OPEN MEETING MINUTES

Instructions: F-01922A

Name of Governmental Body: Wisconsin Long Term Care Advisory Council (LTCAC)			Attending: Audra Martine, Audrey Nelson, Beth Swedeen, Christine Witt, Cindy Bentley, Dennise Lavrenz, Janet Zander, John Sauer, Kenneth Munson, LaVerne Jaros, Lea Kitz, Shanna Jensen, Stacy Ellingen, Shakita LaGrant, Beth Fields, Michael Bruhn, Jason Glozier
Date: 5/10/2022	Time Started: 9:30 a.m.	Time Ended: 2:11 p.m.	
Location: Virtual Zoom Meeting			Presiding Officer: Curtis Cunningham and Carrie Molke

Minutes

Members absent: Denise Pommer, Elsa Diaz Bautista, Stephanie Birmingham

Others present: Brenda Bauer, Carrie Molke, Curtis Cunningham, Kevin Coughlin, Christian Moran, Jie Gu, Margarita Northrop, Julia Nagy, Shelly Glenn, Kimberly Schindler

Meeting Call to Order, presented by Curtis Cunningham

- Went over meeting processes.
- Approval of March 2022 Meeting Minutes
  - Request to edit third bullet under State of Assisted Living by Lea Kitz.
  - Motion to approve revised minutes by Dennise Lavrenz. Seconded by Janet Zander. Unanimously approved.

Honoring Heather Bruemmer – Her Life and Legacy

- Board members shared memories of Heather and her contributions to the citizens of Wisconsin.

Division of Medicaid Services (DMS) Updates, presented by Curtis Cunningham

- Starting to look at public health emergency (PHE)/pandemic unwinding. In addition to starting up eligibility reviews, many of the flexibilities that were enacted during COVID via disaster SPAs, 1135 waivers and K waivers will expire at the end of the PHE. Work will be starting on updating policies and procedures that include these PHE flexibilities. Due to the public health emergency (PHE), we have not been disenrolling individuals. The goal for DHS is if an individual is found no longer eligible for Medicaid, there is a smooth transition to assure people do not go without health insurance.
- EVV status remains the same.
- HCBS Setting Rule Statewide Transition Plan needs to be completed by March 2023. CMS will be conducting site visits in June of heightened scrutiny settings.
- Lots of work with ARPA is happening. Updates will be provided this afternoon.
- ***Council Suggestions:***
  - Would like an update on HCBS rate setting work.
  - Provide an update on the third-party evaluation of the LTC system and how it will consider all these ARPA project initiatives.

Division of Public Health (DPH) Updates, presented by Carrie Molke

- **Adult Protective Services**
  - Hosting APS conference September 28-29 at the Wilderness in the Wisconsin Dells.
  - Work has started on ARPA Initiative #9 to build system to replace WITS. Vendor has been secured and business requirements are being written. Gathering feedback from APS staff and other stakeholders so we build a system that works for everyone.

- BADR has historically had two APS staff that spend majority of time doing 1:1 consultation with county APS staff. Have hired new contract staff to work on more systemic issues. Started with survey to counties on training needs. Now working on building out these trainings.
- National partners have been developing materials for elder abuse awareness campaign. Currently reviewing these materials to determine if we want to join the campaign.
- Working on guides to help inform APS work. Starting with basic roles of the county, APS staff, MCOs, etc. Hope to include guidance when an investigation is in a facility.

- **Social Isolation and Loneliness**
  - Hired a coalition coordinator and the coalition has been meeting.
  - There are currently four sub-groups, but now added a fifth on health equity. This subgroup will support the work of the other groups.
  - Connected with the director of the Office of Children's Mental Health. They also have a coalition that has identified social isolation as a key priority. Looking at ways to integrate the work and look to intergenerational programming.
- **Aging Plan**
  - Submitted to ACL for review. Will be out for public comment soon. Trying public comment in a survey format hoping to facilitate more public feedback.
  - Many of the regulation of the Older American Act have not changed since 1988. ACL is opening the law for changes, deletions, additions, etc. ACL is seeking input from partners. Looking into how Wisconsin can have a voice in this process.
- **Integrating the Arts**
  - Looking at ways to integrate the arts into public health for elders and people with disabilities. Rhode Island developed a plan and did evidence-based work around how art interventions can have a positive impact on mental health. Arts and Health: Department of Health (ri.gov)
- ***Council Suggestion:***
  - When working APS data system, please review protective placements. There is not consistency amongst the counties in this area and guidance is needed.

General ARPA Updates

- Section 9817 of ARPA gives qualifying states a temporary 10% increase to their federal matching percentage on specific home and community-based services from April 1, 2021, through March 31, 2022. The Wisconsin Department of Health Services (DHS) applied to use ARPA funds to strengthen our HCBS programs, address direct care workforce issues, and develop strategies to delay the need for long-term care. There are 9 initiatives under ARPA with updates. More information can be found on the DHS webpage at: American Rescue Plan Act: Extra Funding for Home and Community-Based Services | Wisconsin Department of Health Services
  - 1. Medicaid HCBS Rate Reform
    - HCBS rate increase – complete
    - Establish rates for HCBS
      - Workgroup is just starting to meet on this project.
    - Tiered payment rates for SHC and PC
  - 2. Direct Care Workforce Reform and Analysis
    - Staff stability survey
      - Occurring now. Intended for agencies that provide services to I/DD population. Surveys due by June 30th. Hopeful many providers complete so we have robust data to analyze.
      - Working with Advancing States to create a similar survey for other populations. We could do our own, but then we lose comparability across states. Hoping to be part of pilot for national one.
    - Direct care professional certification and registry

        - Connect to Care Jobs
            - Website that connects job seekers to employers across health care and residential services. Would like to expand the platform to everything workforce related: directories, data, dashboards. Still visionary stage at this point. Workgroup will reach out to stakeholders for feedback as this project proceeds.
    - 3. Grant Opportunities
        - Hoping to finalize vendor contracts soon, then we should be able to start getting the actual grants out quickly.
    - 4. Tribal LTC Enhancements
        - Currently working with CMS on what is allowable for tribal housing.
        - Funding ADRS positions for each tribe.
    - 5. Independent Living Pilot
        - In process of finalizing concept paper. Team has been seeking input from stakeholders to create a concept of what this initiative will look like. Trying to make program as simple as possible. Anticipate it could be up to a year until individuals would be enrolled as we need to determine eligibility, enrollment, care coordination, billing, etc. Also need to consider how we transition this program as ARPA funding is time limited. Also intend to have robust evaluation built in so we can look to sustain the program into the future.
    - 6. ADRC Modernization
        - Virtual ADRC
        - Guardianship training (newly added project)
    - 7. No Wrong Door – Supporting Kids Together
        - Marketing for families with children with special needs
        - Web based portal for resources
    - 8. Assisted Living Reporting, Assessment, and Certification
        - 1-2 Bed AFH Certification Tool
        - HCBS Review System
        - Facility Assessment Tool
        - Assisted Living Resident Assessment System
    - 9. Adult Incident Reporting System
        - Vendor has been selected; workgroup is developing business requirements.
- CMS has heard from many states that the timeline to expend ARPA funding is too short. CMS has indicated that guidance may be released in the next few weeks to give some states flexibility on the timeline. Once we have this guidance, it will inform preparing for the biennial budget requests. We will need to consider how to sustain these projects once ARPA funding has been exhausted.
- ***Council Suggestions:***
    - For independent living pilot, consider looking at specific issues (incontinence, falls, inability to care for their home) contributing to the person's need for assistance.

Member Satisfaction Survey Results, presented by Jie Gu

- Presentation of satisfaction survey results for Family Care, Family Care Partnership, PACE and IRIS. This is not a risk-adjusted survey so there will be differences in population and acuity distribution, which can affect how people respond. This survey is not intended to compare satisfaction across programs.
- ***Council Suggestions:***
    - If statistical significance can be retained, suggest breaking the data down further by living arrangement, race, ethnicity, and gender.
    - Consider asking more specific personal experience questions such as the final care plan is reflective of discussions with care team; the care plan is stable, etc.
    - A similar survey should be done regarding enrollment counseling at ADRCs.

- BADR has been conducting ADRC customer satisfaction surveys for a long time. These are done approximately every two years but did not occur with COVID. BADR will share results with the LTCAC when completed in the future.

