>	<b>Family Care</b>	<b>IRIS</b>	<b>Partnership</b>	<b>PACE</b>
<p><a href="#">Enrolling in Publicly Funded Long-Term Care Programs (P-02845)</a></p> <p><a href="#">Covered Services in Wisconsin's Long-Term Care Programs (P-00088o, P-00088oA, P-00088oB)</a></p> <p><a href="#">Key Differences between Family Care, Partnership, and PACE (P-00088J)</a></p> <p><a href="#">Key Questions: Highlighting Differences Between Options for Self-Direction in Family</a></p>	<p><a href="#">Family Care Program Enrollment Form and Instructions (F-00046)</a></p> <p><a href="#">Interdisciplinary Teams in Family Care (P-00088E)</a></p> <p><a href="#">Family Care Benefit Packages: Nursing Home and Non-Nursing Home Level of Care (P-00088P)</a></p> <p><a href="#">Non-Nursing Home Level of Care Benefit Options (P-00088Q)</a></p>	<p><a href="#">IRIS Authorization (F-00075)</a></p> <p><a href="#">IRIS Program Pamphlet (P-23205)</a></p> <p><a href="#">Tell Me More About IRIS (P-00088M)</a></p> <p><a href="#">Tell Me More About Fiscal Employer Agents (P-02930)</a></p> <p><a href="#">Next Steps – IRIS Multiple ICAs (P-00088VA)</a></p>	<p><a href="#">Partnership Enrollment Form (F-00533)</a></p> <p><a href="#">Interdisciplinary Teams in Family Care Partnership (P-00088G)</a></p> <p><a href="#">Tell Me More About Family Care Partnership (P-00088F)</a></p> <p><a href="#">Tell Me More About Self-Directed Supports in Managed Care (P-00088L)</a></p> <p><a href="#">Next Steps – Partnership (P-00088U)</a></p>	<p><a href="#">PACE Enrollment Form (F-02483)</a></p> <p><a href="#">Interdisciplinary Teams in Program of All-Inclusive Care for the Elderly (PACE) (P-00088i)</a></p> <p><a href="#">Tell Me More About Location of PACE Sites in Wisconsin (P-00088XA)</a></p> <p><a href="#">Tell Me More About Programs of All-Inclusive Care for the Elderly (PACE) (P-00088H)</a></p>

<b>Long-Term Care Program General Information</b>	<b>Family Care</b>	<b>IRIS</b>	<b>Partnership</b>	<b>PACE</b>
<p><a href="#">Care/Partnership/PACE and IRIS (P-00088N)</a></p> <p><u>Key Questions:</u>  <a href="#">Highlighting Information About Cost Share for Enrolling in Family Care or IRIS (P-0088Z)</a></p> <p><a href="#">MCO, ICA, and FEA Maps, Scorecards, and Guides (interactive webpage)</a></p> <p><a href="#">Which Long-Term Care Program is Best for Me? Family Care, Partnership/PACE or IRIS (P-00088C)</a></p> <p><a href="#">Tell Me More about Addressing My Concerns (P-00088Y)</a></p>	<p><a href="#">Tell Me More About Family Care (P-00088D)</a></p> <p><a href="#">Tell Me More About Self-Directed Supports in Managed Care (P-00088L)</a></p> <p><a href="#">Next Steps - Family Care (P-00088W)</a></p>			<p><a href="#">Next Steps – PACE (Program of All-Inclusive Care for the Elderly (P-00088X)</a></p>

## E. Enrollment Counseling for Specific Population Groups and Other Limitations

1. **Urgent Services:** In some cases, ADRC specialists may determine that an individual who is functionally eligible to enroll in Family Care, Partnership, or PACE is in need of urgent services while financial eligibility is pending. When this occurs, the ADRC shall inform the customer, prior to referring them to an MCO for urgent services, that in the event they are found to be ineligible for publicly funded services, they will be liable for the cost of care management and any other services provided by the MCO while financial eligibility had been pending. The ADRC shall obtain the customer's signature on the [Urgent Services Agreement \(F-02140\)](#) to indicate acceptance of this responsibility before making the referral to the MCO. For additional information regarding this process, refer to the [Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs \(P-02915\)](#) and the [Long-Term Care Programs: Enrollment and Disenrollment Resource Guide \(P-02997\)](#).
  
