

**EXHIBIT I**

**Scope of Services**

for the

**CONTRACT**

between

**DEPARTMENT OF HEALTH AND FAMILY SERVICES**

**DIVISION OF DISABILITY AND ELDER SERVICES**

and

**AGING and DISABILITY RESOURCE CENTER of**

**«COUNTY»COUNTY**

**January 1, 2007 – December 31, 2007**

**Table of Contents**  
**Exhibit I: Scope of Services**

**I. INTRODUCTION.....1**

A. Purpose..... 1

    1. Contractual Requirements .....1

    2. Performance Goals .....1

B. Target Populations ..... 1

C. Services to be Provided Within Limits of Funding Availability ..... 1

D. Phase in of Requirements..... 2

    1. Phase-In of Target Populations Served.....2

    2. Phase-In of Services .....2

**II. SERVICES TO BE PROVIDED BY THE AGING AND DISABILITY RESOURCE CENTER.....2**

A. Marketing, Outreach and Public Education ..... 2

    1. Performance Goal .....2

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

    3. Statewide "Branding" .....2

    4. Ability to Reach All Populations.....3

    5. Monitoring Effectiveness Of Marketing And Outreach: Number Of Contacts .....3

B. Information and Assistance..... 3

    1. Performance Goal .....3

    2. Information and Assistance Services.....3

    3. Data Base to Support Information and Assistance .....5

    4. Availability of Information and Assistance Services.....5

    5. Staffing .....6

C. Long-Term Care Options Counseling..... 7

    1. Performance Goal .....7

    2. Options Counseling Services .....7

    3. When to Offer Long-Term Care Options Counseling .....8

    4. When, Where and How Options Counseling Takes Place.....8

    5. Who May Participate in Options Counseling .....8

    6. Accuracy of Information.....9

    7. Consistency with Individual Needs and Preferences .....9

    8. Staff Qualifications.....9

D. Elderly Benefits Counseling ..... 9

    1. Performance Goal .....9

    2. Access to Elderly Benefit Specialist Services .....9

    3. Staff Status of Elderly Benefit Specialists .....9

    4. Location of the Elderly Benefit Specialist.....10

    5. Duties of the Elderly Benefit Specialist.....10

    6. Training and Qualifications .....11

E. Disability Benefits Counseling ..... 11

    1. Performance Goal .....11

    2. Access to Disability Benefit Specialist Services .....11

3.	Staff Status of Disability Benefit Specialists .....	11
4.	Location of the Disability Benefit Specialists .....	12
5.	Duties of the Disability Benefit Specialists .....	12
6.	Training and Qualifications .....	13
<b>F.</b>	<b>Access to Publicly Funded Long-Term Care Programs and Services .....</b>	<b>13</b>
1.	Performance Goal .....	13
2.	Assure Access to Long-Term Care Programs and Services .....	13
3.	Options for Coordinating the Eligibility Determination Process .....	14
4.	Long-Term Care Access Plan and Agreements .....	14
5.	Memorandums with Economic Support .....	16
6.	Access Plan Approval .....	16
<b>G.</b>	<b>Access to Mental Health and Substance Abuse Services .....</b>	<b>16</b>
1.	Performance Goal .....	16
2.	Access to Mental Health and Substance Abuse Services .....	16
3.	Optional Services .....	17
4.	Mental Health and Substance Abuse Services Access Plan and Agreements .....	17
<b>H.</b>	<b>Access to Other Public Programs and Benefits .....</b>	<b>17</b>
1.	Performance Goal .....	17
2.	Referrals to Other Agencies .....	18
3.	Process for Accessing Programs and Benefits .....	18
<b>I.</b>	<b>Short Term Care Coordination and Case Management .....</b>	<b>18</b>
1.	Performance Goal .....	18
2.	Short-term Care Coordination and Case Management Services .....	18
<b>J.</b>	<b>Emergency Response .....</b>	<b>18</b>
1.	Performance Goal .....	18
2.	Recognize and Respond to Emergencies .....	18
3.	Connecting Individuals to Emergency Service Providers .....	19
<b>K.</b>	<b>Elder Abuse and Adult Protective Services .....</b>	<b>19</b>
1.	Performance Goal .....	19
2.	Identifying Individuals Who Need Services .....	19
3.	Access To Elder Abuse and Neglect or Adult Protective Services .....	19
<b>L.</b>	<b>Transitional Services .....</b>	<b>20</b>
1.	Performance Goal .....	20
2.	Outreach .....	20
3.	Transitional Services .....	20
4.	Providing Information on Adult Services and the Aging Network .....	20
<b>M.</b>	<b>Prevention and Early Intervention Services .....</b>	<b>20</b>
1.	Performance Goal .....	20
2.	Information On Risk And Safety Issues .....	21
3.	Identifying Opportunities for Prevention and Early Intervention .....	21
4.	Referrals To Public Health and Other Agencies .....	21
5.	Use Of Funds Received For Prevention and Intervention Services .....	21
6.	Staff Qualifications .....	21
<b>N.</b>	<b>Client Advocacy .....</b>	<b>21</b>
1.	Performance Goal .....	21
2.	Advocacy .....	21
3.	Informing People of Their Rights .....	21
4.	Helping People Resolve Disputes and Referring Them to Advocates .....	22
5.	Avoiding Conflict of Interest .....	22

O. Community Needs Assessment.....	22
1. Performance Goal .....	22
2. Identifying Unmet Needs.....	22
3. Sharing Information About Unmet Needs .....	22
4. Helping Address Unmet Needs .....	23

**III. ORGANIZATIONAL AND PROCEDURAL STANDARDS .....23**

A. Aging and Disability Resource Center Name .....	23
1. Performance Goal .....	23
2. Inclusion of Phrase “Aging and Disability Resource Center” in the Name.....	23
B. Governing Board.....	23
1. Performance Goal .....	23
2. Composition .....	23
3. Training and Accommodation .....	23
4. Duties.....	24
5. Where the Aging and Disability Resource Center is a Family Care District.....	24
C. Organization and Staffing Plan.....	24
1. Performance Goal .....	24
2. Organization Chart .....	25
3. Staffing Plan .....	25
D. Staff Qualifications .....	25
1. Performance Goal .....	25
2. Required Education and Experience.....	25
E. Cultural Competence and Diversity.....	26
1. Performance Goal .....	26
2. Requirement to Demonstrate Cultural Competence and Cultural Diversity .....	26
3. Cultural Competence .....	26
4. Cultural Diversity .....	26
F. Accommodation and Accessibility .....	26
1. Performance Goal .....	26
2. Providing Materials Understandable to Non-English Speaking People .....	26
3. Communicating with Non-English Speaking People .....	26
4. Meeting Face-To-Face with People.....	26
5. Complying with the Requirements of the ADA .....	27
6. Establishing an E-Mail Address .....	27
7. Working with Family Members and Friends of People with Cognitive Disabilities .....	27
8. Making Material Understandable to People with Limited Reading Proficiency .....	27
G. Complaints and Grievances .....	27
1. Performance Goal .....	27
2. Provision of Information .....	27
3. Complaint and Grievance Process .....	27
4. Notification of Decision .....	28
5. Reprisals Prohibited.....	29
6. Encouraging Informal Dispute Resolution .....	29
7. Cooperating with Review by External Advocates .....	29
H. Quality Assurance/Quality Improvement Process.....	29
1. Performance Goal .....	29
2. Process For Quality Assurance and Improvement.....	29
3. Monitor Performance.....	30