Public Comment

- No public comments.

State Health Assessment (SHA) and State Health Improvement Plan (SHIP), presented by Margarita Northrop and Julia Nagy

- Presentation of SHA and SHIP process and emerging themes thus far in the process.
- ***Council Suggestions:***
  - Are LTC issues included in these priorities?
    - LTC issues are subsumed into the broader categories. Healthy aging, discrimination, affordable housing, social connectiveness, employment, and community-based resources were all important to older adults and people with disabilities. Therefore, partnering with others in the LTC system is so important as we develop strategies for these areas.
  - Consider sharing more specific information on who provided the input, such as demographics, the geographic areas represented, etc.

Council Business, presented by Carrie Molke

- Next meeting July 12, 2022
- Suggested topics for future meetings:
  - Assisted living data
  - Workforce strategies
  - Impact of transportation on the LTC population
  - Looking to the future and different, innovative ways to deliver LTC services (Long-Path Charge)
  - Lessons learned from the pandemic: what worked, what do we still need to work on, how can we prepare for a future event.

Prepared by: Kimberly Schindler on 5/11/2022.

These minutes are in draft form. They will be presented for approval by the governmental body on: 7/12/2022

2023
ADRC SCOPE OF SERVICES
PROPOSED REVISIONS

July 12, 2022

PRESENTATION OPPORTUNITIES

Input on Draft

- ADRCs on April 27
- WCHSA Long-Term Care PAC on June 2

Present Final Draft

- LTCAC on July 12
- WCHSA Long-Term Care PAC on August 5
- ADRCs on August 24

LTCFS FOR PRIVATE PAY CARE MANAGEMENT

Current

The ADRC must conduct the long-term care functional screen (LTCFS) for private pay customers interested in purchasing care management or other services from the MCO or upon request from the income maintenance consortium to start the clock on asset assessments.

Proposed

The ADRC must conduct the long-term care functional screen (LTCFS) for private pay customers interested in purchasing care management or other services from the MCO, private pay PACE members, or upon request from the income maintenance consortium to start the clock on asset assessments.

ADRC DIRECTOR FTE REQUIREMENT

Current

An ADRC must have a single director whose position is dedicated to the ADRC, with at least 50% of the director's time spent on ADRC or integrated ADRC-Aging operations and management activities, and who has the responsibilities described in the ADRC operations manual, 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.

Proposed

An ADRC must have a single director whose position is dedicated to the ADRC, with at least .5 FTE dedicated to ADRC or integrated ADRC-Aging operations and management activities, and who has the responsibilities described in the ADRC operations manual, 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.

QUALITY ASSURANCE AND IMPROVEMENT

Current

The current Quality Improvement section includes references to Aiming for Excellence as a Department approved method for QI activities.

Proposed

Revised to align with administrative code requirements. Removed references to Aiming for Excellence and instead outlines that continuous quality improvement projects will include all of the following:

i. Measuring performance.
ii. Implementing system interventions.
iii. Evaluating the effectiveness of the interventions.
iv. Planning for sustained or increased improvement in performance based on the findings of the evaluation.

ORGANIZATIONAL INDEPENDENCE

Current

The ADRC must be organizationally separate and independent from any managed care organization (MCO), IRIS consultant agency (ICA) or fiscal employer agency (FEA) and must meet all state and federal requirements for organizational independence from any MCO.

Proposed

The ADRC must be organizationally separate and independent from any managed care organization (MCO), IRIS consultant agency (ICA) or fiscal employer agency (FEA) and must meet all state and federal requirements for organizational independence from any MCO per 42 CFR 438.810. In order to meet federal requirements and assure federal financial participation in funding of the family care benefit, an entity may not directly operate both an ADRC and a MCO per Wis. Stat. 46.285.

NEW

ADRCs making significant changes to their administrative framework must report these changes to DHS in advance of the change taking place. Changes that must be reported include any of the following:

- Organizational placement of the ADRC within county government.
- Organizational placement of another county department within the ADRC (i.e. Aging integration).
- Changes to the program areas that the ADRC Director is responsible for managing that fall outside of this scope.
- Changes in the composition or structure of the governing board.

ADRCs must report these changes to their assigned regional quality specialist no less than 60 days in advance.

CLARIFICATIONS AND UPDATES

Replace references to ‘mental illness’ to ‘mental health disorders’
Add ‘only DHS approved materials can be used for disenrollment counseling’ to mirror the language for enrollment counseling.
Moved ‘Emergency Preparedness and Response’ from core services to organizational and procedural standards.
Clarify that short-term service coordination requirements do not apply to DCS, EBS, or DBS.
Rename ‘Organization of the ADRC’ to ‘Administrative Framework’ to align with naming in other documents.

SCOPE OF SERVICES

FOR THE

AGING & DISABILITY RESOURCE CENTER GRANT AGREEMENT

WITH THE

WISCONSIN DEPARTMENT OF HEALTH SERVICES DIVISION OF PUBLIC HEALTH

JANUARY 1, 2023~~2~~2 – DECEMBER 31, 2023~~2~~2

Aging and Disability Resource Center Contract Agreement
Scope of Services

Table of Contents

ADRC Contract Scope of Services

For the Grant Agreement between the Department of Health Services and the Aging & Disability Resource Center

I. INTRODUCTION

A. Authority and Purpose

The Aging and Disability Resource Center (ADRC) contract scope of services describes the Department of Health Services (DHS) requirements for the services provided by, the organization of, and the procedures performed by ~~Aging and Disability Resource Centers (~~ADRCs~~)~~.

ADRCs are authorized under Wisconsin Statute §46.283 and subject to the requirements contained in Chapter DHS 10 of the Wisconsin Administrative Code.

B. Mission and Role of the ADRC

1. Mission

To provide older adults and people with physical disabilities or intellectual disabilities the resources needed to live with dignity and ~~security, and~~security and achieve maximum independence and quality of life. The goal of the ADRC is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.

2. Role of the ADRC

ADRCs provide a central source of reliable and objective information about a broad range of programs and services. They 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 programs which includes Family Care, IRIS, and, where available, Family Care Partnership and PACE.

ADRC services are available to older adults and people with disabilities regardless of income and regardless of the person's eligibility for publicly funded long-term care.

ADRC services are also available to families, friends, caregivers and others who work with or care about older people or people with disabilities. To promote use of their services, ADRCs must be physically accessible and be able to provide information and assistance in a private and confidential manner, provide a welcoming and inviting place where customers feel comfortable coming for services, be culturally competent, be able to communicate with persons of differing abilities and be available at a location preferred by and at a time convenient to individual customers.

The ADRC must provide services consistent with the DHS requirements as defined in this scope of services and the ADRC operations manual (P-03062).

C. Populations Served by the ADRC

1. Required Target Groups

ADRCs shall make their full range of services available to all ~~of~~ the following groups of individuals, including people who inquire about or request assistance on behalf of members of these groups, regardless of financial means:

- Adults age 60 or older
- Adults with intellectual or developmental disabilities
- Adults with physical disabilities

2. Services for Adults with Mental ~~Illness~~ Health or Substance Use Disorders

ADRCs must make their full range of services available to adults with mental ~~illness~~ health or substance use disorders when the individual is elderly or has an intellectual, developmental, or physical disability.

ADRCs will provide information and referral, disability benefits counseling and referral for emergency services to adults with mental health ~~illness~~ or substance use disorders who are not elderly and do not have an intellectual, developmental, or physical disability.

ADRCs may not administer the Functional Eligibility Screen for Mental Health and Substance Use Disorders or provide intake for mental health or substance use services.

D. Service Priorities and Use of Funds

1. Service Priorities

The ADRC must provide all of the core services and activities prior to using ADRC grant funds for other allowable services.

Core services and activities are those covered in Section II of this scope of services. Provision of these services by the ADRC is required in accordance with the ADRC operations manual (P-03062).

Other allowable services and activities are those covered in Section III of this scope of services~~. The ADRC may provide these services only if it is providing all of the required core services and funds and staffing permit.~~

2. Use of ADRC Grant Funds

ADRC grant funds cannot be used to pay for the provision of any service that is not authorized under this scope of services.

3. Optional Local Contributions

There is no local match or contribution requirement for this grant. ADRC grant funds provided through this grant agreement ~~may, but~~may but need not be supplemented with local tax levy at the discretion of the county or T~~t~~ribal governments.

