

RESOURCE CENTERED

*Technical Assistance for Wisconsin Aging and Disability Resource Centers (ADRC)
Department of Health and Family Services, Office for Resource Center Development (ORCD)*

Topic: Pre-Admission Consultation (PAC)

Pre-admission consultations (PAC) are an important service of Aging and Disability Resource Centers. PACs are available to people seeking admission to an assisted living or nursing facility. This document provides information, technical assistance, and policies and procedures related to implementing statutory, contractual, and administrative rule requirements for PAC.

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Introduction to Pre-Admission Consultation (PAC)

Aging and Disability Resource Centers (ADRCs) provide the general public a one-stop shop for long-term care information and assistance, options counseling, and other important services regardless of an individual's financial situation. People who may need assistance paying for his or her care under one of Wisconsin's long-term care programs can receive valuable information, find out whether they are eligible, and if eligible, can be enrolled into his or her program of choice through the ADRC. While these services are available to anyone in the general public, people who are exploring assisted living, group living, or institutional options are doing so because either he or she or a family member is in need of help or support related to disability or age. As a way to help people through the stress and anxiety of finding the help they need, in the right place, at the right time, ADRCs offer a valuable service targeted just for these individuals.

Pre-admission consultation (PAC) is a service provided by ADRCs to individuals who are in the process of considering or making a decision about residential care. The consultation includes the provision of information and assistance, options counseling, and a functional eligibility determination for long-term care programs as appropriate or requested. ADRCs offer pre-admission consultations to people considering a move into an assisted living or institutional setting, such as a nursing home, in Wisconsin. The consultation allows people to plan their care, think about how to pay for it, consider how long personal resources will last, and allow him or her to make informed decisions about their future.

Authority/References

Pre-admission consultation requirements can be found in Wisconsin Statutes, Administrative Rules, and the ADRC Contract. Readers can access these references by visiting the links below.

1. Wisconsin Statutes. Chapter 46, 50 can be accessed at: <http://www.legis.state.wi.us/rsb/stats.html>
2. Administrative Codes. HFS 83, 89, 132, 10 can be accessed at: <http://www.legis.state.wi.us/rsb/code.htm>.
3. ADRC contract requirements can be accessed at: <http://dhs.wisconsin.gov/lc/lc/StateFedReqs/FC-RC-CMO-Contracts.htm>.

Definition

As outlined in the ADRC contract, a pre-admission consultation (PAC) includes the following:

- ✚ Long-term care options counseling; including topics such as:
 - The range of care settings and options available to meet the person's long-term care needs;
 - Financial implications of the various options;
 - Ways to evaluate facility quality and appropriateness;
 - Funding programs which may be available to help pay for the person's care, including managed long-term care and IRIS and the eligibility requirements and procedures;
- ✚ An offer to perform the long-term care functional screen;
- ✚ Assistance with the financial eligibility and cost share determinations and enrollment process for publicly-funded long-term care when appropriate.

The Pre-Admission Consultation Process

The process begins with an individual contacting or visiting a long-term care residential facility such as a Nursing Home, Community Based Residential Facility (CBRF), or Residential Care Apartment Complex (RCAC).

I. Requirements of Providers

- A. **Managed Care/IRIS Available.** CBRFs, RCACs, and nursing homes that are located in areas where Managed Care/IRIS is available are required to provide prospective residents with the brochure entitled "*Considering Assisted Living or a Nursing Home?*" at the time that the facility first provides written information to the individual or his/her family. This means that the brochure is distributed any time the facility gives or sends marketing materials to people inquiring about their facility. The

brochure is available on line at: <http://dhs.wisconsin.gov/LTCare/Generalinfo/PAC.htm>. Brochures provided to prospective residents are printed by the facility.

At the same time, the facility also completes a pre-admission referral form, and forwards the form to the Resource Center. The referral form should be sent at the time that written information is first provided, but no later than the close of the business day following the discussion with the prospective resident. The form will be sent to the ADRC in or serving the county where the individual currently resides. If the individual resides in another state, the referral should be sent to the ADRC where the facility is located. The referral form (F62493) and instructions are available online at <http://dhfs.wisconsin.gov/forms/DQAnum.asp>.