I. Access to and Confidentiality of Records.....	30
1. Performance Goal .....	30
2. Permission to Access Records .....	30
3. Confidentiality .....	30
J. Reporting and Records.....	30
1. Performance Goal .....	30
2. Required Documents And Reports .....	30
3. Where and When to Submit Reports .....	31
4. Short Term Data Collection Efforts .....	31
5. Privacy.....	31
6. Management Information System.....	32
7. Changes in Data Collection and Reporting Requirements.....	32
8. Interim MIS and Data Reporting Requirement.....	33
K. Performance of Services .....	33
L. Special Requirements for Multi-County Aging and Disability Resource Centers .....	33
1. Performance Goal .....	33
2. Requirements for Multi-County Aging and Disability Resource Centers .....	34
<b>IV. CONTRACT MANAGEMENT .....</b>	<b>34</b>
A. Service Delivery Plan .....	34
B. Budget .....	35
C. Subcontracts .....	36
D. Performance of Contract Terms During Dispute .....	36
<b>V. APPENDICES</b>	
A. Definitions.....	37
B. ADRC Staffing Plan Format.....	39
C. Budget Worksheets .....	41

## EXHIBIT I

# Scope of Services For the Contract Between Department of Health and Family Services and Aging and Disability Resource Center of «County» County

## I. INTRODUCTION

### A. Purpose

#### 1. *Contractual Requirements*

The “Scope of Services” in Exhibit I describes the services to be provided by and the organizational and procedural expectations for all Aging and Disability Resource Centers once they are fully operational. Exhibit I-A contains additional requirements and timelines that apply only to Aging and Disability Resource Centers in counties where Family Care and/or other managed long term care benefits are available.

#### 2. *Performance Goals*

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

### B. Target Populations

When fully operational, Aging and Disability Resource Centers shall serve all of the following groups of individuals, including people who inquire about or request assistance on behalf of members of these groups, regardless of their financial means:

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

### C. Services to be Provided Within Limits of Funding Availability

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

## **D. Phase in of Requirements**

### *1. Phase-In of Target Populations Served*

Aging and Disability Resource Centers shall make their services available to all target populations (elderly, people with physical disabilities, developmental disabilities and mental illness) by the end of their first year of operation or by 12-31-07, whichever comes later, or by a date that is mutually agreed upon with the Department.

### *2. Phase-In of Services*

Aging and Disability Resource Centers shall provide all services described in Part II of this Exhibit by the end of the first year of operations or by 12-31-07, whichever comes later, or by a date that is mutually agreed upon with the Department. The manner and timing of service delivery implementation shall be described in the Service Delivery Plan as required in IV.A of this Exhibit.

## **II. SERVICES TO BE PROVIDED BY THE AGING AND DISABILITY RESOURCE CENTER**

### **A. Marketing, Outreach and Public Education**

#### *1. Performance Goal*

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

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

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

#### *3. Statewide "Branding"*

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

4. *Ability to Reach All Populations*

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

5. *Monitoring Effectiveness Of Marketing And Outreach: Number Of Contacts*

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

**B. Information and Assistance**

1. *Performance Goal*

People receive information and assistance to get what they need.

2. *Information And Assistance Services*

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

- a. *Evaluate the call or request.* Identify the issue(s) leading to the inquiry, establish rapport with the inquirer, determine the nature of the situation, and evaluate the knowledge and capacities of the inquirer, in order to determine how to approach the information giving service. Identify and respond quickly to emergency situations.
- b. *Provide individuals with useful information.* Provide information, which is updated at least annually, about services, resources and programs which will assist people to experience daily life with dignity and security, maximizing their opportunities for self-sufficiency, and choice.

- c. *Provide information and assistance on a wide variety of topics. Provide information and assistance on the following areas at a minimum:*
- i. Adult protective services, abuse, neglect, domestic violence, and financial exploitation;
  - ii. Living arrangements related to long-term care (e.g., information and assistance to people considering a move due to health, disability or frailty);
  - iii. Disability and long-term care related services (e.g., in home support, care management, respite, equipment, training, transition planning, independent living skills, death and dying issues);
  - iv. Paying for long-term care related services (e.g., public programs; long-term care insurance; other private resources);
  - v. Health (e.g., recuperative care, disease, conditions, dementia, health, health promotion, medically related care);
  - vi. Mental health services and supports;
  - vii. Alcohol and other drug abuse services and supports;
  - viii. Employment, training and vocational rehabilitation;
  - ix. Financial and other basic needs (e.g., benefits, Medicaid, Medicare, health insurance, food, poverty, money, shelter, paying for medical care and medications);
  - x. Transportation;
  - xi. Nutrition (e.g., congregate meals, home delivered meals, counseling);
  - xii. Home maintenance (e.g., chores, yard work, home safety);
  - xiii. Legal issues (e.g., tax laws, power of attorney, guardianship, consumer rights, advocacy, discrimination, complaints and grievances); and
  - xiv. Education, recreation, life enhancement, volunteerism.
- d. *Provide referral/assistance services. Determine the needs of the inquirer; evaluate appropriate resources, indicating organizations capable of meeting those needs, helping callers for whom services are unavailable by locating alternative resources, and actively participating in linking the inquirer to needed services.*

- e. *Provide Linkages to Public & Private Resources.* When an individual contacts or is referred to the Aging and Disability Resource Center and appears to be eligible to receive or interested in receiving services such as, but not limited to, Medicaid, Medicare, Social Security, SSI, SSI-E, SSDI, Food Share, public health services and Older Americans Act services, the Resource shall refer the individual to a benefit specialist or to the county, state and/or federal agencies responsible for determining the individual's eligibility to receive these benefits.
  - f. *Provide follow-up.* The Aging and Disability Resource Center shall have a written policy describing when and how follow-up to information and assistance calls will be provided and shall follow-up with people to determine outcomes and provide additional assistance in locating or using services as appropriate.
  - g. *Advocate on the Customer's behalf.* Advocate on behalf of individuals or groups when needed services are not being adequately provided by an organization within the service delivery system.
3. *Database to Support Information and Assistance*  
 The Aging and Disability Resource Center shall maintain and use a resource database with information on programs and services available to its target populations and a client tracking data base to document client contacts and services provided using Beacon or other equivalent software consistent with standards to be established by the Department.
4. *Availability of Information And Assistance Services*  
 The Aging and Disability Resource Center shall provide information and assistance during hours and in a manner that is convenient for the public.
- a. Telephone System.
    - i. The Aging and Disability Resource Center shall provide a phone number which is toll free to all callers within its service area. The phone number shall be published in both the white and yellow pages of the local telephone book(s).
    - ii. The phone number of the Aging and Disability Resource Center shall be answered with the name "Aging and Disability Resource Center." The location or other identifiers may be added to the name following the phrase "Aging and Disability Resource Center."
    - iii. During information and assistance service hours, a system shall be in place to ensure that people calling the Aging and Disability Resource Center speak directly to a person, as opposed to an answering machine, except during unusual circumstances.

- iv. The telephone system shall have the capacity to transfer calls, permitting staff to connect callers directly to emergency services and to other agencies or staff during business hours without requiring the caller to place a separate call (i.e., to make a “warm transfer”).
- v. The Aging and Disability Resource Center phone system shall have the capacity for people to leave a message after hours and shall refer callers to an emergency number.
- b. The information and assistance service shall be available continuously for at least eight hours a day, Monday through Friday (except for official county holidays), including the hours from 11:00 a.m. through 2:00 p.m., at times the Aging and Disability Resource Center determines are most convenient for the public. In addition, the Aging and Disability Resource Center shall have the capacity to set up an occasional after hours appointment when necessary.
- c. The Aging and Disability Resource Center shall be accessible to people with physical, cognitive, hearing or visual impairments.
- d. The Aging and Disability Resource Center shall be able to provide information and assistance to walk-ins in a private location.
- e. The Aging and Disability Resource Center shall have appropriate signage indicating the presence of the Aging and Disability Resource Center on the exterior and interior of the building in which it is located.
- f. The Aging and Disability Resource Center shall have a website, which may be part of a larger agency website, which is designed to communicate its services to the target populations and general population. The website shall include a description of Information & Assistance services and contact information for the Aging and Disability Resource Center (telephone number, hours of operation, email address, etc.). When possible, the website shall contain a user friendly, searchable resource database and be accessible to persons with disabilities.
- g. The Aging and Disability Resource Center shall maintain an approved client tracking software consistent with standards established by the Department.