E. Commitment to Equity and Inclusion

ADRCs empower customers to make informed choices about options to live with dignity, security, independence, and a high quality of life. In order to achieve this mission in an equitable way, ADRCs must identify and consider disparities that affect each unique customer. The ADRC

will actively work to build capacity in the space of equity and inclusion. Health equity (P-03062-19) is reflected in the mission of the ADRCs through advocacy and services provided to people who face marginalization due to ageism and ableism. ADRCs must also consider how age and ability identities intersect with additional marginalized identities (i.e. race, ethnicity, religion, T~~t~~ribal membership status, gender identity, or sexual orientation), which are not inherently part of the ADRC mission. Additionally, ADRCs will center the voices of these marginalized communities through their hiring practices and recruitment of governing board members. ADRCs will promote an inclusive environment within their staff, agency, and community.

F. Compliance with Federal and State Rules and Regulations

The ADRC must comply with all applicable federal and state statutes, regulations, and guidelines. Federal and state requirements may change throughout the duration of this grant agreement. If there is a conflict between federal and state requirements, including those in this scope of services, the federal requirements will take precedence. All ~~of~~ the services required under this scope must be provided in accordance with the ADRC operations manual (P-03062) and statewide ADRC policies (P-02923) which ~~is~~ are hereby incorporated by reference into this agreement.

II. Core Services

A. Marketing, Outreach and Public Education (P-03062-08)

ADRCs must conduct marketing, outreach, and public education ~~in order~~ to make their presence and service availability known throughout their service area. Marketing, outreach, and public education should be targeted towards those who may benefit from the services of the ADRC. Marketing, outreach, and public education must always be done in a manner that maintains the objectivity of the ADRC, remaining unbiased and avoiding any real or perceived conflicts of interest.

B. Information and Assistance (P-03062-01)

The ADRC must provide information and assistance to members of the target populations and their families, friends, caregivers, advocates, and others who ask for assistance on their behalf. Information and assistance must be provided in a manner convenient to the customer including, but not limited to, being provided in-person in the customer's home or at the ADRC office as an appointment or walk-in, over the telephone, virtually, via email, or through written correspondence.

C. Long-Term Care Options Counseling (P-03062-02)

The ADRC ~~shall~~ must provide counseling about options available to meet long-term care needs and factors to consider in making long-term care decisions. Options counseling is a person-centered interactive decision-support process that typically includes a face-to-face interactio~~n;n~~ ;it is more than providing a list of service providers or programs for people to choose among. The ADRC must provide options counseling to members of its primary client populations and their families, caregivers, and others who ask for assistance on their behalf. Long-term care options counseling must be tailored to the needs of the individual and must not attempt to persuade the individual to choose to participate in any particular long-term care setting, program or service or to withhold information about any suitable option, program or provider.

D. Dementia-Related Services and Supports (P-03062-07)

1. Dementia Care Specialist

   ADRCs are required to have at least a half-time Dementia Care Specialist(s) who provides dementia-related support and services to the ADRC, community, individuals, and families. All DCS will follow the requirements of the program as described in the ADRC Operations Manual. This includes, but is not limited to, DCS serving as a catalyst for the development and implementation of strategies to create and sustain dementia-friendly communities in the ADRC service area and providing one-on-one information, care consultation, and referrals for individuals with dementia or their family caregivers, and sustaining a dementia-~~friendly~~ capable ADRC.

   When appropriate, the ADRC will inform T~~t~~ribal members of the option to work with a T~~t~~ribal DCS and offer to make a referral to that service if it is the T~~t~~ribal member's preference.

   ADRCs ~~are required~~should develop ~~to submit~~ a Dementia Care Specialist Work Plan (F-02882) by February 1, or within three months of a new DCS starting with the ADRC, to identify goals, priorities, and guide the work for the DCS for the current contract year ~~using the template provided by DHS~~. Work plans should be sent DHS via email ~~to DHSRCTeam@wisconsin.gov~~. .

2. Memory Screens

   DCS will provide training and ongoing support to ADRC staff regarding memory screens consistent with the direction provided in the Memory Screening in the Community ~~manual~~Manual (P-01622). The DCS will also be available to provide memory screening.

3. Other Dementia-Related Services and Supports

   ADRCs may implement a variety of other dementia-related services and supports. If an ADRC identifies a dementia-related service or support that is not already described in the ADRC Operations Manual, the ADRC must consult with the DCS Program Manager and their regional quality specialist prior to implementation.

E. Preadmission Consultation and Assistance with Resident Transitions (P-03062-02a)

1. Preadmission Consultation

ADRCs must provide preadmission consultation to persons who have been referred to the ADRC by a nursing home, community based residential facility, or residential care apartment complex. The ADRC must provide preadmission consultation consistent with the customer's individual needs and preferences.

Preadmission consultation must not attempt to persuade the customer to choose a particular provider, type of service, long-term care program, managed care organization, IRIS fiscal employment agency or IRIS consultant agency.

The ADRC must provide preadmission consultation at a time and location that are convenient for the customer and, when possible, prior to the person's admission to the facility.

2. Assistance with Transitions

The ADRC must make its services available to individuals who wish to relocate to their home or community from a nursing home, assisted living facility, or other care setting.

3. Assistance with Referrals from Nursing Homes

The ADRC must serve as the local contact agency for referrals from nursing home under the Minimum Data Set, MDS 3.0 Section Q, consistent with the requirement of the Centers for Medicare and Medicaid Services (CMS) and DHS policy.

4. Assistance with Resident Transitions from Facilities that are Downsizing or Closing

An ADRC must assist in the resident transition process for residents in facilities that are downsizing or closing by responding to requests for information from the state relocation team, participating in informational meetings with residents and their representatives, and providing residents with the same services that it provides to other ADRC customers, including information and assistance, options counseling, and eligibility and enrollment related functions as described in the DHS Resident Relocation Manual. ~~at https://www.dhs.wisconsin.gov/relocation/relocationmanual.pdf~~

Provision of these services may be expedited at the direction of DHS because of the timelines required for closure, but the nature of the services provided by the ADRC are the same.

The ADRC is not responsible for coordinating the relocation process, conducting assessments, developing relocation alternatives or plans, or making arrangements for individual residents.

F. Elder Benefits Counseling (P-03062-06)

1. Access to Elder Benefit Specialist Services

The ADRC must ensure that people have access to the services of an elder benefit specialist (EBS) as defined in the Elder Benefit Counseling chapter of the ADRC operations manual (P-03062-06).

EBS may be staff of the ADRC or of another public or private organization. When an EBS is on the staff of another organization, the ADRC must have a contract, memorandum of understanding, or similar agreement with this organization that ensure ADRC customer access to the EBS.

If the EBS is headquartered in the ADRC, then the primary office of the EBS is located in the ADRC and the EBS can be reached by telephone through the ADRC.

2. Prohibited Activities

~~In order to~~To avoid potential conflicts of interest, the EBS may not perform the long-term care functional screen, SSI-E eligibility determination and certification, or any other eligibility determinations and may not provide guardianship or adult protective services.

5. Partnership with the Elder Benefit Specialist Program Attorneys

When the EBS is headquartered in the ADRC, the ADRC must partner with the EBS program attorneys who are under contract with DHS to monitor the effectiveness of the EBS program. The EBS program attorneys provide technical assistance, substantive case oversight, and

training to the EBS. The program attorneys conduct an annual performance review of each EBS and provide a written report to the local agency director. The roles and responsibilities of the local agency director in overseeing the EBS service are further defined in the Elder Benefits Counseling chapter of the ADRC operations manual.

6. Funding for Elder Benefit Specialists

Primary funding for the EBS derives from Section 46.81(2) of the Wisconsin Statutes and is allocated to the local aging unit. If the local aging unit has approved the ADRC to receive EBS program funding using form F-02716, then EBS workers must complete Time and Task reporting and EBS time must be included in the monthly adder workbook submission. ADRC grant funds may be used to cover the costs associated with an EBS only after all other EBS program-specific funding from state and local sources has been applied and when all other ADRC services required under this scope of services are provided~~.~~.

If the ADRC is physically separate from the aging unit, the ADRC may provide space, telephone, and computer access to an EBS when s/he provides services at the ADRC.

