

Reconfiguring ADRC Responsibilities to Reflect Current Funding Levels

Some Aging & Disability Resource Center (ADRC) responsibilities may need to be altered or suspended to reflect the 2010 and 2011 funding level. The following information explains the rationale for taking such action and provides guidance to ADRCs as to which services are appropriate to modify and how.

Background

Experience has shown that the actual cost of operating an ADRC is approximately 18% higher than projected using the cost model that was originally developed to project funding needs for ADRCs. Given the current condition of the economy, the budget did not provide an increase in funding to support full provision of all services required in the ADRC contract. This raises the issue of how to adjust expectations for ADRC performance to better fit what can be done with the available funding.

The discrepancy between actual and projected ADRC operating costs is the result of several factors, including:

1. ***The eligibility determination and enrollment functions of the ADRC have increased since the original cost model was developed.*** Four of the nine original ADRC pilots were in counties where there was no Family Care program and did not have eligibility and enrollment related functions. Within the next year, most ADRCs will be supporting Family Care enrollments. Recently, ADRCs have taken on additional roles relating to eligibility and enrollment in Partnership and IRIS as well as Family Care. The new IRIS program and multiple MCOs add to the time and complexity of counseling individuals about their options, and enrolling them in their chosen programs, which is not reflected in the original cost model. The number and cost of performing functional screens in the current cost model does not reflect what happens when Family Care is in all counties.
2. ***The time and cost of the disability benefit specialist (DBS) program was underestimated in the original model.*** Disability cases can be complex and typically require extensive hours of work. The hours associated with a contact were underestimated.
3. ***Better data is now available for making cost projections.*** Time reporting and encounter reporting provide a better basis for revised cost projections.

State direction is necessary to ensure that consistent core ADRC services are available to citizens across Wisconsin and to eliminate pressure on counties to fund the work of the ADRC.

Core ADRC functions include information and assistance, options counseling, access to benefits, functional eligibility determination, assistance with financial eligibility, and enrollment for publicly funded long term care programs. Other ADRC functions complement and support these basic core functions. Some of these supporting functions could be suspended until such time as adequate

funding can be made available. The options described below are the outgrowth of DHS staff discussions with ADRC directors and other stakeholders.

The following are ways ADRCs may choose to curtail their activities so as to maximize effort performing core functions given available funding.

1. **Authorize ADRCs to limit short term service coordination** by limiting the length of time the service may be provided to individuals (e.g., limit contact to 30 days) or its focus (e.g., establishing priorities for the service). This may result in limited support for individuals on wait lists for the extended period of time.
2. **Reduce and/or eliminate non-client specific services** such as marketing, outreach, community needs assessments and prevention education. Obviously, visibility in the community is essential to the operation of an ADRC. A reduction of 25% of this activity may be feasible.
3. **Minimize outreach for youth transitions.** Youth transitions is a type of options counseling that enables the ADRC to serve as a link between high school students and Family Care or other LTC programs. ADRCs have been encouraged to become very engaged with school districts following development of a state interagency agreement on youth transition which has raised the profile of the ADRC. ADRCs may cease to be proactive with outreach to the school systems and rely on the schools to make referrals to the ADRC for options and enrollment counseling. This would eliminate the non-client specific part of youth transitions. Options counseling would be provided to youth that contact the ADRC.
4. **Extend timelines and clarify content of the pre-admission consultation (PAC) requirement.** Pre-admission consultation is a statutorily required ADRC function. Its purpose is to provide people with the information they need to make informed decisions prior to moving to a nursing home, CBRF or RCAC and to prevent or delay the need for publicly funded long term care. Currently the Department requires the consultation to occur within 10 business days. Instead, the Department will extend that timeframe to 15 business days or allow further extension if the individual requests or agrees to a delay as long as the person has not yet moved into the facility. Further, current statutory language requires ADRCs to perform a functional screen as a part of the consultation with each individual. This requires a face-to-face meeting in all instances. The Department intends to pursue a statutory language change that would allow ADRCs to offer an array of services individualized for the person (i.e., I&A, options counseling, enrollment counseling, long-term care functional screen) in the location preferred by the individual. This change would allow ADRCs to only perform a functional screen when requested or determined to be beneficial, and to permit PACs to be done by telephone, mail, e-mail or other preferred means. This would be consistent with the Department's expectations in other service areas, would permit ADRCs to personalize the information and services to meet individual customer needs, and would be a permanent enhancement of the service.

5. ***Streamline the eligibility and enrollment process for Family Care.*** Conducting the functional screen and enrolling individuals in Family Care are two activities that are a big part of the ADRC, about 21% of its activity time. Efforts will be undertaken to improve communication between ADRC and MCO to facilitate the enrollment process. Enrollment cannot occur without timely income maintenance processing of applications for Medicaid. This issue needs to be addressed at the state level with a study group to look at how to reduce required documentation/verification for the eligibility process, which uses significant amounts of ADRC time. The goal would be to achieve process improvements for eligibility and enrollment.

6. ***Prioritizing Disability Benefit Specialist Services.*** The Disability Benefit Specialist Program was originally thought to be about 10% of the work of the ADRC, but is now recognized to be at least 16%. It is not realistic to reduce the hours of service of the highly trained and very busy DBS. The only real option is to permit and acknowledge that wait lists for the DBS may be developed. ORCD will provide guidance for triage of cases.

The changes authorized in this document will be reflected in the 2010 ADRC contract.

Additional Information

Please send an email request to DHSRCteam@wisconsin.gov for further information or clarification.