##### 5. *Staffing*

- a. The Aging and Disability Resource Center shall have at least one full time position, or more depending on the volume of inquiries, specifically assigned as an information and assistance specialist. Information and assistance shall be the primary job responsibility of this position. This position may, but is not required to, be the position responsible for answering incoming phone calls to the Aging and Disability Resource Center.

- b. The person answering the Aging and Disability Resource Center information and assistance phone line shall have thorough knowledge of the mission, operations, and referral policies of the Aging and Disability Resource Center; general knowledge of the target populations; expertise in phone etiquette; excellent communication skills, including listening and interviewing skills; knowledge and ability to connect callers to appropriate staff; ability to recognize and handle special hearing or language needs; ability to recognize and appropriately handle emergencies.
- c. The information and assistance specialist(s) shall meet the requirements contained in Article III.D.2 of this contract and be certified by the national Alliance of Information and Referral Systems (AIRS) as a Certified Information and Referral Specialist (CIRS or CIRS-A) within one year of the effective date of this contract or of starting work as an Information and Assistance Specialist, whichever comes later. Time-limited exceptions may be requested, subject to Department approval, for individuals who fail the certification examination and are scheduled to retake the test or for other reasons.

### **C. Long-Term Care Options Counseling**

#### *1. Performance Goal*

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

#### *2. Options Counseling Services*

The Aging and Disability Resource Center shall provide counseling on long-term care services, personal goals and outcomes, including a face-to-face meeting wherever possible. Counseling is generally a more time intensive service than information provision and involves helping consumers evaluate their strengths and preferences, as well as educating them regarding available long-term care services. This counseling shall cover the following:

- a. A review of the individual's personal history, preferred lifestyle and goals for the future; functional limitations and capacities; financial situation; and other information needed in order to identify and evaluate options available.
- b. The full range of long-term care options available to the individual, including but not limited to: home care, community services, residential care, nursing home care, and case management services.
- c. The sources and methods of both public and private payment for long-term care services. This shall include information about long-term care waiver programs, including Family Care, Program of All-inclusive Care for the Elderly (PACE), the Wisconsin Partnership Program, and other programs for which the person may be eligible.

- d. The functional and financial criteria for receiving publicly funded long-term care services and for participating in the Medicaid fee-for-service system.
  - e. A preliminary and unofficial estimate as to whether the individual might be functionally and/or financially eligible for Medicaid and other long-term care programs, if the individual so wishes and agrees. This may include performance of the Long-Term Care Functional Screen.
  - f. Factors that the individual might want to consider when choosing among long-term care programs and benefits, including, but not limited to, the advantages and disadvantages of these programs and benefits for the individual with respect to the quality, compatibility with the individual's preferred lifestyle and residential setting, the outcomes of the most importance to the individual, costs, available resources, and estate recovery.
3. *When to Offer Long-Term Care Options Counseling*  
 The Aging and Disability Resource Center shall offer to provide long-term care options counseling in the following situations:
- a. When an individual, or person acting on his or her behalf, requests or indicates an interest in receiving information or advice concerning long-term care options, requests to be given the long-term care functional screen, or is seeking access to a publicly funded long-term care program.
  - b. When the Aging and Disability Resource Center determines that the individual might benefit from receiving long-term care options counseling. Options counseling may be offered through an outreach visit initiated by Aging and Disability Resource Center staff.
  - c. When the individual is referred to the Aging and Disability Resource Center by a hospital, nursing home, assisted living facility, agency responsible for administering the long-term care waiver(s), or other similar source.
4. *When, Where and How Options Counseling Takes Place*  
 The Aging and Disability Resource Center shall provide long-term care options counseling at a time, date and location convenient for the individual, including but not limited to, the individual's home or apartment. Options counseling shall involve one or more face-to-face meetings with the individual, unless the individual prefers it be done by telephone, mail, e-mail or other means.
5. *Who May Participate in Options Counseling*  
 The Aging and Disability Resource Center shall allow an individual, at his or her request, to have family members, friends or others present during long-term care options counseling, and shall permit these people to assist the individual by providing information about, and/or obtaining information for, the individual to the extent and in the manner desired by the individual.

6. *Accuracy of Information*

Options counseling shall be based on accurate information, both about the individual and about the options discussed. Where appropriate, the Aging and Disability Resource Center shall verify the information it obtains from or about the individual with the individual's medical, educational and other records to ensure its accuracy.

7. *Consistency with Individual Needs and Preferences*

Long-term care options counseling shall be appropriate to the needs of the individual and shall not attempt to persuade the individual to choose to participate in any particular long-term care program or service.

8. *Staff Qualifications*

- a. Staff who provide long-term care options counseling shall meet the education and experience requirements contained in Article III.D.2 of this contract and shall be knowledgeable about the long-term care service and funding systems, be knowledgeable about the characteristics and issues relating to the Aging and Disability Resource Center's service populations, and have good listening, interviewing and communications skills.
- b. The Aging and Disability Resource Center shall have at least one staff person who is a certified functional screener. Options counseling staff must pass the Department's post-test and be certified as a functional screener by DHFS before being allowed to administer the long-term support functional screen.

**D. Elderly Benefits Counseling**

1. *Performance Goal*

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

2. *Access to Elderly Benefit Specialist Services*

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

3. *Staff Status of Elderly Benefit Specialists*

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

4. *Location of the Elderly Benefit Specialist.*

The elderly benefit specialist shall be physically headquartered in the Aging and Disability Resource Center, regardless of whether he or she is employed by the Aging and Disability Resource Center.

5. *Duties of the Elderly Benefit Specialist.*

The elderly benefit specialist shall meet all Department requirements for the elderly benefit specialist program and shall provide the following services for persons age sixty (60) and older:

- a. Provide accurate and current information on a comprehensive array of private and government benefits and programs as defined by the Department in Chapter 9.5 of *A Manual of Policies, Procedures and Technical Assistance for the Wisconsin Aging Network* dated Fall, 2004;
- b. Provide information and technical assistance about how to access such benefits and information regarding the responsibilities of program participants;
- c. Assist potential applicants for private and government benefits, including Medicaid, benefits administered by the Social Security Administration, Food Share, Family Care, Partnership, etc., to locate and gather verifying data, both financial and non-financial;
- d. Provide information on consumer rights, complaint, grievance and appeals processes;
- e. Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, and beyond;
- f. Make appropriate referrals for employment-related counseling and services;
- g. Consult with legal back-up personnel working for or with or under contract to the Elderly Benefit Specialist Program to determine appropriate interpretation of law or regulation and appropriate action to assist in resolution of concerns;
- h. Initiate investigations to gather needed factual information to pursue advocacy duties;
- i. Provide representation, as needed and appropriate, for older people in administrative hearings and other formal or informal grievance steps;
- j. Refer to legal backup personnel working for or with or under contract to the Elderly Benefit Specialists Program for consideration of representation in administrative and judicial proceedings;

- k. Do not disclose information about a client without the informed consent of the client, unless required by law;
- l. Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
- m. Negotiate on behalf of individuals with long-term care agencies and programs, service providers, or the state regarding disputes over long-term care services; and
- n. Identify and document concerns and problems of older people and related system-level issues and present that information to appropriate entities, including county government, the Department of Health and Family Services, and the Wisconsin Council on Long-Term Care Reform.

6. *Training and Qualifications*

- a. The elderly benefit specialist shall attend and successfully complete initial and ongoing training as required by the Department.
- b. The elderly benefit specialist shall meet the education and experience requirements in Section III.D.2 of this contract.