2. **Incarcerations:** When an individual who is residing at a correctional facility, institution, state center, or secure treatment facility would like help to enroll in a publicly funded long-term care program, the ADRC will receive the [Facility Referral to ADRC/Tribal ADRCs for Publicly Funded Long-Term Care \(F-02500\)](#). ADRCs are encouraged to utilize DHS's [Guidance for Enrolling Individuals who are Being Released from a Department of Corrections or Department of Health Services Institution or Treatment Center into Publicly Funded Long-Term Care \(P-02009 20-12\)](#), which describes the process for eligibility determination and enrollment. If the individual chooses to enroll in a publicly funded long-term care program, the ADRC specialist shall obtain the customer's signature on the [Pre-Release Enrollment Agreement \(F-02702\)](#) to indicate the customer's acceptance of this responsibility before referring the customer to an MCO or ICA.
  
3. **Money Follows the Person (MFP):** In order to be eligible for federal MFP funding, a customer must meet the following eligibility criteria:
  - Pre-Transition Eligibility Criteria
    - The individual must have resided in a qualifying institution for at least 60 days. Medicare skilled rehabilitation days cannot be included in the 60-day period, but Medicare skilled nursing days can be counted.
    - Qualifying institutions include skilled nursing facilities, intermediate care facilities for individuals with intellectual disabilities, and institutions for mental disease if paid by Medicaid.
    - The individual must receive Medicaid benefits for institutional services for at least one day prior to transitioning from the facility or institution.
    - The ADRC Specialist is not responsible for determining whether or not the customer will reside in the institution for 60 days or more. The ADRC should complete the form for any person residing in an institution

and submit the form to DHS as described below. The length of residence and the living arrangement the person relocates to will be determined by the MCO or ICA.

- **Long-Term Care Eligibility**  
The person must meet Family Care, Partnership, PACE, or IRIS functional eligibility at the nursing home or non-nursing home level of care.
- **Eligible Living Arrangement**  
The individual must relocate to an eligible living arrangement to qualify for MFP. Eligible living arrangements include:
  - A house owned or leased by the individual or individual's family member.
  - An apartment with an individual lease and where the individual or individual's family has domain and control.
  - An adult family home where no more than four unrelated individuals reside.
  - Certain residential care apartment complexes (RCACs) where an individual has a separate key to the apartment and signs a lease separate from the service agreement.
  - The ADRC Specialist is not responsible for determining whether or not the customer will move to an eligible living arrangement. This is the responsibility of the MCO or ICA in which they choose to enroll.

The ADRC specialist is federally required to discuss the Wisconsin's Money Follows the Person (MFP) Demonstration with each resident of an institution who is enrolling in Family Care, Partnership, PACE, or IRIS. If the customer consents to participate in MFP, the ADRC specialist is required to obtain the [Informed Consent for Participation in Wisconsin's Money Follows the Person \(MFP\) Demonstration \(F-20941\)](#) participant.

The ADRC specialist is responsible for notifying DHS when a customer enrolls as an MFP participant. Send a copy of the MCO enrollment form or IRIS referral form and the MFP consent form to [MFP@wisconsin.gov](mailto:MFP@wisconsin.gov) or via fax to 608-221-6594. This is in addition to sending the enrollment materials to the customer's selected MCO, ICA, or FEA.

4. **SSI HMO:** If an ADRC specialist learns—through the customer or when viewing the iC functionality tab in ForwardHealth interchange (FHiC)—that the customer is currently enrolled in a Medicaid HMO, then the ADRC specialist must follow this procedure prior to enrolling the customer in a long-term care program:
  - If a customer requests an enrollment date for the first of the following month, the ADRC specialist will enter the enrollment date in FHiC, via the enrollment wizard, up to the last day of the month prior to the actual enrollment date.
  - The enrollment date must be the first of the following month or later. The FHiC enrollment wizard will automatically end the HMO the last day of the month prior to the enrollment date.