The referral form includes a section that is completed by the prospective resident that asks whether they would like to be contacted by the ADRC and whether they believe that they have sufficient resources to stay in the facility for six months. All referral forms are to be sent to the ADRC regardless of whether the person indicates that they would like to be contacted by the Resource Center.

There are two exemptions for which a referral form would NOT be required to be completed and sent. These include:

- a. The individual is currently enrolled in a managed care program (Family Care, Partnership, or PACE); or
- b. The individual is seeking admission for short-term respite care.

If contact with the prospective resident is limited to a telephone call and the information about the facility is sent via postal or electronic mail, the facility is required to send a copy or provide a link to the brochure but is not required to complete and submit a referral form. Providers are required to provide information (in the form of the brochure) to all prospective residents regardless of whether a referral is required.

- B. **COP/Waivers Available; No ADRC.** In areas where Managed Care/IRIS is **not** available, CBRFs are required to make the referral to the county human or social service agency, and are encouraged to provide the brochure *"Considering Assisted Living or a Nursing Home?"* The county waiver agency is responsible for accepting and responding to the CBRF pre-admission referrals. In these counties, there are no pre-admission consultation requirements for RCACs or nursing homes.
- C. **COP/Waiver Available; ADRC Operating.** In areas where Managed Care/IRIS is **not** available but where a Resource Center is operating, the county must designate the referral agency (which could be either the ADRC or the county human service agency). It is a local decision as to which agency is most appropriate to respond to facility referrals and provide the required counseling. Applicable counties include: Brown, Forest, Manitowoc, Calumet, Outagamie and Waupaca.

CBRFs are required to make the referral to the designated agency. There are no pre-admission consultation requirements for RCACs or nursing homes in these counties.

CBRFs, RCACs, and nursing homes will be informed by the Division of Quality Assurance when the requirements for information and referral take effect. Start dates will be listed in the DQA Quarterly Update.

Note: Counties that are in the process of transitioning to Managed Care/IRIS should follow the same process. These areas will need to designate which local agency will receive CBRF PAC referrals during the two month timeframe when an ADRC will be operating before Managed Care/IRIS begins in the county. RCACs and nursing homes do not begin to make referrals until the date that Managed Care/IRIS is available.

Table I. Summary of Provider Requirements

Facility Type	Requirements of the Facility	
	Counties with Managed Care/IRIS	Counties with COP/Waiver
CBRF	Provide Brochure Submit Referral	Submit Referral Provide Brochure recommended*
RCAC	Provide Brochure Submit Referral	None
Nursing Home	Provide Brochure Submit Referral	None

* CBRFs in counties with COP/Waiver are not statutorily required to provide information to prospective residents, but it is encouraged in order to ensure that people have the information they need and are adequately able to complete the referral form.

II. Requirements of Aging and Disability Resource Centers (ADRCs)

Receive Referrals. Resource Centers receive referrals from providers for individuals who currently reside in their county or catchment area.

Attempt to Contact. The ADRC is required to attempt to make contact, within five (5) business days of receiving the referral, with persons who indicate on the referral form that they would like the opportunity to talk to someone at the ADRC. The ADRC must also attempt to contact those individuals (or their representative) who indicate on the referral form that they are *not sure* as to whether they would like to speak to the ADRC. This initial contact should be done via telephone. Sending a letter or e-mail to prospective residents is not sufficient for the initial contact.

There may be persons who contact more than one facility over a period of time which may trigger multiple referrals to the Resource Center. If the prospective resident has been referred to the ADRC for counseling at any time in the previous six months and the appropriate follow up has occurred, the ADRC need not make another follow up contact unless the prospective resident requests it.

If, after attempting to contact the individual (or their representative), an ADRC is unable to reach him/her within five business days, the ADRC sends a letter with the offer of preadmission consultation. If the person does not respond to the letter within 20 business days, the ADRC need not make further efforts to contact the individual. Documentation of all referrals and all contacts made/attempted in response to provider referrals should be maintained by the ADRC.