**E. Disability Benefits Counseling**

1. *Performance Goal*

Adults with developmental disabilities, physical disabilities, mental illness and/or substance use disorders receive information about, and assistance in, obtaining or retaining public and private benefits for which they are eligible.

2. *Access to Disability Benefit Specialist Services*

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

3. *Staff Status of Disability Benefit Specialists*

Disability benefit specialists may be staff of the Aging and Disability Resource Center or of another public or private organization. When a disability benefit specialist is on the staff of another organization, the Aging and Disability Resource Center shall have a contract with this organization which indicates that the disability benefit specialist shall meet all the requirements described in this contract, be located in the Aging and Disability Resource Center, and coordinate activities with those of the Aging and Disability Resource Center, and which describes the responsibilities of the respective organizations. The contract organization shall request input from the Aging and Disability Resource Center and from the program attorney regarding hiring, firing and performance evaluations.

4. *Location of the Disability Benefit Specialists*

Disability benefit specialists shall be physically headquartered in the Aging and Disability Resource Center, even if they are not employees of the Aging and Disability Resource Center.

5. *Duties of the Disability Benefit Specialists*

The Aging and Disability Resource Center shall meet all Department requirements for the disability benefit specialist program and shall perform the following activities for individuals aged eighteen (18) through fifty nine (59) with developmental disabilities, physical disabilities, mental illness and/or substance use disorders and for youth who are transitioning into the adult long-term care system:

- a. Provide accurate and current information on a comprehensive array of private and government benefits and programs as defined by the Department in the Disability Benefit Specialist Program's Program Service Document;
- b. Provide information and technical assistance about how to access such benefits and information regarding the responsibilities of program participants;
- c. Assist potential applicants for private and government benefits and programs as defined by the Department to locate and gather verifying data, both financial and non-financial;
- d. Provide information on consumer rights, complaint, grievance, and appeals processes;
- e. Provide advice and assistance in preparing and filing complaints, grievances, and appeals at the local and state levels, and beyond;
- f. Make appropriate referrals for employment and other disability-related counseling and services (e.g., to Independent Living Centers, Pathways to Independence, Benefits Planning Assistance and Outreach, Division of Vocational Rehabilitation, and Wisconsin Coalition for Advocacy);
- g. Consult with Disability Benefit Specialist Program Attorneys working for or with or under contract to the Disability Benefit Specialists Program administered by the Department to determine appropriate interpretation of law or regulation and appropriate action to assist in resolution of concerns;
- h. Initiate investigations to gather needed factual information to pursue advocacy duties;
- i. Provide representation, as needed and appropriate, for people with physical disabilities, developmental disabilities, mental illness and/or substance use disorders in administrative hearings and other formal or informal grievance steps;

- j. Refer to Disability Benefit Specialist Program Attorneys working for or with or under contract to the Disability Benefit Specialists Program administered by the Department for consideration of representation in administrative and judicial proceedings;
- k. Do not disclose information about a client without the informed consent of the client, unless required by law;
- l. Provide consumer and volunteer training and technical assistance to develop self and family advocacy;
- m. Negotiate on behalf of individuals with county agencies, managed care organizations, service providers, or the state regarding disputes over long-term care, mental health and substance abuse services; and
- n. Identify and document concerns and problems of individuals with developmental disabilities, physical disabilities, mental illness and/or substance use disorders and related system-level issues and present that information to appropriate entities, including county government, the Department of Health and Family Services, the Wisconsin Council on Long-Term Care Reform, and other statewide councils representing disability constituencies.

6. *Training and Qualifications*

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

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

1. *Performance Goal*

People have access to the long-term care programs and services they need and are eligible to receive.

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

The Aging and Disability Resource Centers shall assure that individuals who contact or are referred to the Aging and Disability Resource Center and appear to need or be eligible to receive publicly funded long-term care services are informed about these services and are referred to the agency responsible for determining the individual's eligibility to receive these benefits. The Aging and Disability Resource Centers shall have a process in place to assure efficient and timely access to public long-term benefits that works for consumers, county economic support and long-term care

agencies, Family Care organizations and enrollment consultants, PACE and Partnership organizations, and the Department.

3. *Options for Coordinating the Eligibility Determination Process*

Several different options are available for coordinating Aging and Disability Resource Centers with functional and financial eligibility determination for publicly funded long-term care programs. These include:

- a. At a minimum, having clear and effective referral protocols between the Aging and Disability Resource Center, the economic support unit and the long-term care unit(s).
- b. Stationing long-term support workers and/or economic support workers in the Aging and Disability Resource Center to do eligibility determinations.
- c. Having Aging and Disability Resource Center staff administer the Wisconsin Long-Term Care Functional Screen (including initial, annual and/or change of condition screens or as directed by the Department). An Aging and Disability Resource Center which administers the functional screen shall have a contract, memorandum of understanding, or similar agreement with the organization(s) responsible determining functional eligibility for publicly funded long-term care benefit(s) and shall comply with all applicable program requirements relating to the screening process (e.g., Family Care, Community Options Program (COP), COP Waiver or other), including screener qualifications, when to offer and provide the screen, timelines for making contact with the individual and other related parties, follow-up, monitoring, inter-rater reliability and quality improvement.

4. *Long-Term Care Access Plan and Agreements*

The Aging and Disability Resource Center shall develop and implement a Department-approved access plan describing policies and procedures to ensure that people who are eligible for and/or entitled to publicly funded long-term care benefits have access to those benefits. The Aging and Disability Resource Center shall enter into MOUs or other agreements with the organizations responsible for determining eligibility for and administering long-term care programs in its service area to implement the access plan.

- a. The goal of the long-term care access plan is to ensure that:
  - i. Determination of an individual's eligibility for and access to public long-term care benefits is done in an accurate, efficient and timely manner. The process of eligibility determination and accessing program benefits and services are as streamlined as possible and resources are not duplicated in dual screening of the same individual.

- ii. The process for determining eligibility for and receipt of public long-term care benefits is as “customer friendly” as possible. Individuals know how the process works and who to contact when they have questions or problems and the number of people with whom an individual is required to interact during these processes is as small as possible.
  - iii. All parties understand their roles and responsibilities in the process.
- b. The long-term support access plan shall describe the procedures to be followed and forms to be completed for an individual to access services through the public long-term care system. The access plan shall:
  - i. Identify the processes and forms to be completed for an individual to access services through the public long-term care system.
  - ii. Specify the roles of the Aging and Disability Resource Center, the Economic Support Unit and the public long-term care agencies in determining an individual’s functional eligibility, financial eligibility, and cost share for public long-term support programs, including both initial applications and eligibility re-determinations.
  - iii. Describe the documents that the individual will need to give to the Economic Support Unit to determine eligibility and the process that the Aging and Disability Resource Center will use to help an individual gather the necessary information to complete these documents.
  - iv. Describe the processes and forms that Aging and Disability Resource Center, Economic Support Unit, public long-term care agencies will use to refer an individual and/or share relevant information about the individual. This information includes, but is not limited to, level of care according to the functional screen, financial eligibility, medical and remedial expenses, cost share, and eligibility for public long-term care benefits.
  - v. Describe the process and forms that will be used to notify an individual of his/her functional and financial eligibility for public long-term support programs.
  - vi. Describe where the Economic Support Unit staff who determine financial eligibility and/or cost share are located. Economic Support Unit staff may be located in the Aging and Disability Resource Center or, alternatively, the Aging and Disability Resource Center and the Economic Support Unit shall work together to find ways to make it as easy as possible for the individual to deal with both the Aging and Disability Resource Center and the Economic Support Unit.