- If a customer has an immediate need that impacts their health or safety a mid-month enrollment date into Family Care, Partnership, or PACE, then the ADRC specialist will send the following to the assigned regional quality specialist (RQS):
    - The reason why the enrollment cannot be delayed until the first of the following month;
    - And the customer's name, date of birth, and member ID.
    - The RQS will notify the ADRC specialist when the enrollment can be entered into FHiC.
5. **Youth Transition:** ADRC specialists assisting youth in transition to adult programs and services must be aware that enrollment into an adult long-term care program cannot occur prior to an individual's 18th birthday or no later than the first of the month following their 18<sup>th</sup> birthday. The ADRC specialist must work with children's program staff to ensure the disenrollment from any children's long-term care programs and enrollment in adult long-term care programs is coordinated. ADRC specialists will indicate on the enrollment or referral form that the person is currently enrolled in a children's long-term care support (CLTS) waiver, along with the CLTS worker's name and contact information.

DHS-approved materials for use in working with youth in transition include:

- [Living My Dream Brochure - Partnership, Family Care, and IRIS \(P-00418A\)](#)
  - [Living My Dream - Partnership, Family Care, and IRIS Manual \(P-00413A\)](#)
6. **FEA/ICA Conflict:** ADRC specialists providing enrollment counseling to customers who select the IRIS program should be aware of the limitation regarding enrollment in First Person Care Consultants (ICA) and iLIFE (FEA). These agencies are owned by the same company; therefore, an individual may not be enrolled with both of these agencies simultaneously. ADRC specialists should be prepared to explain this conflict to customers in areas that First Person Care Consultants (ICA) serves. Information about the conflict of selecting First Person Care Consultants (ICA) and iLIFE (FEA) is noted on the [FEA scorecard](#).
7. **Institute for Mental Disease (IMD):** ADRC specialists should be aware that an individual between the ages of 21 and 65 must be disenrolled from a long-term care program if admitted to an IMD for more than one day, unless they are receiving residential substance use disorder treatment in the IMD, or they were IMD residents immediately prior to turning age 21.



The ADRC may re-enroll the individual upon receiving a request from the individual, MCO, ICA, or facility. The enrollment date may not occur prior to discharge, enrollment counseling, and signing of the enrollment or referral form. ADRC specialists should consult the [Medicaid Eligibility Handbook](#) for rare exceptions to the re-enrollment criteria.

8. **Program of All-Inclusive Care for the Elderly (PACE):** ADRC specialists working in counties where PACE is offered (Kenosha, Milwaukee, Racine, and Waukesha counties) should be aware of the nuances for eligibility.

PACE is an innovative model that provides a range of integrated preventative, acute care, and long-term care services to manage the often complex medical, functional, and social needs of the frail elderly. PACE was created as a way to provide an individual, their family members and caregivers, and professional health care providers the flexibility to meet a person's health care needs while continuing to live safely in the community.

To participate in PACE qualified individuals must:

- Be age 55 years or older;
- Reside in a county where PACE is available;
- Have an ability to live safely in a community setting at the time of enrollment; and
- Meet a nursing home level of care as determined by the long-term care functional screen.

Although customers may be functionally eligible, unlike other publicly funded long-term care programs, it is unnecessary to be financially eligible for Medicaid. ADRCs are expected to complete an initial long term care functional screen for any individual interested in participating in PACE, that meet the above criteria, even if they are not financially eligible for Medicaid.