G. Disability Benefits Counseling (P-03062-05)

1. Access to Disability Benefit Specialist Services

The ADRC shall ensure that customers have access to the services of a disability benefit specialist (DBS) and that these services meet all ~~of~~ the DHS requirements for the DBS program contained in the Disability Benefits Counseling chapter of the ADRC operations manual (P-03062-05).

When appropriate and the preference of the customer, the ADRC will refer customers who use sign language to the DBS employed by the Office for the Deaf and Hard of Hearing.

When appropriate and the preference of the customer, the ADRC shall offer to refer T~~t~~ribal members to the T~~t~~ribal DBS employed by the Great Lakes Inter-Tribal Council.

2. Staff Status of Disability Benefit Specialists

A DBS may be staff of the ADRC or of another public or private organization. When a DBS is on the staff of another organization, the ADRC must have a contract with the organization that indicates that the DBS shall meet all the requirements described in the scope of services, be headquartered in the ADRC, and coordinate activities with those of the ADRC. The contract must also describe the responsibilities of the respective organizations.

3. Location of the Disability Benefit Specialist

The primary office of the DBS must be ~~located~~ in the ADRC, and the DBS must be reachable by telephone.

4. Prohibited Activities

To avoid potential conflicts of interest, the DBS may not perform the long-term care functional screen, SSI-E eligibility determination and certification, or any other eligibility determinations. Additionally, the DBS cannot provide guardianship or adult protective services.

7.. Partnership with the Disability Benefit Specialist Program Attorneys

The ADRC must partner with the DBS program attorneys, who are under contract with DHS, to monitor the effectiveness of the DBS program. The program attorneys provide technical assistance, substantive case oversight, and mandatory training to the DBS. The program attorneys also provide input to the local supervisor on the quality of the DBS work through an annual case review process.

H. Access to Publicly Funded Long-Term Care Programs and Services (P-03062-03)

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

The ADRC must assure that customers who request access to and indicate potential eligibility for publicly fund long-term care are informed about and assisted in accessing these programs, consistent with the requirements in this scope of services and with any additional direction provided by DHS, including but not limited to Wis. Admin. Code §DHS 10.31(6).

2. Provision of the Long-Term Care Functional Screen (P-03062-04a)

The ADRC must administer the initial long-term care functional screen to determine a customer's functional eligibility for managed long-term care and Include, Respect, I Self-Direct (IRIS)~~RIS~~.

Per Wis. Admin Code §DHS 10.31(6), the ADRC must determine functional eligibility as soon as practicable, but not later than 30 days from the date the ADRC receives a request or expression of interest. If there is a delay in determining functional eligibility, the ADRC will notify the customer in writing that there is a delay, specify the reason for the delay and inform the customer of their right to appeal the delay by requesting a fair hearing under Wis. Admin Code §DHS 10.55.

The ADRC must conduct the long-term care functional screen (LTCFS) for private pay customers interested in purchasing care management or other services from the MCO, private pay PACE members, or upon request from the income maintenance consortium to start the clock on asset assessments.

The ADRC will administer the LTCFS consist with the instruction in the Wisconsin Long-Term Care Functional Screen Instructions.

The ADRC will send notice of action letters to customers who request full benefits but are found to be functionally ineligible for publicly funded long-term care or eligible for limited services at a non-nursing home level of care. They will also inform them of their appeal rights using the DHS notice of action template.

3. Enrollment Counseling (P-03062-03a)

The ADRC must provide enrollment counseling, also known as choice counseling, to customers who have been found to be eligible for and are considering enrolling into publicly funded long-term care.

Enrollment counseling must be provided in a setting that ensure the customer's privacy.

DHS Materials to be used in Enrollment Counseling

DHS's federally approved SSA §1915 (b) waiver requires that only DHS approved materials be used in the enrollment process and enrollment counseling.

4. Disenrollment Counseling (P-03062-03b)

The ADRC must provide information and counseling to assist people in the process of disenrollment from a publicly funded long-term care program, whether requested by the customer or ~~by the program~~because of a loss of program eligibility~~.~~.

DHS Materials to be used in Disenrollment Counseling

DHS's federally approved SSA §1915 (b) waiver requires that only DHS approved materials be used in the disenrollment process and disenrollment counseling.

I. Access to Other Public and Private Programs and Benefits

1. Assisting Customers in Accessing Programs and Benefits

When an individual contacts, or is referred to, the ADRC and appears to be eligible for or interested in receiving public program services or benefits, the ADRC will refer the customer to the appropriate benefit specialist or the local, state, or federal agency responsible for determining the customer's eligibility~~.~~. Programs and benefits to which customers will be referred include, but are not limited to, Medicaid, Medicare, Social Security, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), SSI Exceptional Expense Supplement)SSI-E), FoodShare, v~~V~~eterans benefits, mental health services, and other public programs and benefits.

When an individual contacts, or is referred to, the ADRC and appears to be eligible for or interested in receiving private program services or benefits, the ADRC will refer the customer to the appropriate benefit specialist or the private agency responsible for determining the customer's eligibility.

The ADRC will ~~provide assistance to~~ assist customers applying for home and community based long-term care Medicaid consistent with the requirements relating to access to publicly funded long-term care.

Assistance with Medicaid applications not involving access to publicly funded long-term care will be provided as follows:

i. ADRCs do not have the primary responsibility for assisting with Medicaid applications~~.~~. The ADRC will provide customers who appear likely to be eligible or want to apply for Medicaid with basic information about how to apply for Medicaid and refer them to the appropriate agency for application assistance, eligibility determination, and enrollment~~.~~.

ii. The ADRC will assist customers with the Medicaid application when it determines that the assistance that is available from the local or regional income maintenance agency or other sources is not timely or sufficient to ensure access.

iii. The ADRC is not responsible for assisting with Medicaid applications for nursing home residents unless they are relocating to the community~~—~~.

The ADRC may perform initial SSI-E eligibility determinations and certifications for both managed care and IRIS enrollees if so directed by the county or T~~t~~ribe. If an ADRC provides initial SSI-E eligibility determinations it must inform DHS of this in its Annual Update.

The ADRC will refer customers to appropriate county or T~~t~~ribal mental health and substance use services but will not provide either eligibility screening or intake for these programs~~—~~.

J. Access to Emergency or Crisis Intervention Services (P-03062-17)

1. Recognizing and Responding to Emergencies

The ADRC must be prepared to recognize and effectively manage emergency situations~~—~~. All ADRC staff will 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 customer with local emergency services providers; and follow up as needed~~—~~.

While ADRCs are expected to recognize and respond to emergencies, they are not be emergency service providers~~—~~.

2. Connecting Individuals to Emergency Service Providers

During business hours, ADRC staff will follow protocols established by the 911 service, crisis intervention service, or other emergency resources in the community in order to ~~assure~~ ensure that customers are connected promptly with the appropriate providers of emergency services when a situation involving immediate risk is identified~~—~~.

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).

~~K.A. Emergency Preparedness and Response (P-03062-17)~~

~~The ADRC must identify and plan for its role in natural disasters and other emergencies, including its roles in emergency preparedness planning, response and recovery. This includes being knowledgeable about and participating in local incident command structure, including but not limited to those within public health and emergency management operations.~~

~~The ADRC must engage in planning activities to prevent or minimize service disruption in the event of a natural disaster or other emergencies.~~

~~The ADRC must have available the equipment necessary to operate remotely should a natural disaster or other emergencies require alternative work location(s).~~

~~With DHS approval, temporary modifications may be made to the requirements under this scope of services in the case of a natural disaster or other emergencies, including, but not limited to, service delivery and permissible uses of ADRC grant funds.~~

~~ADRC services should be considered essential. ADRCs should make efforts to identify employees and contractors necessary for the provision of these services during a natural disaster or other emergency.~~

~~L.~~K. Access to Adult Protective Services

1~~.~~. Identifying Customers Who Need Services

All ADRC staff must know the warning signs and must identify ADRC customers who may be at risk of abuse, neglect, self-neglect, or financial exploitation and who need adult protective services (APS)~~.~~.