- vii. Identify the organization responsible for the maintenance of the wait list(s) for long-term support services. Any wait lists maintained by the Aging and Disability Resource Center shall be maintained consistent with long-term support program guidelines issued by the Department.
  - viii. Describe the process for pre-admission consultation and/or pre-admission assessments required to establish eligibility for public funding in assisted living or other facilities through Family Care, COP, COP Waiver or other public funding programs. The Aging and Disability Resource Center shall establish procedures regarding referrals from hospitals, nursing homes and assisted living facilities consistent with state statutory and rule requirements.
  - ix. Identify how situations where an individual is determined to be in urgent need of services, through the functional screen or other means, will be handled and describing circumstances in which the agencies will provide services to such individuals.
  - x. Include copies of all forms to be used in performing the above listed roles and activities.
5. *Memorandums with Economic Support*  
The Aging and Disability Resource Center shall establish memorandums of understanding with the county Economic Support Unit and the agency or agencies responsible for administering public long-term support programs in its service area to implement the process for accessing long-term care services described in the access plan.
6. *Access Plan Approval*  
The long-term care access plan and supporting memorandums of understanding shall be submitted to the Department for review and approval along with the Aging and Disability Resource Center's Service Delivery Plan or by some other mutually agreed upon date and shall be updated annually thereafter.

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

- 1. *Performance Goal*  
People have access to the mental health and substance abuse services that they need and are eligible to receive.
- 2. *Access to Mental Health and Substance Abuse Services*  
At a minimum, the Aging and Disability Resource Center shall provide the following services to ensure that people with mental illness and substance use disorders have access to appropriate services and resources:
  - a. Information and assistance, as described in Section II.B of this Exhibit.

- i. Information and assistance services to be provided include, but are not limited to, providing people with information about how the mental health and substance abuse systems work in their county, maintaining a data base with accurate and complete information about locally available mental health and substance abuse resources, making referrals and connecting people with appropriate mental health and substance abuse organizations without requiring the person to place a separate call.
    - ii. Staff providing information and assistance services shall be knowledgeable about the mental health and substance abuse services and supports offered by county and other related agencies in their service area, the process for accessing these resources, statewide consumer and advocacy organizations serving people with mental illness and substance use disorders, and information resources relating to mental health and substance abuse issues on the internet.
  - b. Disability Benefit Specialist services, as described in Section II.E of this Exhibit.
  - c. Emergency response, as described in Section II.J of this Exhibit.
- 3. *Optional Services*  
The Aging and Disability Resource Center may, but is not required to, provide the following services to people with mental illness and substance use disorders:
  - a. Core Aging and Disability Resource Center services, in addition to those listed in section II. G. 2 above.
  - b. Administration of the Functional Eligibility Screen for Mental Health and AODA under contract, memorandum of understanding, or similar agreement with the organization(s) responsible for determining eligibility for publicly funded mental health and AODA programs in its service area.
- 4. *Mental Health and Substance Abuse Services Access Plan and Agreements*  
The Aging and Disability Resource Center shall provide the Department with a description of how it will assist people in accessing appropriate mental health and substance abuse services for Department review and approval, and shall establish memorandums of understanding or other agreements with their county mental health and substance abuse agency(ies) to carry out these responsibilities. These plans and agreements shall be submitted to the Department along with the Aging and Disability Resource Center's Service Delivery Plan or by some other mutually agreed upon date.

## **H. Access to Other Public Programs and Benefits**

### *1. Performance Goal*

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

2. *Referrals to Other Agencies*

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

3. *Process for Accessing Programs and Benefits*

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

**I. Short Term Care Coordination and Case Management**

1. *Performance Goal*

People receive the assistance they need to assure their needs are being met to the degree allowed by existing resources.

2. *Short-term Care Coordination and Case Management Services*

a. To the extent financial and personnel resources permit, the Aging and Disability Resource Center shall provide short-term care coordination and case management to assist individuals and their families in arranging for services. These services shall be provided in conjunction with information and assistance, outreach and options counseling provided by the Aging and Disability Resource Center and with Adult Protective Services (APS) and other systems outside of the Aging and Disability Resource Center.

b. Aging and Disability Resource Centers providing short-term care coordination or case management services shall have protocols to assure that these services are short-term in nature.

**J. Emergency Response**

1. *Performance Goal*

People receive immediate assistance in a crisis situation.

2. *Recognizing and Responding to Emergencies*

Aging and Disability Resource Center staff shall be knowledgeable about how to recognize emergency situations, the emergency services that are available in their

service area, and the protocols for connecting people to the appropriate emergency services.

3. *Connecting Individuals to Emergency Service Providers*

Aging and Disability Resource Centers are neither expected nor required to be emergency service providers. During business hours, Aging and Disability Resource Center staff shall follow protocols established by the 911 service and/or other emergency resources in the community in order to assure that people are connected promptly with the appropriate providers of emergency services when a situation involving immediate risk is identified. These protocols may involve connecting the person directly to the provider of emergency services without requiring the caller to place a separate call or asking the person to hang up and call 911. 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. Elder Abuse and Adult Protective Services**

1. *Performance Goal*

People are free from abuse and neglect.

2. *Identifying Individuals Who Need Services*

The Aging and Disability Resource Center shall identify persons who may need elder abuse and/or adult protective services.

3. *Access to Elder Abuse and Neglect or Adult Protective Services*

- a. The Aging and Disability Resource Center shall make referrals to the county's designated elder abuse and neglect agency and adult protective services agency as appropriate. People who are referred shall be put directly in touch with the appropriate agency, without being required to initiate another contact.
- b. The Aging and Disability Resource Center shall receive and act on referrals from the elder abuse and neglect agency and the adult protective services agency.
- c. The Aging and Disability Resource Center shall establish memorandums of understanding regarding referrals, investigations and coordination of services with the county agency or agencies responsible for elder abuse and/or adult protective services. The Aging and Disability Resource Center may be the designated elder abuse or adult protective services agency.
- d. Aging and Disability Resource Center staff shall be knowledgeable about domestic violence and how to access emergency services designed to address these victims. Staff shall identify situations for potential domestic violence and sexual assault, and facilitate referrals to the appropriate domestic abuse resources.

## **L. Transitional Services**

### *1. Performance Goal*

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

### *2. Outreach*

- a. The Aging and Disability Resource Center shall outreach to young adults with disabilities transitioning to the adult long-term care system. Outreach activities shall be coordinated with school districts, the children's long-term support system, and other long-term support providers in the Aging and Disability Resource Center's service area.
- b. At least annually, the Aging and Disability Resource Center shall provide written information to all school districts in its service area regarding the availability of Aging and Disability Resource Center services, and inviting referrals for Aging and Disability Resource Center services to assist students in making the transition to the adult long-term care system.
- c. The Aging and Disability Resource Center shall provide the 51.437 Board, the county human services department, department of community programs, and/or Family Care or other managed care organization (where these entities exist in the service area) and school districts with information about the services of the Aging and Disability Resource Center.

### *3. Transitional Services*

The Aging and Disability Resource Center shall provide information, assistance and linkages to transitional and planning services for children transitioning into the adult long-term care system.

### *4. Providing Information on Adult Services and the Aging Network*

Upon request, the Aging and Disability Resource Center shall provide accurate information about the types of services, resources, and programs to support individuals with disabilities when they reach adulthood or old age. Where appropriate, the Aging and Disability Resource Center shall refer families to the LTC Children's Waiver Program but is not responsible for providing information or counseling on services for children with disabilities.

