TRIBAL AGING AND DISABILITY
RESOURCE SPECIALIST PROGRAM

CUSTOMER SERVICE AGREEMENT

The Tribal Aging and Disability Resource Specialist (ADRS) program provides information and assistance for long-term care services and supports and may also provide options counseling, eligibility determination, and enrollment counseling. Tribal ADRS provide these services to tribal members between the ages of 17 years and 6 months and older with a disability or anyone age 60+.

Scope of Services

Tribal ADRS provide options counseling, eligibility determination, and enrollment counseling under this agreement. Options counseling is provided to anyone with a disability or over the age of 60 with support making decisions about long-term care needs. There are no income or eligibility requirements to receive options counseling.

As part of options counseling, customers may be presented with the option of publicly funded long-term care programs. Tribal ADRS may also perform the required functional eligibility determination and can assist with the financial eligibility determination process for these programs. If the customer is eligible, the Tribal ADRS will provide enrollment counseling with the customer to select their long-term care program choice of Family Care or IRIS, and where available, Partnership, or PACE. Once the program is selected, the Tribal ADRS will provide information on the agencies that operate the program of their choice and complete the enrollment process.

Limitations

- Tribal ADRS services are voluntary.
- The Tribal ADRS cannot select a service provider for a customer.
- Tribal ADRS services are meant to be short-term; addressing the current need(s) of the customer.
- Tribal ADRS services must be provided directly to the customer or authorized legal representative. Only general information and assistance can be provided to other interested parties without the consent of the customer.
- Enrollment in a publicly funded long-term care program is voluntary. Customers may choose to end the eligibility process or disenroll from the program at any time.

Confidentiality

Tribal ADRS services are confidential. The Tribal ADRS will not disclose information about a customer without the informed consent of the customer, unless allowed by the Confidentiality Policy (P-02923-06).
By signing this document, the customer understands that part of receiving Tribal ADRS services involves the sharing of information between the Tribal ADRS and their local supervisor and the Wisconsin Department of Health Services for the purposes of program oversight, data reporting, and quality assurance. The Tribal ADRS supervisor and DHS are bound by confidentiality and do not share customer information with anyone other than the Tribal ADRS without informed consent of the customer.

Conflict of Interest Disclosure

The primary purpose of the Tribal ADRS is to provide the customer with unbiased information about services that will meet their needs. This includes sharing information with customers about agencies that provide the needed services. The Tribe, or employer of the Tribal ADRS, may operate programs that provide direct services to customers.

The Tribal ADRS:

- Cannot attempt to influence customers for financial gain of the agency or other self-interests.
- Cannot attempt to influence customers in the interest of any service or program provider, including the Tribe itself.

Federal regulation 42 CFR 438.810(b)(2) prohibits the Tribe from using revenue generated from direct service programs to support the Tribal ADRS program.
CUSTOMER SERVICE AGREEMENT

ACKNOWLEDGEMENT

By signing this document, the customer understands that Tribal ADRS services are voluntary and that part of receiving Tribal ADRS services involved the sharing of information between the Tribal ADRS and their local supervisor, technical assistance provider, and DHS. The customer also understands that the Tribe, as an agency, may operate other programs and services or have contractual relationships with service providers. The Tribal ADRS will in no way influence the customer’s decisions as a result of those relationships.

______________________________  ______________________
Customer Signature            Date

FUNCTIONAL ELIGIBILITY DETERMINATION ACKNOWLEDGMENT
(if applicable)

By signing below, the customer understands that the Tribal ADRS is screening them for functional eligibility for publicly funded long-term care programs. The customer understands that the Tribal ADRS will complete the determination within 30 days from the date on this form and will notify the customer, in writing, if there will be a delay beyond 30 days. The customer also understands that financial eligibility (Medicaid) is **not** determined by the Tribal ADRS; however the Tribal ADRS may assist the customer with the process.

______________________________  ______________________
Customer Signature            Date