2. Prohibition on Use of ADRC Funds to Pay for Elder Adults/Adults-at-Risk and APS Services

ADRCs that are organizationally part of county government may provide Elder Adults/Adults at Risk and APS services~~,~~ but may not use ADRC grant funds for ~~this purpose~~these services~~.~~. ADRC grant funds may not be used to pay for APS or elder adult/adults-at-risk call lines, investigations, annual reviews of protective placements (Watts Reviews), or any other elder adults/adults-at-risk or APS service that is not specifically identified in the ADRC scope of services~~.~~. Positions that have both ADRC and APS responsibilities must comply with the requirements for shared positions contained in the organizational structure section (P-03062-12) of the ADRC operations manual and the requirements of the Conflict of Interest policy (P-02923-03).

~~M.~~L. Transitional Services for Students and Youth

1. Coordination with Local Transition Planning

The ADRC will designate staff to be the contact(s) for transition planning and services and to be available to participate as needed in any local t~~T~~ransition a~~A~~dvisory c~~C~~ommittee in its service area.

~~N.~~M. Customer Rights, Advocacy, and ADRC Advocacy

1. Informing People of Their Rights and Responsibilities

The ADRC must inform customers of their rights and responsibilities, including their rights to ombudsman services, in ways that they can understand and use~~.~~. The ADRC must also provide customers DHS information, as applicable, on the rights an individual has for long-term care services and benefits, rights to self-advocate, and available independent advocacy services~~.~~.

2. Helping People Resolve Disputes and Referring Them to Advocates

The ADRC will ~~provide assistance to~~assist customers when they need help in understanding how to resolve service system disputes or violation of rights grievances~~.~~. The ADRC will link customers with appropriate advocacy resources, including, but not limited to, elder and disability benefit specialists, Board on Aging and Long Term Care Ombudsman, the Family Care/IRIS Ombudsman at Disability Rights Wisconsin, independent living centers, aging units, mental health and substance use disorder advocates, the Title VII Client Assistance Program, volunteer and peer support, and other state or local organizations that provide advocacy for older people and adults with disabilities, where available.

3. Cooperation with Client Advocates

The ADRC will cooperate with any advocate selected by a long-term care program participant, including the Board on Aging and Long-Term Care Ombudsman and the Family Care and IRIS Ombudsman Program~~.~~. Any information sharing with client advocates will be consistent with the DHS Confidentiality Policy (P-02923-06).

4. ADRC Advocacy

ADRCs will advocate on behalf of the individuals and groups who comprise their target populations when needed services are not being adequately provided within the service delivery system.

5. Lobbying

ADRCs are subject to federal restrictions on lobbying under 31 U.S.C. § 1352. In addition, state ADRC funding may not be used for lobbying activities. Lobbying activities are distinct from advocacy activities which are required of ADRCs under Wis. Admin Code ch. DHS 10 and the advocacy section (P-03062-18) of the ADRC operations manual.

~~O.~~N. Community Needs Identification

1. Identifying Unmet Needs

The ADRC will identify the unmet needs of its customer populations, including unserved or underserved subgroups within the customer populations, and the types of services, facilities, or funding sources that are in short supply~~.~~.

Results of the needs analysis by the ADRC and its governing board will be used to target the ADRC's outreach, education, prevention, and advocacy efforts.

III. Other Allowable Services

Use of ADRC grant funds to provide the services described in this section is allowed when staff and financial resources permit and all of the ADRC core services required under the terms of this scope of services and the ADRC operations manual are being provided at a level necessary to meet demand.

A. Health Promotion, Prevention, and Early Intervention Services

The ADRC will provide health promotion, prevention, and intervention services if funding and staff resources are available~~.~~. These services may include educating communities on prevention of disabling conditions; screening and other health promotion, prevention, and early intervention events and activities as part of its marketing, outreach, and public education program; or the

provision of evidence-based or other health promotion, prevention, and early intervention programs and activities~~:~~.

ADRCs may use Older Americans Act and other alternative funding sources to support its health promotion, prevention, and intervention activities, so long as these do not create a conflict of interest or appearance of bias.

B. Short-Term Service Coordination

ADRCs will provide short-term service coordination to the extent that financial and personnel resources permit and when its provision does not interfere with the ADRC's ability to provide all other services required under this scope of services, consistent with the DHS Short-Term Service Coordination Policy (P-02923-04).

Subject to the limitations described above, short-term service coordination will be provided to assist customers and their families in managing complex and immediate needs when the customer cannot manage the situation, other ADRC services are insufficient to deal with the situation, and the person cannot be enrolled into a publicly-funded long-term care program~~:~~. Through short-term service coordination, the ADRC will address the immediate concern, attempt to stabilize the customer's situation, and either enable the customer to manage on their own or set them up with the needed support.

The short-term services coordination requirements and policy do not apply to the Dementia Care Specialist. Elder Benefit Specialist, and Disability Benefit Specialist programs.

C. Other(s) as reviewed and approved by DHS

ADRCs may identify programs or services that meet a specific need in their community, including but not limited to, addressing issues of service access and health equity. To the extent that financial resources and personnel resources exist, ADRCs may submit a proposal to their regional quality specialist for review and consideration.

V. Organizational and Procedural Standards (P-03062-12)

A. ADRC Name

The ADRC must use the name approved in their application by DHS.

B. Director

1. Single Director

An ADRC must have a single director whose position is dedicated to the ADRC, with at least ~~50% of the director's time spent~~.5 FTE dedicated to ~~on~~ ADRC or integrated ADRC-Aging operations and management activities, and who has the responsibilities described in the ADRC operations manual, regardless of whether the ADRC serves a single county or T~~t~~ribe or a multi-county or T~~t~~ribal region and regardless of what title the position is given.

2. Director Qualifications

The director must have a Bachelor of Arts or Science degree and at least one year of experience working with one or more of the client populations of the ADRC~~:~~. In addition, the director must have thorough knowledge and understanding of:

a. The mission and values of the ADRC;
b. The principles of customer service;
c. All of the target populations served by the ADRC;
d. The requirements for ADRCs contained in this scope of services;
e. The functions and procedures of the ADRC; and
f. The budget process, financial management, personnel process, principles of supervision, and other key management functions.

C. ~~Organization of the ADRC~~Administrative Framework

1. Overall Organization

The organization of the ADRC must support the independent identity of the ADRC. Staffing levels, responsibilities, and lines of authority within the ADRC must be clear, understandable, and support the mission of the ADRC.

2. Organization Chart

The ADRC must maintain organizational charts that describe its organizational structure, areas of responsibility, and reporting relationships~~.~~. The organizational charts ~~shall~~ will describe the placement of the ADRC within any larger organization of which it is a part and the ADRC's relationship to its governing board.

3. Organizational Independence from Managed Care Organization, IRIS Consultant Agency, or Fiscal Employer Agency

The ADRC must be organizationally separate and independent from any managed care organization (MCO), IRIS consultant agency (ICA) or fiscal employer agency (FEA) and ~~shall~~ must meet all state and federal requirements for organizational independence from any MCO per 42 CFR 438.810. In order to meet federal requirements and assure federal financial participation in funding of the family care benefit, an entity may not directly operate both an ADRC and a MCO per Wis. Stat. 46.285.

4. Reporting Changes to DHS

ADRCs making significant changes to their administrative framework must report these changes to DHS in advance of the change taking place. Changes that must be reported include any of the following:

- Organizational placement of the ADRC within county government.
- Organizational placement of another county department within the ADRC (i.e. Aging integration).
- Changes to the program areas that the ADRC Director is responsible for managing that fall outside of this scope.
- Changes in the composition or structure of the governing board.

ADRCs must report these changes to their assigned regional quality specialist no less than 60 days in advance.

D. Staffing (P-03062-12)

1. Sufficient Staffing

The ADRC must have sufficient staff to provide all required services. Staffing at the ADRC must be at an appropriate level to meet the needs of customers around expected business hours.

2. Staffing Plan

The ADRC must develop and maintain a staffing plan that describes how it is staffed to meet the requirements of this scope of services, including:

a. The functions of the various staff positions;
b. The qualifications of employees in those positions;
c. Any functions the position performs in addition to its ADRC responsibilities, together with the source of funding for performance of those functions;
d. The percent of each position's time devoted to its different responsibilities; and
e. The number of full-time equivalent positions (FTEs) devoted to each function.

The staffing plan will identify any positions and services that are subcontracted by the ADRC and indicate where these positions are located. The plan is intended for the ADRC's use and need not be submitted to DHS for review and approval, but will be made available to DHS upon request.