## **M. Prevention and Early Intervention Services**

### *1. Performance Goal*

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

2. *Information on Risk and Safety Issues*  
The Aging and Disability Resource Center shall provide information on risk and safety issues and on prevention and early intervention measures as part of its public education, information and assistance, and options counseling activities.
3. *Identifying Opportunities for Prevention and Early Intervention*  
As a routine part of information and assistance and long-term care options counseling, the Aging and Disability Resource Center shall be alert to potential risk factors in the person's situation and identify opportunities for prevention and early intervention. Aging and Disability Resource Centers are not required to perform a formal risk assessment as part of information and assistance or options counseling.
4. *Referrals to Public Health and Other Agencies*  
The Aging and Disability Resource Center shall develop linkages with, and refer people to, public health agencies and other entities that have a public prevention, early intervention, disease management and/or health literacy focus.
5. *Use of Funds Received for Prevention and Intervention Services*  
If the Aging and Disability Resource Center receives Department funds for prevention purposes, it shall provide prevention and early intervention services consistent with its application and award notification.
6. *Staff Qualifications*  
Staff providing information and assistance, options counseling, or prevention and early intervention services shall be knowledgeable about preventable causes of disability and institutionalization and shall be able to identify risk factors and appropriate prevention and early intervention strategies. A background in public health, nursing, community health education, exercise physiology, or occupational therapy would be particularly appropriate for staff providing prevention and intervention programs or services, but is not required.

## **N. Client Advocacy**

1. *Performance Goal*  
People know their rights and responsibilities and receive assistance, if needed, in exercising those rights and responsibilities.
2. *Advocacy*  
Aging and Disability Resource Centers shall advocate for individuals who need assistance in accessing benefits and/or services to meet their needs.
3. *Informing People of Their Rights*  
The Aging and Disability Resource Center shall inform people of their rights and responsibilities in ways that they can understand and use and shall make available any information that the Department provides regarding the rights that an individual has

for home and community-based long-term care services and benefits, self-advocacy, and independent advocacy services.

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

The Aging and Disability Resource Center shall provide assistance to people when they need help in understanding how to resolve service system disputes or violation of rights complaints. The Aging and Disability Resource Center shall link individuals with appropriate advocacy resources, including, but not limited to, elderly and disability benefit specialists, Board on Aging & Long-Term Care ombudsman, federally designated protection and advocacy organizations (e.g., Disability Rights Wisconsin), mental health and AODA advocates, the Title VII Client Assistance Program, volunteer and peer support, and other state or local organizations that provide advocacy for long-term care services, where available.

5. *Avoiding Conflict of Interest*

The Aging and Disability Resource Center shall assure that individuals receive appropriate advocacy and representation, especially in cases involving eligibility for program benefits or services provided by the county, managed care organization or other organization affiliated with the Aging and Disability Resource Center, where there is a potential for conflict of interest.

**O. Community Needs Assessment**

1. *Performance Goal*

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

2. *Identifying Unmet Needs*

The Aging and Disability Resource Center shall identify the unmet needs of its target populations, including unserved or underserved subgroups within the target populations, and the types of services, facilities or funding sources that are in short supply. While a formal needs assessment is not required, the Aging and Disability Resource Center should have a process for identifying unmet needs that takes into account its experience in responding to requests for assistance and making connections to community resources. To the extent that is practical, this process should also include input from members of the target populations and their representatives, community service organizations, the public long-term care system, public health agencies, advocates and others who are in a position to know about aging, disability and mental health issues.

3. *Sharing Information About Unmet Needs*

The Aging and Disability Resource Center shall provide information about the unmet needs of its target populations to the Aging and Disability Resource Center governing board, the local Long-Term Care Council and, to the extent practical, to community organizations, long-term care service providers, county government, government agencies, and the Department.

4. *Helping Address Unmet Needs*

Results of community needs analysis shall also be used to target Aging and Disability Resource Center outreach, education, prevention, and system advocacy efforts. To the extent feasible, the Aging and Disability Resource Center shall assist in the development of local services and resources to address unmet needs and provide long-term care and other aging and disability related service options for its target populations.

### **III. ORGANIZATIONAL AND PROCEDURAL STANDARDS**

#### **A. Aging and Disability Resource Center Name**

1. *Performance Goal*

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

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

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

#### **B. Governing Board**

1. *Performance Goal*

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

2. *Composition*

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

- a. The composition of the governing board, committee or commission shall generally reflect the ethnic and economic diversity of the Aging and Disability Resource Center’s service area.
- b. At least one-fourth of the members of the governing board shall be older people, people with physical or developmental disabilities, people with mental illness or substance use disorders, or their family members, guardians or advocates.
- c. The interests of all target groups shall be represented by the governing board, committee or commission.

3. *Training and Accommodation*

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

4. *Duties*

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

- a. Develop a mission statement for the Aging and Disability Resource Center that is consistent with the goals of the statewide redesigned long-term care system;
- b. Determine the structure, policies and procedures of the Aging and Disability Resource Center, within state guidelines and local governance structure;
- c. Ensure that the Aging and Disability Resource Center has a viable plan for implementation and operation;
- d. Oversee the operation of the Aging and Disability Resource Center;
- e. Identify unmet needs of the target populations; share information about these needs with the county board, the Department, and other local and state government policy and decision-making bodies; and, to the extent practical, suggest strategies to address these needs;
- f. Assure input from consumers, service providers, and local constituents in general in the policies, practices and goals of the Aging and Disability Resource Center;
- g. Provide financial oversight for the Aging and Disability Resource Center, including developing a budget and monitoring expenditures;
- h. Ensure that the terms of this contract are fulfilled; and
- i. Recommend hiring of or, if so authorized, hire the Aging and Disability Resource Center director.

5. *Where the Aging and Disability Resource Center is a Family Care District*

If a Family Care district is created to operate the Aging and Disability Resource Center, the governance of the Family Care district shall comply with s. 46.2895 Stats.

**C. Organization and Staffing Plan**

1. *Performance Goal*

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

2. *Organization Chart*

The Aging and Disability Resource Center shall maintain an organization chart that describes its organizational structure, areas of responsibility, and reporting relationships.

3. *Staffing Plan*

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

**D. Staff Qualifications**

1. *Performance Goal*

Staff are qualified to perform their assigned responsibilities.

2. *Required Education and Experience*

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

- a. A Bachelor of Arts or Science degree (preferably in a health or human services related field) or a license to practice as a registered nurse in Wisconsin pursuant to s. 441.06 Stats, and at least one year of experience working with the type of individuals, such as the elderly or individuals with developmental or physical disabilities or mental illness, who constitute one of the target populations of the Aging and Disability Resource Center; or
- b. Approval from the Department in the event that the staff member lacks the degree and experience described above. Such approval is discretionary on the part of the Department and must be requested by the Aging and Disability Resource Center prior to having the staff member provide these services. Decisions regarding approval will be based either on the staff member's post-secondary education and experience or on a written plan prepared by the Aging and Disability Resource Center, and submitted to the Department, to give the staff member formal and on-the-job training to develop the skills required to provide these services. This provision may also be applied to assure the Aging and Disability Resource Center is able to employ individuals with disabilities and/or staff who are bi-lingual

## **E. Cultural Competence and Diversity**

### *1. Performance Goal*

People feel comfortable using the Aging and Disability Resource Center and its services.

### *2. Requirement to Demonstrate Cultural Competence and Cultural Diversity*

The Aging and Disability Resource Center and its subcontractors shall demonstrate cultural competence and cultural diversity in its performance under this contract.

### *3. Cultural Competence*

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

### *4. Cultural Diversity*

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

## **F. Accommodation and Accessibility**

### *1. Performance Goal*

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

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

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

### *3. Communicating with Non-English Speaking People*

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

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

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

5. *Complying with the Requirements of the ADA*  
The Aging and Disability Resource Center's location(s) shall be physically accessible, and comply with the ADA.
6. *Establishing an E-Mail Address*  
The Aging and Disability Resource Center shall have a well-publicized electronic mail (e-mail) address which can be published on the Department world wide website for the public to use. The Aging and Disability Resource Center shall respond to e-mail contacts in the same manner as any other written request.
7. *Working with Family Members and Friends of People with Cognitive Disabilities*  
For people with cognitive disabilities, special attention shall be given to assuring that family members, friends and others who know the individual and can convey the person's needs and preferences are included in the provision of Aging and Disability Resource Center services.
8. *Making Material Understandable to People with Limited Reading Proficiency*  
The materials developed by the Aging and Disability Resource Center which are distributed to the target populations and/or the general public shall be written in a manner which considers people with limited reading proficiency.