Offer & Provide a Pre-Admission Consultation. When contact is made, the Resource Center offers a pre-admission consultation. If the individual chooses to receive a PAC, the ADRC then makes arrangements to meet with the individual and his/her family at a location preferred and at a time that is convenient to the individual. This should be done prior to admission to the facility and within 10 days of the accepted offer. This timeline may be extended if the individual requests a delay or has an unstable medical condition.

Attachment 1 shows the pre-admission consultation process from the time the individual contacts or visits the facility to the administration of a pre-admission consultation.

III. Requirements of the Department.

Notify Providers. The Department is responsible for certifying to residential providers that a Resource Center is available to provide pre-admission consultation and therefore the provider is to begin implementing their responsibilities. This begins when Managed Care/IRIS is available in the county. Providers will be notified by the Department when Managed Care/IRIS is expected to begin in the DQA Quarterly Update. If an ADRC intends to meet with local providers, it will be useful to discuss this date and process with them.

When Managed Care/IRIS begins in an area, CBRFs continue pre-admission consultation requirements, but begin to send referrals to the local Resource Center instead of to the county human or social service agency. RCACs and nursing homes begin to implement PAC requirements for the first time on that date.

Activity Reporting Requirements

Pre-admission consultation begins with a referral received from a CBRF, RCAC, or nursing home. When reporting this activity, the ADRC indicates under "Caller Type" whether the ADRC responded to Pre-Admission Consultation referrals received from a nursing home, or a CBRF, or a RCAC. For activity reporting definitions see: <http://dhs.wisconsin.gov/lcicare/pdf/ADRCActivityReportingDefinitions.pdf>

Note: If you engage in a conversation about CBRF, RCAC or nursing home options with an individual that was NOT prompted by the PAC referral form, this is NOT considered pre-admission consultation and should be reported as either Self, Caregiver, Relative, Agency, etc. under "caller type."

Monitoring PAC Activities

I. Provider Compliance

- A. **DQA.** The Division of Quality Assurance (DQA) within the Department of Health Services is responsible for monitoring facility compliance with PAC requirements. As a part of DQA's survey activities, staff will determine whether facilities are providing information about the services offered by the ADRC and whether facilities are making timely referrals to the ADRC. When necessary, DQA staff will contact the ADRC to verify that a facility has submitted a referral to the ADRC.
- B. **ADRCs.** Resource Centers are NOT required to monitor provider compliance with pre-admission consultation requirements. However, ADRCs may wish to track how often referrals are being received from facilities in their area. If no referrals are being received from a particular facility, the ADRC may wish to target some of their outreach activities to that facility to ensure that customers residing or intending to reside in the facility have access to the services of the Resource Center. If an ADRC notes uncorrected or intentional avoidance of a provider's PAC responsibilities, the ADRC may wish to contact DQA.
- C. **MCOs/County Human or Social Service Agencies.** Managed Care Organizations (MCOs) or county human/social service agencies that have contracts with residential providers, may add contract provisions requiring compliance with PAC information and referral requirements as a condition of the contract. Again, while this is not required, this has been a mechanism used by these agencies to strengthen provider compliance.

II. ADRC Compliance

The Office for Resource Center Development (ORCD) within the Department of Health Services is responsible for monitoring Resource Center compliance with contract requirements. As a part of ORCD's quality assurance activities, staff will determine whether ADRCs are meeting their contract obligations and will evaluate the effectiveness of the service in achieving PAC objectives.

Outreach to Adult Family Homes and Hospitals

As a result of 2007 Wisconsin Act 20, PAC requirements for adult family homes (AFHs) and hospitals were repealed. Yet, individuals who are looking to reside in AFHs or that face discharge from a hospital could greatly benefit from being connected with the Resource Center prior to admission or discharge regardless of statutory requirements. The ADRC may wish to target outreach activities and/or formally discuss with these providers how to coordinate efforts in order to best meet prospective resident and patient needs.