3. Maintaining Expertise

The ADRC is responsible for maintaining knowledgeable staff. The ADRC must adequately staff the organization to ensure the expertise required for the provision of quality services and to foster a consistent public and organizational identity for the ADRC.

a. Full-Time Information and Assistance Position. The ADRC ~~shall~~ must have at least one full-time position, wholly within the ADRC, which provides information and assistance as its primary job responsibility. This position may also provide options counseling, eligibility and enrollment functions.

b. All staff that provide options counseling must successfully complete required DHS training and certification for options counseling.

~~b.~~c. At a minimum, one Elder Benefit Specialist (EBS) position ~~shall~~ must be full-time consistent with DHS standards for the EBS program.

~~c.~~d. At a minimum, each ADRC will staff at least one half-time Disability Benefit Specialist (DBS).

~~d.~~e. At a minimum, each ADRC will staff at least one half-time Dementia Care Specialist per county in the ADRC's service area.

f. At a minimum, each ADRC will have at least one staff who is certified by the Alliance for Information and Referral Services (AIRS).

g. ADRC staff must be a minimum of .5 FTE. ADRCs may submit a Request for a Waiver of the .5 Full-Time Equivalent Requirement for ADRC Staff (F-00054D) to DHS. Approval of waiver requests is discretionary. DHS is not obligated to approve a request for a waiver of the .5 FTE requirement.

~~e.~~h. ADRC staff that provide information and assistance, options counseling, benefits counseling, ~~choice~~ enrollment or disenrollment counseling, functional eligibility determination, ~~or~~ serve in the capacity of the dementia care specialist, supervise any of these activities, or the director are required to meet the following education and experience requirements:

i. A Bachelor of Arts or Science degree or a license to practice as a registered nurse in Wisconsin pursuant to s. 441.06, and;
ii. The equivalent of at least one year of full-time experience in a health or human service field, working with one or more of the client populations served by the ADRC. Qualifying work experience may be paid or unpaid, including internships, field placements, and volunteer work.
iii. Dementia Care Specialists must have one year of full-time experience in a health or human service field working with people with dementia or their caregivers. Qualifying work experience must be from a paid position.

~~A waiver of the education or experience requirements can be requested from DHS.~~ ~~I~~in the event that a candidate lacks the degree or experience described above, approval can be requested from DHS. Requests for exception to the education or experience requirements must be submitted to and approved by DHS prior to the ADRC making a job offer. Requests will be made using the Request for Approval of Education/Experience Requirements (F-00054) and submitted ~~to~~ to the appropriate DHS contact per the instructions within the form. ~~.~~Approval of waiver requests is discretionary~~.~~; DHS is not obligated to approve a request for a waiver of education or experience.

E. Quality Assurance/Quality Improvement Process

~~1. Principle of Continuous Quality Improvement~~

~~To provide quality services, the ADRC shall incorporate the principle of continuous quality improvement in its operations.~~

1. ~~2~~. Internal Quality Assurance and Improvement Plan

ADRCs ~~shall~~ will develop and implement a written quality assurance and ~~quality~~ improvement plan designed to ensure and improve outcomes for its customer populations. The plan ~~shall~~ must be approved by DHS and ~~shall~~ will include at least ~~all of~~all the following components:

a. *Policies and Procedures Designed to Ensure Quality*~~.~~ . The ADRC ~~shall~~ must establish policies and procedures to ensure:

i. Knowledgeable and skilled ~~staff;~~staff.

ii. Quality information and ~~assistance~~assistance.

~~ii.~~iii. ~~and options~~Quality options ~~counseling;~~counseling.

~~iii.~~iv. Quality enrollment ~~counseling;~~counseling.

v. Long-term care functional screen accuracy and ~~consistency;~~consistency.

vi. Protection of applicant rights.

vii. Effective process for considering and acting on complaints and resolving grievances of applicants and other persons who use ADRC services in accordance with DHS policies.

~~iv.~~viii. Services to minority, rural, and institutionalized populations.

~~v.~~ix. Quality ~~disability~~ benefit specialist services; and

~~vi.~~x. Comprehensive collection and review of customer contact data.

b. *Plan for Monitoring and Evaluating Performance*~~.~~ . The ADRC ~~shall~~ must establish goals and indicators for measuring the quality and effectiveness of its performance and procedures for evaluating and acting on the results, including:

i. Identification of performance goals specific to the needs of the ADRC's customers, including any goals specified by DHS.

ii. Identification of objective and measurable indicators of whether the identified goals are being achieved, including any indicators specified by DHS.

iii. Identification of timelines within which goals will be achieved.

iv. Description of the process that the ADRC will use to gather feedback from the ADRC's customers and staff and other sources on the quality and effectiveness of the ADRC's performance.

v. Description of the process the ADRC will use to monitor and act on the results and feedback received.

~~v.~~vi. Description of the process the ADRC will use for reporting findings on these measurements to its governing board and to DHS.

~~c. *Process for Continuous Quality Improvement*. . The ADRC shall establish a process for initiating, implementing, and documenting continuous quality improvement within its organization. . Utilization of DHS-approved Aiming for Excellence model meets this requirement.~~

~~d. *Process for Updating the Plan*. . The ADRC shall establish a process for annually updating its Quality Assurance and Improvement Plan, including a description of the process the ADRC 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 ADRC shall routinely assess the quality and adequacy of the services it provides using standard measures contained in its Quality Assurance and Improvement Plan, together with~~

~~any additional measures provided by DHS, and shall report its findings on these measurements to its governing board and to DHS.~~

3. ~~4.~~ Quality Improvement Activities

ADRCs ~~shall~~ will engage in and document continuous quality improvement activities utilizing DHS approved methods and documentation~~.~~ . At least one focused performance improvement project is required annually to improve ADRC quality and customer satisfaction. Continuous quality improvement projects will include all of the following:

i. Measuring performance.
ii. Implementing system interventions.
iii. Evaluating the effectiveness of the interventions.
iv. Planning for sustained or increased improvement in performance based on the findings of the evaluation.

4. ~~5.~~ Cooperation with External Reviews and Evaluations

ADRCs ~~shall~~ must cooperate with any review or evaluation of ADRC activities by DHS, another state agency, the federal government or their subcontractors.

F. Emergency Preparedness and Response (P-03062-17)

The ADRC must identify and plan for its role in natural disasters and other emergencies, including its roles in emergency preparedness planning, response and recovery. This includes being knowledgeable about and participating in local incident command structure, including but not limited to those within public health and emergency management operations.

The ADRC must engage in planning activities to prevent or minimize service disruption in the event of a natural disaster or other emergencies.

The ADRC must have available the equipment necessary to operate remotely should a natural disaster or other emergencies require alternative work location(s).

With DHS approval, temporary modifications may be made to the requirements under this scope of services in the case of a natural disaster or other emergencies, including, but not limited to, service delivery and permissible uses of ADRC grant funds.

ADRC services should be considered essential. ADRCs should make efforts to identify employees and contractors necessary for the provision of these services during a natural disaster or other emergency.

~~F.~~G. Reporting and Records

1. Required Documents and Reports

The ADRC ~~shall~~ must submit the following documents and reports to DHS in accordance with the following provisions:

a. *Reports to Claim Federal Medicaid Match*~~.~~ . Staff of the ADRC and its subcontractors ~~shall~~ will complete daily activity logs, ~~(~~known as 100% time reports, ~~)~~ using the spreadsheet format provided and required by DHS for the purpose of claiming Medicaid administration match for eligible ADRC services~~.~~ . ADRCs are required to submit monthly 100% time and task reports to DHS by the 20th of the month following the time report month (e.g. January's 100% time report must be submitted by February 20th) or the first business day thereafter when the 20th falls on a weekend or holiday. Detailed information on how to complete 100% time and task reporting can be found in the ADRC operations manual (P-03062-10)~~.~~

b. *Monthly Activity Reports*~~.~~ . The ADRC ~~shall~~ must submit encounter data to DHS's data warehouse monthly~~.~~ . The ADRC ~~shall~~ will submit its encounter data to DHS electronically no later than the 20th of the month following the month for which the report is prepared (e.g. the January Encounter Report must be submitted by February 20th), or the first business day thereafter when the 20th falls on a weekend or holiday. Instructions on how to submit encounter reports can be found on the ADRC SharePoint site.

c. *Governing Board Minutes and Agendas*~~.~~ . The ADRC ~~shall~~ will send agendas and supporting materials, including minutes of prior meetings when available, to its assigned regional quality specialist in advance of its governing board meetings.

d. *Aging and Disability Resource Center Specialists Reporting.* The ADRC will use the DHS client tracking database for reporting ADRC Specialist activities. The ADRC must have an approved waiver (F-02715) from DHS to use a different system

~~d.~~e. *Disability Benefit Specialist Report*~~.~~ . The ADRC ~~shall~~ must use the DHS Disability Benefit Specialist (DBS) client database for reporting DBS activities.