## **G. Complaints and Grievances**

1. *Performance Goal*  
People are able to register complaints and grievances and exercise their due process rights.
2. *Provision of Information*  
The Aging and Disability Resource Center shall inform people about the process for resolving problems or complaints regarding its services and shall provide information about the following, as appropriate, when the person initiates a complaint or grievance:
  - a. The informal and formal processes for resolving complaints and grievances regarding the Aging and Disability Resource Center and/or long-term care programs and services, and which process might be most appropriate for resolving the person's specific concern; and
  - b. Organizations and resources available to assist with complaints and grievances.
3. *Complaint and Grievance Process*  
The Aging and Disability Resource Center shall maintain and implement due process procedures to review and resolve complaints. This process shall be reviewed and approved by the governing board, committee or commission. The complaint and

grievance process shall be consistent with applicable federal and state statutes and administrative rules and shall provide, at a minimum, mechanisms for:

- a. Informal internal complaint and grievance resolution within ten (10) business days of the time the complaint or grievance is received;
- b. Formal internal complaint and grievance resolution within fifteen (15) business days of the time the complaint or grievance is received which includes resolution by the Aging and Disability Resource Center's top level management;
- c. Access to formal external complaint and grievance resolution through the Department for any grievance before, during or after the use of the Aging and Disability Resource Center's internal process;
- d. Access to the State Fair Hearing process. The person has the ability to directly appeal to the State Fair Hearing process within forty five (45) calendar days after receipt of notice of a decision or failure to act regarding the following types of grievances:
  - i. Determination of ineligibility for long-term care benefits;
  - ii. Determination of cost sharing for long-term care benefits;
  - iii. Determination that the person is eligible for but not entitled to the Family Care benefit as specified in s. 46.286 (3) Stats.;
  - iv. Determination in regard to divestment, treatment of trust amounts, and protection of income and resources of couple for maintenance of community spouse; and,
  - v. Failure of a Managed care organization to provide timely services and support.
- e. For all other matters, the Department's review process must be utilized prior to using the State Fair Hearing process.

4. *Notification of Decision*

The Aging and Disability Resource Center shall give written notice of the decision made through the Aging and Disability Resource Center's internal complaint and grievance process to the person and any other affected parties. In addition to the decision reached, the notice shall include:

- a. The name of the contact person at the Aging and Disability Resource Center for complaints and grievances;
- b. The date the decision was reached;
- c. A summary of the steps taken on behalf of the person to resolve the issue;

- d. An explanation that if the person disagrees with the decision, he/she has a right to a Department review, or to a State Fair Hearing process for determinations listed in Subsection 3, Paragraph d immediately above; and
  - e. How to file for review by the Department and through the State Fair Hearing process.
5. *Reprisals Prohibited*  
The Aging and Disability Resource Center shall refrain from any reprisal or threat of reprisal against the person for registering a complaint or grievance.
6. *Encouraging Informal Dispute Resolution*  
The Aging and Disability Resource Center shall encourage the person to resolve complaints and grievances with the Aging and Disability Resource Center through the internal informal complaint and grievance resolution process.
7. *Cooperating with Review by External Advocates*  
The Aging and Disability Resource Center shall cooperate with a review by an external advocacy organization on the behalf of the person in regard to filing or processing a complaint or grievance.

## **H. Quality Assurance/Quality Improvement Process**

1. *Performance Goal*  
The Aging and Disability Resource Center provides quality services and incorporates the principle of continuous quality improvement in its operations.
2. *Process for Quality Assurance and Improvement*  
The Aging and Disability Resource Center shall develop and implement a Department-approved process to assure and improve the quality of its services to consumers. As part of this process, the Aging and Disability Resource Center shall:
- a. Establish indicators for assessing the quality of the performance of the Aging and Disability Resource Center in its major areas of operation consistent with any indicators established by the Department;
  - b. Collect data, including baseline information, needed to measure the quality indicators and analyze this data;
  - c. Gather consumer input and incorporate it into the data used in quality assurance and quality improvement activities; and
  - d. Undertake at least one focused quality improvement project, if resources allow.

3. *Monitor Performance*

The Aging and Disability Resource Center shall routinely monitor and report to its governing board, committee or commission on the quality and adequacy of the services it provides.

**I. Access to and Confidentiality of Records**

1. *Performance Goal*

Client confidentiality is respected.

2. *Permission to Access Records*

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

3. *Confidentiality*

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

**J. Reporting and Records**

1. *Performance Goal*

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

2. *Required Documents and Reports*

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

a. *100% Time Reports.* Staff of the Aging and Disability Resource Center and its subcontractors shall complete daily activity logs using the spreadsheet format provided by the Department for the purpose of claiming Medicaid administration match for eligible Aging and Disability Resource Center services. Samples of the daily activity logs shall be submitted to the Department on request.

b. *Monthly Information and Assistance Report.* The Aging and Disability Resource Center shall submit a monthly information and assistance activity for each month using the standard report forms and following instructions provided by the Department. The Aging and Disability Resource Center shall submit this report to the Department electronically no later than the fifteenth (15<sup>th</sup>) day of the month immediately following the month for which the report is prepared.



6. *Management Information System*

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

- a. The Aging and Disability Resource Center shall have a resource data base sufficient to support the provision of the required information and assistance services.
- b. The Aging and Disability Resource Center shall have a MIS/data collection, processing, and reporting system capable of:
  - i. Counting and describing contacts, as required by the Department, including reason for and disposition of contacts;
  - ii. For contacts requiring follow up or formal Aging and Disability Resource Center involvement in linking the person to Family Care or other managed long term care programs or other long-term care services, the system shall be able to monitor and track contacts, collect data on the initial contact, characteristics of the person making the contact, subject of the contact, identification of issues, outcomes, and any follow-up activities;
  - iii. Aging and Disability Resource Centers which perform the functional screen shall maintain individual client tracking for each person who receives the functional screen and applies for Family Care or other Waiver benefits using a unique identification number for each person. All Medicaid recipients shall carry the Medicaid identification number;
  - iv. Supporting quality assurance/quality improvement requirements;
  - v. Supporting Department required performance criteria and indicators; and
  - vi. Meeting Department reporting requirements in formats and timelines prescribed by the Department which satisfy the requirements listed in Section III.J.2 of Exhibit I.

7. *Changes in Data Collection and Reporting Requirements*

The only changes made to the reporting requirements during the course of this contract will be those mutually agreed upon by the Aging and Disability Resource

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

8. *Interim MIS and Data Reporting Requirements*

The above requirements notwithstanding, Aging and Disability Resource Centers may continue to use their existing data collection and reporting systems until new statewide requirements and systems have been developed and agreed to, so long as the minimum requirements of the funding sources are met.

- a. Aging and Disability Resource Centers operating under contract with the Department of Health and Family Services prior to July 1, 2005 shall submit interim reports consistent with requirements contained in the 2005 Aging and Disability Resource Center contract.
- b. Aging and Disability Resource Centers beginning operation after July 1, 2005 shall continue to report information and assistance data on NAPIS, consistent with requirements under Chapter 14 of *A Manual of Policies, Procedures, And Technical Assistance For The Wisconsin Aging Network* dated Fall, 2004, and shall provide information as referenced in their grant award letters and planning grant contracts or as otherwise agreed to by the Department.

**K. Performance of Services**

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

**L. Special Requirements for Multi-County Aging and Disability Resource Centers**

1. *Performance Goal*

When an Aging and Disability Resource Center serves a multi-county area, it is recognizable to the public as a regional service entity, provides consistent services to residents of its multi-county service area, and realizes the quality and cost efficiencies available through economies of scale.