## F. Documentation in Client Tracking System

<b>ENROLLMENT COUNSELING CLIENT TRACKING OUTCOME</b>	
Encounter(s)	<ol style="list-style-type: none"> <li>1. The customer is found functionally and financially eligible. For PACE, financial eligibility does not apply.</li> <li>2. The ADRC provides information to educate the customer about publicly funded long-term care programs using materials developed by DHS.</li> <li>3. The ADRC confirms that the customer wants to enroll in a publicly funded long-term care program.</li> <li>4. The ADRC discusses all of the long-term care programs available in the county where the customer resides.</li> <li>5. The ADRC discusses the MCO or ICA and FEA providers available in the program that the customer selected.</li> </ol>
ADRC Outcome(s)	Provided enrollment counseling
Example of Note	Met with mother to provide information about publicly funded long-term care programs. Explained differences between Family Care and IRIS programs. Mother would like to proceed with self-direction and selected IRIS. Reviewed ICA and FEA scorecards. ICA and FEA selected. Completed referral form. No additional follow-up with customer or mother needed from the ADRC at this time.

## III. Collaborating with other Aging and Disability Programs

### A. Options Counseling

In order to identify if a customer is eligible for and interested in enrollment counseling, options counseling must occur. In most ADRCs, the staff that provide options counseling are the same staff that determine eligibility and provide enrollment counseling for publicly funded long-term care programs.



## **B. Disenrollment Counseling**

At times, customers may wish to disenroll from their current program and enroll in a new program. In these situations, the ADRC will begin by providing disenrollment counseling to the customer. Through disenrollment counseling, the ADRC may identify that the customer is interested in enrolling or being referred to a different publicly funded long-term care program. If the customer is still eligible, then staff would provide enrollment counseling.

## **C. Functional Eligibility Determination**

In order to provide enrollment counseling, the ADRC must complete functional eligibility determination. In most ADRCs, the staff that provide functional eligibility determination also provide enrollment counseling.

## **D. Financially Eligibility Determination**

In order to provide enrollment counseling, a customer must be determined financially eligible. The ADRC does not determine financial eligibility; however, it may assist in the application process. It is important to note that PACE does not have financial eligibility requirements like all other publicly funded long-term care programs.

## **E. Advocacy**

The ADRC must be knowledgeable about customer rights, appeal processes, and advocacy resources. As part of the enrollment counseling process, staff should provide customers with information about these topics.

# **IV. Operational Policies and Procedures**

## **A. Statutory and Other References**

[Wisconsin Statute § 46.283](#)

[Wisconsin Administrative Code – DHS Chapter 10](#)

[CFR 42 Chapter IV](#)



[Medicaid Managed Care Rule](#)

[1915 \(b\) waiver](#)

[1915 \(c\) waiver](#)

[Family Care, Partnership, and PACE Contracts with MCOs](#)

[IRIS Work Instructions \(P-00708A\)](#)

[Medicaid Eligibility Handbook](#)

## **B. Agency Requirements**

DHS prohibits ADRCs from being co-located in the same building as an MCO, ICA, or FEA. Co-location with any of these entities creates the appearance of a conflict of interest. DHS also prohibits staff who perform any eligibility and enrollment duties to be co-located with entities contracted to provide care management services for a MCO, ICA, or FEA. If any of the agencies move into the same building as an ADRC, the ADRC must notify DHS within three business days.

An agency representative is not allowed to provide agency services to customers if they are:

- Related to the customer by blood or marriage or related to any paid caregiver of the customer
- Financially responsible for the customer.
- Empowered to make financial or health-related decisions on behalf of the customer.
- Hold financial interest in any entity that is paid to provide care for the customer.
- Serve in a policy of decision-making position for any entity that provide or could provide direct services to the customer.

ADRCs must establish mitigation plans for any staff person or board member that is dually employed with an entity that may have a relationship with the agency, such as a long-term care provider or health care provider. The ADRC must make the mitigation plan available to DHS upon request. Mitigation plans must be reviewed and approved by the ADRC's governing board chair and a designated county or tribal official, such as local corporation counsel.



The ADRC must provide information on the informal and formal processes for resolving grievances regarding the ADRC, MCO, ICA, FEA, or other long-term care or health care program or provider. This information must include whom to contact if the person has a problem with the ADRC, MCO, ICA, FEA, or other program, provider, or service.