Contact Information

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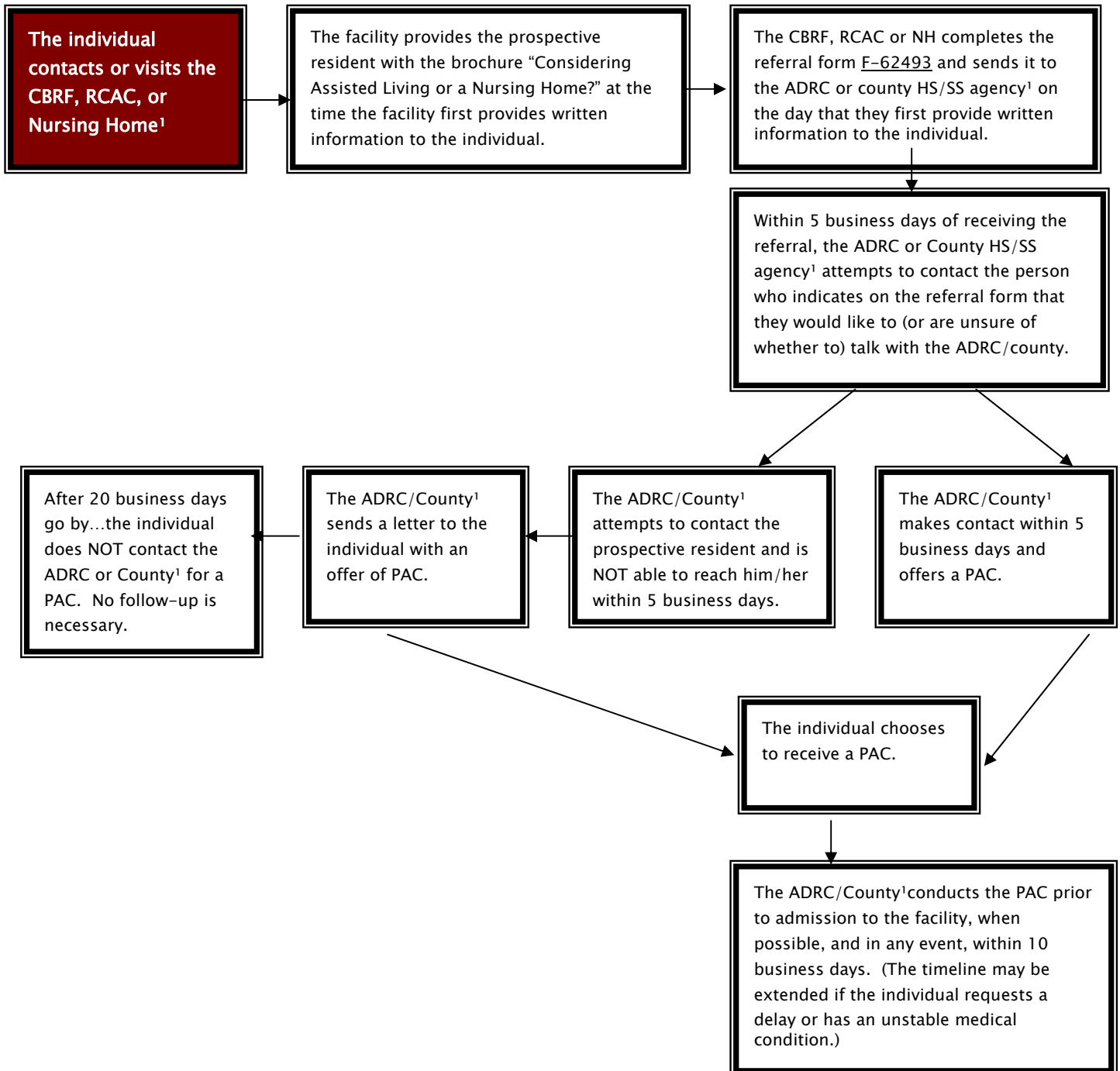
REGIONAL CONTACT: Regional Quality Assurance Specialist
Office for Resource Center Development

Attachment

2009 Pre-Admission Consultation Process Chart



Long-Term Care Facility 2009 PRE-ADMISSION CONSULTATION (PAC) PROCESS



¹ In counties where managed long-term care is not yet available, pre-admission consultation requirements only apply to community based residential facilities (CBRFs). In these counties, CBRFs send the referral to either the county human or social service agency or ADRC as determined locally.