## *2. Requirements for Multi-County Aging and Disability Resource Centers*

- a. Multi-county Aging and Disability Resource Centers shall have a single governing board, committee or commission for the multi-county Aging and Disability Resource Center. The governing board shall have representation from each participating county in the multi-county Aging and Disability Resource Center and shall report to the human service boards, commissions on aging and/or county boards in each of the participating counties.
- b. The service area of a multi-county Aging and Disability Resource Center includes all of the participating counties and consistent Aging and Disability Resource Center core services are provided throughout the service area.
- c. While the Aging and Disability Resource Center core services and procedures will be the same throughout the multi-county consortium, the non-Aging and Disability Resource Center services to which customers are referred may differ depending on what is available in the individual's county of residence. (For example, different service providers may be available in different communities and one county may have a waiting list for COP or Waiver services while another does not.)
- d. Use a single client tracking and resource database for the entire multi-county area. The participating counties shall decide what county-specific data is to be collected.
- e. Produce a single budget and expenditure report for the entire multi-county Aging and Disability Resource Center.
- f. In a separate report, document how the required matching funds from each county are used.

## **IV. CONTRACT MANAGEMENT**

### **A. Service Delivery Plan**

Aging and Disability Resource Centers shall develop a service delivery plan that describes what services it will provide, how these services will be provided and when they will be made available to achieve full service for all target populations within timeframe specified by this contract or otherwise agreed to by the Department. If the Aging and Disability Resource Center will be providing services in addition to those required by the ADRC contract, these should be identified in an addendum to the Service Delivery Plan. Such services cannot be funded with monies from the Aging and Disability Resource Center contract.

This plan shall be developed following a format provided by the Department or in some other mutually agreed upon format. The service delivery plan shall be submitted to the Department for approval no later than 60 days prior to the effective date of this contract or by another mutually agreed upon date. The service delivery plan shall be updated annually and shall be included as an addendum to this contract.

## **B. Budget**

The Aging and Disability Resource Center shall develop a line-item budget and budget narrative for the period covered by this contract and shall submit these for Department approval by 60 days prior to the effective date of this contract or by another mutually agreed upon date. The budget shall be prepared following the worksheet format located in Appendix C and shall contain the following elements at a minimum:

### *1. Budget*

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

Personnel: Complete the Personnel Worksheet. It should show the position title, FTE, base salary, and fringe benefits for all project personnel, including both ADRC staff and subcontracted staff. For subcontracted staff enter "subcontract" in the base salary and fringe columns instead of a dollar amount. Fringe benefits should be calculated utilizing the grantee's current rate.

Subcontract(s): If the Aging and Disability Resource Center plans to subcontract, complete the Subcontract Worksheet. For each subcontract, identify the subcontracted work to be performed, the contract organization's name, and the subcontractor budget to the degree that information is available.

### *2. Budget Narrative*

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

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

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

Other Expenses: Travel - estimate total number of miles x mileage reimbursement rate and estimate the number of overnight stays.  
Training – briefly describe the type of training that is anticipated and estimate the total number of trainings.  
Other --identify any special projects and/or unusual expenses for each line item.

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

### **C. Subcontracts**

#### *1. Requirements for Subcontracts*

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

#### *2. Responsibility of Parties to the Contract*

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

#### *3. Subcontracts Available for Department Review*

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

### **D. Performance of Contract Terms During Dispute**

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

## APPENDIX A: Definitions

**AMSO** – Agency Management Support Overhead.

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

**Adult protective services** – Protective services for mentally retarded and other developmentally disabled persons, for aged infirm persons, for chronically mentally ill persons and for persons with other like incapacities incurred at any age as defined in s. 55.02, Stats.

**Care Management Organization (CMO)** – The organization responsible for administering the Family Care benefit in those counties where it is available.

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

**Core services** – Those services identified in Exhibit I, Scope of Services, as services which are required to be provided by all Aging and Disability Resource Centers. Optional services, such as administration of the LTC Functional Screen, are not considered core services.

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

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

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

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

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

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

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

**Local long-term care council** – a council appointed under s. 46.282(2) Stats.

**Long-term care facility** – a nursing home, adult family home, community-based residential facility or residential care apartment complex.

**Managed Care Expansion** – The Department’s initiative to expand managed long term care to counties in addition to the original five Family Care counties. Managed long term care will be made available to additional counties beginning in 2007.

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

**Marketing** – publicizing the services of the ADRC for the purpose of encouraging people to make use of the ADRC

**Medically unstable condition** – A medical condition which prevents health care professionals from being able to accurately predict a person’s long-term care needs.

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

**Performance goal** – The outcome to be worked toward as a result of performing the functions described in the scope of services. These goals are included to explain the purpose of the contract requirements and to provide guidance for contract implementation. They are not specific contract expectations.

**Pre-admission consultation** – Provision of long-term care options counseling and the functional screen to persons referred to the Aging and Disability Resource Center by a hospital or long-term care facility.

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

**Service area** – The geographic area in which the Resource Center provides services. The service area may be a single county or a multi-county region.

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

- (a) Elderly
- (b) Adults with a physical disability
- (c) Adults with a developmental disability
- (d) Adults with mental illness and/or substance use disorders

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

## Appendix B

### ADRC Staffing Plan

ACRC Service	Position Title [List each position performing this function]	# of FTE	# of persons filling FTE	ADRC state funds	Funds-other sources
<i>Core ADRC Services/Activities [Mandatory at Start-Up]</i>					
I&A					
Long-Term Care Options Counseling					
Access to Publicly- Funded LTC					
Access to LTC Programs and Benefits					
Marketing, Outreach and Public Information					
Client Advocacy					
Access to APS/Elder abuse					
Elderly Benefit Specialist					
Disability Benefit Specialist					
ADRC Supervisor					

ACRC Service	Position Title [List each position performing this function]	# of FTE	# of persons filling FTE	ADRC state funds	Funds-other sources
<b><i>MCO add-on activities</i></b> [Mandatory before Managed Care Organization begins service]					
Functional Screen					
Financial Eligibility (prescreen and coordinate)					
Enrollment Consultant					
<b><i>Ramp Up Activities</i></b> [Mandatory within 1 year for MCO target groups]					
I&A & LTC Options Counseling for Additional Target Populations					
Non-client specific services (community needs assessments, prevention and early intervention, emergency response)					
<b><i>Optional Activities</i></b> [Not funded by ADRC Grant]					
Provision of APS / Elder Abuse Services					
Aging Services (e.g., transportation, meal programs, volunteer coordination)					
Other					

**APPENDIX C**

**ADRC Budget**      **Contract Period** -- \_\_\_\_\_ **to** \_\_\_\_\_.

Line Item Budget: Include the following information

	<b>ADRC Grant Funding</b>	<b>MA Match Funding</b>	<b>Title 3 (OAA) Funding</b>	<b>Other Funding</b>	<b>Grand Total</b>
<b>ADRC Program Personnel*:</b>					
Salary					0
Fringe					0
<b>Subtotal</b>	0	0	0	0	0
<b>Office Operations:</b>					
<b>Direct Expenses</b>					
Postage					0
Telephone					0
Printing					0
Equipment Maintenance					0
Office Supplies					0
Computer-related					0
Rent/Lease					0
Other Direct Services					0
<b>Subtotal</b>	0	0	0	0	0
<b>Indirect Expenses</b>					
Administration/AMSO					0
<b>Subtotal</b>	0	0	0	0	0
<b>Other Expenses</b>					
Meetings					0
Travel					0
Training					0
Certifications/Professional Dues					0
Translation Services					0
Other					0
<b>Subtotal</b>	0	0	0	0	0
<b>Subcontracts:</b>					
					0
					0
					0
					0
<b>Subtotal</b>	0	0	0	0	0
<b>TOTAL EXPENSES:</b>	0	0	0	0	0

\*The ADRC Director and supervisors should be listed here only if they provide direct services, if not include with Administration/AMSO costs