ADRCs will refer to DHS's [Enrollment and Disenrollment Resource Guide \(P-02997\)](#) for details regarding each agency's responsibility in the enrollment process for publicly funded long-term care. ADRCs will participate in the DHS's annual review and revisions of the [Enrollment and Disenrollment Resource Guide \(P-02997\)](#) and the [Enrollment and Disenrollment Process Desk Aid for Publicly Funded Long-Term Care Programs \(P-02915\)](#).

Employees of the ADRC and any of its subcontractors who provide information and assistance, options counseling, benefits counseling, long-term care functional screening, enrollment counseling, or other professional responsibilities will have a Bachelor of Arts or Science degree or a license to practice as a registered nurse in Wisconsin. In addition, they must have the equivalent of at least one year of full-time experience in a health or human services field, working with one or more of the client populations served by the ADRC. Qualifying work experience may be paid or unpaid and may include internships, field placements, and volunteer work.

The ADRC must obtain [approval](#) from DHS for candidate's that do not meet the minimum education and experience requirements prior to making a job offer to a candidate.

## C. Supervision

ADRC supervisors that oversee staff that perform enrollment counseling are responsible for:

- Mitigating conflicts of interests and perceived conflicts of interest that are brought to them by the staff.
- Ensuring that staff are using only DHS-approved materials for enrollment counseling.
- Ensuring timely completion and submission of the [ADRC/Aging/Tribal User System Access Request form \(F-02000\)](#) for new staff.
- Ensuring timely completion and submission of the [ADRC/Aging/Tribal User System Access Request form \(F-02000\)](#) for staff that have resigned or been terminated from their position; or are no longer performing job duties that require access to certain systems.



ADRC supervisors are encouraged to provide regular feedback to their staff on how well they are performing enrollment counseling. This can be done using the [Enrollment Counseling Feedback Tool and Instructional Guide \(p-01068\)](#). This is not required but is a useful tool for both staff and supervisors.

Maintaining relationships with the MCOs and ICAs that serve the same geographic area as the ADRC is important and encouraged. Supervisors may choose to hold regular meetings with these agencies to discuss processes and other workflows.

## **D. Allowable Funding Sources and Expenses**

[ADRC \(P-03062-16\)](#)

## **E. Policy Requirements**

[Conflict of Interest \(P-02923-03\)](#)

[Long-Term Care Authorization, Enrollment, and Disenrollment Form Signatures Policy \(P-02923-05\)](#)

[Appeal Policy for Adverse Benefit Determinations \(P-02923-01\)](#)

[Complaint and Grievance \(P-02923-02\)](#)

[Confidentiality \(P-02923-06\)](#)

## **F. Training and Certification Requirements**

Knowledge of long-term care resources, programs, and supports is critical to the professional responsibility of enrollment counseling. Staff providing enrollment counseling are strongly encouraged to complete the following modules in the [Learning Management System](#):

- ADRC Orientation



- ADRC Specialists Initial Training
- Motivational Interviewing

The Office for Resource Center Development and other aging and disability network partners regularly offer training and continuing education opportunities that are beneficial to staff who provide options counseling. Staff are strongly encouraged to participate in the following opportunities:

- In-person or online training opportunities for staff
- ADRC skills training
- Professional conferences, such as the Aging and Disability Network Conference

An up-to-date schedule of trainings can be found on the [ADRC Calendar of Events](#).

## G. Reporting and System Requirements

All ADRC staff that provide enrollment counseling are required to complete 100% time and task reporting for federal Medicaid administrative claiming.

In order to enroll customers into publicly funded long-term care programs, ADRC staff will need to be able to access the ForwardHealth system. This system will also be used as a tool to gather information, when needed, about customer eligibility in other programs such as SSI HMOs. Instructions about how to request access to the ForwardHealth system is available in the [ADRC/Aging/Tribal User System Access Request: Form Instructions \(F-02000\)](#). Staff will also need to have access to CARES with read-only rights to be able to view progress with the Medicaid application process. Instructions about how to request access to CARES is available in the [ADRC/Aging/Tribal User System Access Request: Form Instructions \(F-02000\)](#).

## V. Additional Resources and Tools

[Enrollment into Publicly Funded Long-Term Care – Results of 2016 Survey](#)