~~e.~~f. *MDS 3.0 Section Q Nursing Home Referral Reports*~~.~~ . The ADRC ~~shall~~ must use the DHS required system for obtaining Nursing Home referrals and for reporting MDS 3.0 Section Q referrals.

~~f.~~g. *Monthly Expenditure Report on DMT Electronic Form F-00642*~~.~~ . The ADRC ~~shall~~ will report monthly expenditures electronically to DHS at: *dhs600rcars@dhs.wi.gov* on the DMT Form F-00642 at https://www.dhs.wisconsin.gov/cars/index.htm in accordance with the applicable DHS instructions for the completion and submission of these forms.

~~g.~~h. *Annual Expenditure Report*~~.~~ . The ADRC ~~shall~~ must submit an annual expenditure report using the standard report form provided by DHS~~.~~ . The ADRC ~~shall~~ will submit the annual expenditure report as requested by DHS. The ADRC will be able to report expenses specific to their Dementia Care Specialist program, upon request.

~~h.~~i. *ADRC Annual Update*~~.~~ . The ADRC ~~shall~~ will annually submit information for the ADRC Annual Update using the ~~report~~ Annual Update Checklist (F-02888) and SharePoint process and~~form supplied and following~~ procedures established by DHS~~.~~ . This report

contains information on staffing, organization, contact information and service area leads, budget and other information requested by DHS.

2. Where and When to Submit Reports and Other Required Materials

Unless otherwise specified, reports and other materials are to be submitted electronically to the Office for Resource Center Development Team mailbox.

3. Participation in Data Collection Efforts

The ADRC ~~shall~~ will provide data requested by DHS in order to profile the ADRC's customers and services or to evaluate the quality, effectiveness, cost, or other aspects of the services it provides~~.~~ .

4. Privacy

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

5. Records Retention

The ADRC ~~shall~~ will retain records on site and dispose of records consistent with applicable county, state, and federal regulations, policies, and guidelines~~.~~ . Financial records ~~shall~~ must be kept at least three years after the close of an audit.

6. Accurate, Complete, and Timely Submission

The ADRC ~~shall~~ must comply with all reporting requirements established by DHS and assure the accuracy and completeness of the data and its timely submission. The data submitted ~~shall~~ must be supported by records available for inspection or audit by DHS. The ADRC ~~shall~~ will have a contact person responsible for the data reporting who is available to answer questions from DHS and resolve any issues regarding reporting requirements.

VI. CONTRACT MANAGEMENT

A. Required Plans (P-03062-12)

The ADRC must develop and maintain plans, policies, and procedures consistent with the requirements contained in this scope of services, following the formats and within the timeframes specified by this scope of services or otherwise agreed to by DHS.

ADRC plans, policies, and procedures and all services provided by the ADRC shall comply with all applicable state and federal requirements.

The following plans are required under this scope of services. Requirements for these plans are contained in the relevant sections of this scope of services.

i. Health Promotion, Prevention and Early Intervention Plan
ii. Quality Assurance and Improvement Plan
iii. Regional Management Plan (for regional ADRCs only)
iv. Staffing Plan
v. Dementia Care Specialist Program Work Plan

B. Budget (P-03062-16)

1. Budget Requirement

The ADRC must develop a line-item budget and budget narrative for the period covered by this scope of services and will submit these for DHS approval using forms and procedures established by DHS.

2. Use of ADRC Grant Funds

ADRC grant funds may only be used in support of those services that are either required in this scope of services or specifically identified as eligible for ADRC funding if all other service requirements are being met. Any other services provided by the ADRC must be funded from other sources and these sources shall be identified in the budget.

3. Budget Format

The budget must be prepared using the budget section in the ADRC Annual Update

C. Subcontracts

1. Requirements for Subcontracts

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

2. Responsibility of Parties to the Contract

The prime contractor (i.e., the ADRC) is responsible for contract performance when subcontractors are used. Subcontractors must agree to abide by all applicable provisions of this scope of services. The prime contractor maintains fiscal responsibility for its subcontracts, which includes reporting expenses associated with the subcontract to DHS. DHS should not be named as a party to a subcontract.

3. Subcontracts Available for DHS Review

The ADRC must make all subcontracts available for review by DHS on request.

D. Performance

1. Performance Consistent with Requirements of this Scope of Services

The ADRC must perform all the services required under this scope of services and statewide policies in a professional manner. The ADRC must maintain the policies, procedures, plans, and agreements required under this scope of services and will make them available for DHS inspection upon request.

2. Performance Consistent with Requirements in the ADRC Operations Manual

The ADRC must comply with requirements contained in the ADRC Operations Manual (P-03062)~~—~~. The ADRC Operations Manual contains both requirements and best practice information~~—~~. ADRCs are encouraged, but not required, to follow the best practices identified in the ADRC Operations Manual.

3. Failure to Meet Requirements of this Scope of Services

ADRCs which fail to meet the provisions of this scope of services will be subject to a sequential process that may include development of a plan of correction, fiscal or non-fiscal enforcement measures, or termination of the grant agreement, as determined by DHS.

4. Performance of Terms during Disputes

The existence of a dispute notwithstanding, both parties agree to continue without delay to carry out all their respective responsibilities under this agreement not affected by the dispute and the ADRC further agrees to abide by the interpretation of DHS regarding the matter in dispute while the ADRC seeks further review of that interpretation~~.~~

WISCONSIN DEPARTMENT of HEALTH SERVICES

American Rescue Plan Act of 2021 (ARPA) Section 9817: Assisted Living Reporting, Assessment, and Certification

Dan Perron
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Project Manager, Bureau of Programs and Policy

Background

- With input from key stakeholders, DHS has identified the need to improve available information on statewide assisted living resources. Comprehensive data collection and analysis are essential to making well-informed decisions on program and policy, especially given the forecasted growth in the state's aging population.

Background

- DHS is evaluating for potential implementation:
  - *An assisted living reporting tool to assess how well assisted living facilities can serve Wisconsin residents today and in the future.*
  - *A member assessment to understand the needs of Wisconsin residents who access services, both in assisted living and in the community.*
  - Development of online platforms to track nonresidential HCBS review and 1-2 bed adult family homes.

Background

- The Bureau of Assisted Living (BAL) currently collects a limited amount of facility information during the licensing process.
  - Community-Based Residential Facilities (CBRFs) and 3-4 Bed Adult Family Homes (AFHs) are required by statute to provide updated reports on a biennial basis to maintain licensure.
  - Certified Residential Care Apartment Complexes (RCACs) are required to provide updated reports yearly.

Project Goals

- Enhancing existing data collection will assist DQA:
  - In its efforts to ensure health and safety standards are met in the facilities it regulates.
  - To manage its workload, detect and anticipate trends in the industry, and be proactive in preventing or minimizing problems that might be revealed by the data.
- Providers:
  - Provide real-time person-centered data to assist in care planning, acuity, and reimbursement.

Project Components

- Enhance e-licensure/e-renewal system to include components specific to facility assessment and resident assessment.
- Maintain current biennial reporting requirement.

Project Components

- Member Assessment Resident data:
  - Facilities to report resident data that is already recorded as part of DHS 83.85 Assessment, individual service plan and evaluation and DHS 89.26 Comprehensive assessment, such as:
    - Physical health, medications, pain level, mental and emotional health, behavior patterns, risks, capacity for self care and direction, social participation and other information.

Project Components

- Facility Assessment data:
  - Facilities to report aggregate data on their current residents, such as:
    - Age, gender, race/ethnicity, marital status, number of client groups with dementia or other chronic conditions, settings from which the resident entered the facility; settings they are discharged to; admittance and discharge reasons, length of stay/days of care; census/bed count.

Status of Project

- Exploring options for data collection.
- Identification of data elements for collection.
- Identifying opportunities for stakeholder feedback.

Questions?

- Questions and comments can be directed to Kimberly Schindler.

