

## AUTHORIZATION TO ALLOCATE ELDER BENEFIT SPECIALIST FUNDING TO THE AGING AND DISABILITY RESOURCE CENTER

This form allows county aging units to authorize the Wisconsin Department of Health Services to issue the following sources of elder benefit specialist (EBS) program funding directly to an Aging and Disability Resource Center (ADRC) in calendar year **2024**:

- **EBS “statutory” funds:** Funding from the appropriation in [Wis. Stat. 20.435\(1\)\(dh\)](#) that is allocated to aging units according to [Wis. Stat. 46.81\(2\)](#) to support benefit specialist services for older individuals
- **OCI SPAP funds:** Funding from the Office for Commissioner of Insurance (OCI) to support counseling on state pharmaceutical assistance (SPAP) and Medicare Part D drug coverage options
- **SHIP funds:** Funding from State Health Insurance Assistance Program (SHIP)
- **MIPPA funds:** Funding from Medicare Improvements for Patients and Providers Act (MIPPA)

This arrangement is authorized to support claiming of federal Medicaid Administrative (MA) funds for eligible EBS activities at an ADRC and to simplify expense claiming for SHIP and MIPPA programs.

**All county aging units must submit this form regardless of whether they authorize the allocation of EBS funds to an ADRC.** You may submit additional copies of this form to include more signatures if necessary.

**If opting out,** please fill in the aging unit counties at the bottom of the form and submit the form.

**If accepting authorization** of EBS funds to the ADRC, **both the Aging Unit and the ADRC sections need to be signed**, even if the directors are the same person. Please submit this form to [DHSBADRfiscal@dhs.wisconsin.gov](mailto:DHSBADRfiscal@dhs.wisconsin.gov).

**Opting Into Authorization**

The following aging units of these counties agree to this arrangement:

County Name	Aging Unit Director Name	Aging Unit Director Signature	Date Signed

The following ADRC agrees to this arrangement, and if accepting the EBS funds, will ensure that the EBS will complete 100% time and task reporting and will submit via the ADRC’s monthly Adder submission. The ADRC will accept **all** EBS funding sources listed in the bulleted paragraph above unless noted below under “special instructions”:

ADRC Name	ADRC Director Name	ADRC Director Signature	Date Signed

**Opting Out of Authorization**

The aging units of the following counties do not authorize this agreement and will opt out of Medicaid claiming for this time period:

County Name	Aging Unit Director Name	Aging Unit Director Signature	Date Signed

**Special Instructions (optional)**

Please share any exceptions to how the department should allocate EBS, OCI SPAP, SHIP, and/or MIPPA funds, if necessary. For example, “MIPPA funds should be split between the ADRC and county aging unit.” Otherwise, opting in means the ADRC will accept **all** EBS funding sources listed in the bulleted paragraph above.