State Dementia Plan

Presented to Long Term Care Advisory Council

July 12, 2022

History of the State Dementia Plan

2013

DHS and partner organizations planned a redesign of Wisconsin's dementia care system to provide appropriate, safe, and cost-effective care for those living with dementia.

2014

The state published the first Dementia Care System Redesign Plan.

2018

The state conducted a public survey and held a statewide summit to update the plan.

2019

The state published the 2019-2023 State Dementia Plan.

Structure of the Current State Dementia Plan

Steering Committee:

- 12 members from state government, local units of government, advocacy groups, provider organizations, and research institutions.
- Responsible for helping to implement the plan in each of the four focus areas.
- Receives administrative support from Department of Health Services staff.

Four Leadership Teams:

- Leadership teams focus on implementing nine goals in four focus areas: care in the community, health care, crisis response, and facility-based care.

Structure of the Current State Dementia Plan

Care in the Community Team:

- **Goal 1:** Increase public understanding and reduce stigma associated with dementia.
- **Goal 2:** Improve and expand support and education for family caregivers.

Health Care Team:

- **Goal 3**: Increase timely, accurate, and culturally-responsive diagnosis.
- **Goal 4:** Ensure that providers are dementia-capable to increase the quality of care.

Structure of the Current State Dementia Plan

Crisis Response Team:

- **Goal 5**: Increase competency of crisis response professionals.
- **Goal 6**: Develop a uniform system of dementia-related crisis response.

Facilities Team:

- **Goal 7:** Ensure consistent, high-quality, and appropriate care in facilities.
- **Goal 8**: Expand the workforce and increase training and credentialing of staff.
- **Goal 9**: Create a new and accurate reimbursement structure based on acuity.

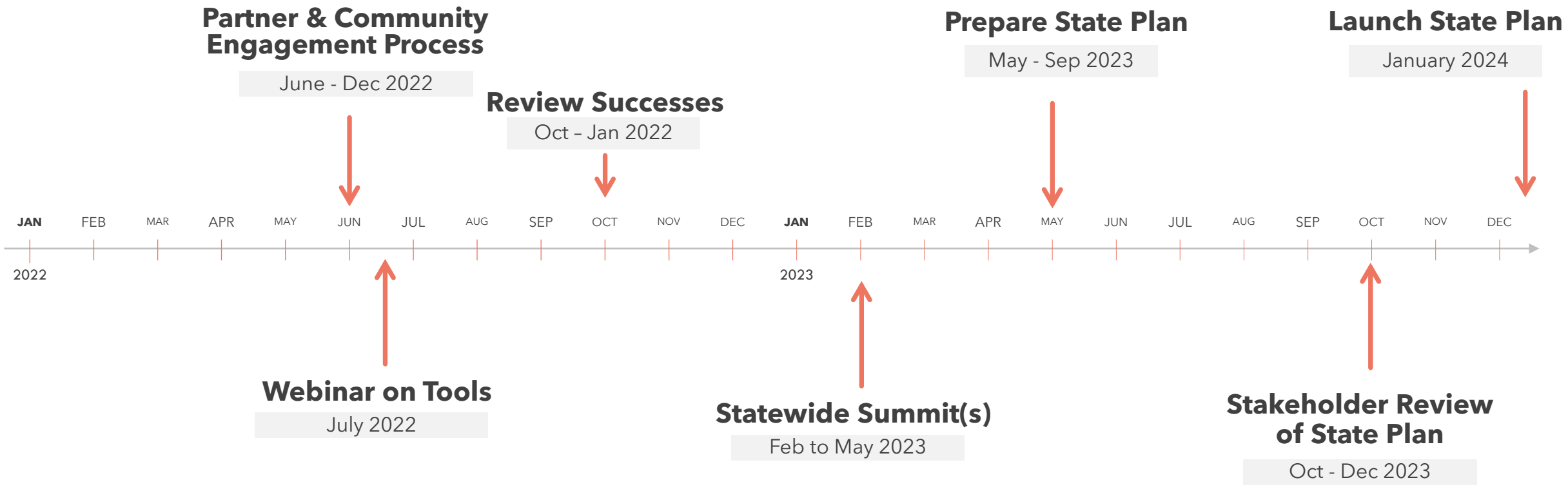
Dementia Care System Accomplishments since 2018

- Developed Brain Health Curriculum, funded by BOLD in partnership with the Department of Public Instruction
- Expanded Dementia Care Specialist Program for ADRCs and Tribes
- Increased direct care supplemental payments to Family Care managed care organizations (MCOs) and increased nursing home daily reimbursement rate
- Expanded Cycling Without Age program to 60 nursing homes
- Increased capacity of assessment clinics at the Madison VA hospital and added a dementia-specific provider
- Launched a mobile memory clinic at the United Community Center
- Increased connection and collaboration between dementia-related crisis response providers

Developing the 2024-2028 State Dementia Plan

Proposed Timeline

2024-2028 State Dementia Plan



Community Engagement Process: Overview

We are offering partners the opportunity to be involved in developing the next state plan by collecting feedback from their communities.

Conversations can be in-person or virtual, as stand-alone events or as part of other events (such as a support group or caregiver conference).

The goal is to identify challenges, highlight solutions, and empower communities to improve dementia care in Wisconsin.

The results will be compiled and analyzed to inform the 2024-2028 State Dementia Plan.

Community Engagement Process: Toolkit

Facilitation and event planning guide

List of questions

Logistics support (Zoom)

Online survey to gather feedback from caregivers, families, and providers

Facilitation Guide Preview

Who?

Who will you include (partners, caregivers, local media)?

Who will help with planning, outreach, facilitation, and notetaking?

When?

When will this conversation occur?

Where?

Will event be held virtually or in-person?

If in-person, where will conversation be held?

What?

What questions will you ask (from the list)?

What is the format (listening session, educational event, part of a support group, memory café, or conference)?

Question Guide Preview

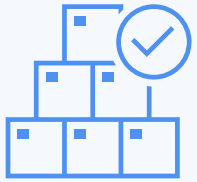
What does your community do to make life better for those living with dementia and their caregivers?

What is the biggest challenge facing your community right now related to supporting those living with dementia and their caregivers?

What are your top priorities for improving dementia care? (Options include public education, support for caregivers, quality of care, etc.)

How did the pandemic affect your community, particularly thinking about how it changed support systems for those living with dementia and caregivers?

Next Steps



Finalize toolkit in June

Follow-up with volunteers in July.

Host conversations and circulate the survey through December.

Discussion Questions

What do you think about this strategy for developing the next State Dementia Plan?

What advice do you have?

Whose voices should be included in the next plan?

What existing events could include a conversation on the next state plan?

Would you be willing to share the survey or host a conversation in your community?

(Please write your email in the chat, or email Angela)

Contact

Angela Miller, DHS

angelak.miller@dhs.wisconsin.gov

Community Engagement Initiative

This is a draft proposal. Feedback received during the July Long Term Care Advisory Council meeting and from Managed Care Organizations (MCOs) will be reviewed before the initiative is finalized.

1. **Purpose and Desired Outcome**
    - To empower members to experience the full benefits of inclusive community life and civic engagement, where members have valued social roles; opportunities to interact with others when and where they want to; and support to explore interests, do personally meaningful activities, and achieve their authentic goals by enhancing the services of the existing provider network through support, training, and education.
2. **When:**
    - 5-year period from January 2023 to December 2027
3. **Who:**
    - Family Care and Family Care Partnership MCO's and their members
    - Service Providers: Day Services (Day Habilitation Services), Adult Day Care, Daily Living Skills Training, Residential Care, and MCO Care Team
4. **What:**
    - Pay for Performance with annual withhold and incentive criteria
5. **How:**
    - Year 1, 2023:
        - Withhold based on MCO completion of a collaborative, strategic plan with the following MCO requirements:
            - researching best practice in person-centered thinking, planning and practices,
            - analyzing their current practice including strengths and needs,
            - gathering stakeholder feedback, and
            - developing a 5-year plan.
        - Incentives will be earned for documenting a representative sample of members' community engagement interests and completing Department-approved activities to further members' community engagement goals.
    - Years 2-5, 2024-2027:
        - Withhold and incentive criteria will be based on implementation of portions of the collaborative, strategic plan. These measures will be developed in collaboration with the MCOs as part of the 2023 collaborative, strategic plan process.